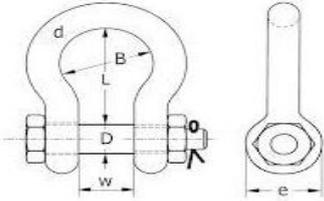




**Certificate of Test and Thorough Examination of Lifting Equipment**

*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-12-23-2541-28	<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:	SWL
HL1801-01	<p align="center"><b>BOW SHACKLE</b></p> <p align="center"><b>With HEX, Bolt, Nut, And Safety Cotter Pin:</b></p> <p><b>SIZE:</b> 2 1/2”  <b>GRADE:</b> 6  <b>Manufactured:</b> J &amp; L  <b>F.O.S:</b> 6:1  <b>Location:</b> Traveling Block,</p> 	01	55 Ton
<b>Reference Standards</b>	BS EN 13889:2003 + A1:2008		

Is this the first examination after installation or assembly at a new site or location?	YES		NO	√	Was the examination carried out?	YES	√	NO	
					Within an interval of 6 months?	YES		NO	√
If the answer to the above question is YES has the equipment been installed correctly?	YES	√	NO		Within an interval of 12 months?	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:

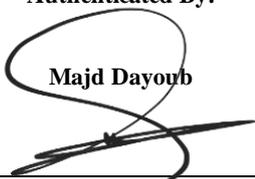
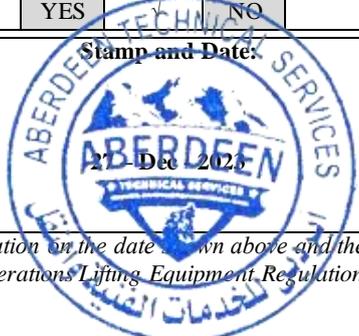
Is the above a defect which is of immediate danger to persons YES  NO

Is the above a defect which is not yet but could become a danger to persons YES by

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

Particulars of any tests carried out as part of the examination:

Is this Equipment Fit for Purpose? YES  NO

<b>Inspector Name, Qualifications &amp; signature:</b>  <b>Hasan Omran</b> ASNT LEVEL II VT, MT, PT, UT LEEA Registered Technician	<b>Authenticated By:</b>  <b>Majd Dayoub</b>	<b>Stamp and Date:</b> 
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**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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