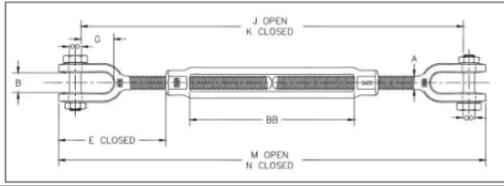




## Certificate of Test and Thorough Examination of Lifting Equipment

This Report Complies with The Requirements of The Lifting Operations and Lifting Equipment Regulations 1998 S.I. No. 2307

<b>Client Name:</b>	<b>HILONG OIL SERVICE AND ENG CO, Iraq / Rig 100</b>	<b>Date of Examination:</b>	26-Dec-2023
<b>Location of Examination:</b>	HILONG BASE RUMAILA	<b>Date of Certificate:</b>	27-Dec-2023
<b>Certificate Number:</b>	ATS-12-23-2541-125	<b>Last Examination Date:</b>	Sep-2023
<b>Job Number:</b>	ATS-12-23-2541	<b>Next Date of Examination:</b>	25-June-2024

Serial No: / Asset No:	Description of The Equipment	Qty:	WLL:
TB 08 TB 019	<p align="center"><b><u>TURNBUCKLE</u></b></p> <p align="center"><b>Rigging Screw Turnbuckles</b></p> <p>( Jaw &amp; Jaw )</p> <p>SIZE: 1 1/2"</p> <p>FOS: 5:1</p> 	02	21400 Lbs

<b>Reference Standards</b>	BS EN 4429:1987
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Is this the first examination after installation or assembly at a new site or location?	Was the examination carried out?								
	YES		NO	✓	Within an interval of 6 months?	YES	✓	NO	
				Within an interval of 12 months?	YES		NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?	YES	✓	NO		In accordance with 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:

Is the above a defect which is of immediate danger to persons	YES		NO	✓
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Is the above a defect which is not yet but could become a danger to persons	YES by			
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Is this Equipment Fit for Purpose?	YES	✓	NO	
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Particulars of any repair, renewal or alteration required to remedy the defect identified above: **None**

Particulars of any tests carried out as part of the examination:  
*Items mentioned-above were inspected Visually and dimensionally where no signs of defects observed at the time of inspection:*

<b>Inspector Name, Qualifications &amp; signature:</b>	<b>Authenticated By:</b>	<b>Stamp and Date:</b>
<b><u>Syed Aamir Ali:</u></b> ASNT LEVEL II VT,MT,PT,UT LEEA	<b>Hassan Omran</b>	

**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 has been Thoroughly Examined 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.

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