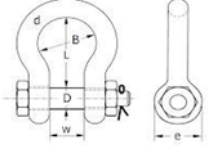


LIFTING ACCESSORIES CERTIFICATE OF THOROUGH EXAMINATION

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

CLIENT:	SLB Basra	CERTIFICATION NO:	QC-SLB/25264-30																				
LOCATION:	Coil Tubing work shop	JOB NO:	QC-SLB/25264																				
EXAMINATION DATE:	31/Oct/2025																						
LAST INSPECTION	NEXT INSPECTION DATE	LAST PROOF LOAD TEST DATE																					
19/May/2025	29/Apr/2026	By Manufacture																					
IDENTIFICATION NO	DESCRIPTION	QTY	SWL																				
RM359A	<u>Safety pin bow Shackles</u> Size: 1'' Grade: 6 Safety Factor: 6:1 Manufacturer: GRIPTION 	01	8.5 TON																				
Applicable Reference Standard:	BS EN 13889 / US FED SPEC RR-C-27 1 D																						
* Is this the first examination after installation or assembly at a new site or location?	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>√</td> </tr> </table>			YES	NO	√																	
YES	NO	√																					
* If the answer to the above question is YES has the equipment been installed correctly?	<table border="1"> <tr> <td>YES</td> <td>√</td> <td>NO</td> </tr> </table>			YES	√	NO																	
YES	√	NO																					
	<table border="1"> <tr> <td>Was the examination carried out?</td> <td>YES</td> <td>√</td> <td>NO</td> </tr> <tr> <td>* Within an interval of 6 months?</td> <td>YES</td> <td>√</td> <td>NO</td> </tr> <tr> <td>* Within an interval of 12 months?</td> <td>YES</td> <td>√</td> <td>NO</td> </tr> <tr> <td>* By an examination scheme?</td> <td>YES</td> <td>√</td> <td>NO</td> </tr> <tr> <td>* After the occurrence of exceptional circumstances?</td> <td>YES</td> <td>√</td> <td>NO</td> </tr> </table>			Was the examination carried out?	YES	√	NO	* Within an interval of 6 months?	YES	√	NO	* Within an interval of 12 months?	YES	√	NO	* By an examination scheme?	YES	√	NO	* After the occurrence of exceptional circumstances?	YES	√	NO
Was the examination carried out?	YES	√	NO																				
* Within an interval of 6 months?	YES	√	NO																				
* Within an interval of 12 months?	YES	√	NO																				
* By an examination scheme?	YES	√	NO																				
* After the occurrence of exceptional circumstances?	YES	√	NO																				
Identification Of Any Part Found To Have A Defect Which Is Or Could Become A Danger To Persons And A Description Of The Defect: None																							
Is The Above A Defect Which Is Of Immediate Danger To Persons		YES	NO																				
Is The Above A Defect Which Is Not Yet But Could Become A Danger To Persons: (If YES State The Date By When)		NO	YES																				
Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: None																							
** Visual And Dimension Check was Carried Out.																							
Is This Equipment Safe To Operate?	Yes Accept	√	NO Reject																				
INSPECTOR	SUPERVISOR:	SIGNATURE:																					
Khalid Mehmood	Mohammed Abdallah																						

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

