



Certificate of Test and Thorough Examination of Lifting Equipment – Mobile Crane

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

Owner name and address:		HILONG OIL SERVICE AND ENG CO, Iraq		Date of Examination		13-May-2024	
Location of Examination:		HL101 RIG - HILONG BASE		Date of Certificate:		13-May-2024	
Certificate Number:		ATS-05-24-3214-MC-01		Job Number:		ATS-05-24-3214	
Maker of crane / Mfg.:		XCMG		Type / Model:		XZJ5404JQZ50B	
SWL:		50 TON		Serial No.:		N/A	
Plate registration number:		N/A		Chassis No:		LXGCCA400CA006762	
Description of equipment		Diesel Operated Hydraulic Telescopic Boom Mobile Crane					
(Checklist) Report No:		ATS-05-24-3214-MC-02					
Reference Standards		BS 7121-2-1, BS 7121-2-3					
Main Block	No. Of Falls	Radius (m)	Boom Length (m)	SWL (ton)	Applied Load (ton)		
	-	-	-	-	-		
	-	-	-	-	-		
Aux Line	-	-	-	-	-		
*Mobile Crane: Visual, functional, performance and load tests were carried out & found rejected							
* Mobile Crane: found unsafe to continue in service							
Last Inspection Date		Next Inspection Due Date		Last Proof Load Test Date		Next Proof Load Test Due	
N/A		After Repair		N/A		After Repair	
Is this the first examination after installation or assembly at a new site or location?		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		Was the examination carried out:	
		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		Within an interval of 6 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Within an interval of 12 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/>		NO <input type="checkbox"/>		In accordance with an examination scheme? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		YES <input type="checkbox"/>		NO <input type="checkbox"/>		After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect:							
See attached checklist report: ATS-05-24-3214-MC-02							
Is the Above A Defect Which Is of Immediate Danger to Persons						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is the Above A Defect Which Is Not Yet but Could Become A Danger to Persons: (If YES State the Date by When)						NO <input type="checkbox"/>	YES <input type="checkbox"/> 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 Safe to Operate?				Yes Accept <input type="checkbox"/>		No Reject <input checked="" type="checkbox"/>	
Inspector Name, Qualifications & signature:		Authenticated By:		Stamp and Date:			
Hasan Omran NDT Level II (VT, MT, PT, UT) LEEA Registered Technician		Majd Dayoub					

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 **Non-satisfactory** at the time of Inspection and considered **Unsafe** for Lifting.

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