



# Aberdeen Technical Services and General Transportation



## 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</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-027                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No: | Description of The Equipment  | Qty: | SWL     |
|------------------------|---|------|---------|
| GY18095126<br>M7       | <b>1-LEG WIRE ROPE SLING</b><br>19 mm Diameter, 6.00 M Length,<br>Const.6×36, IWRC, RHO, Galv Steel<br>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br>Soft Eye X Soft Eye.<br><br>FOS: 5:1<br>Location: sling store | 02   | 31.6 KN |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

|   |     |  |    |                                  |  |     |   |    |   |
|---|-----|--|----|----------------------------------|--|-----|---|----|---|
| 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 |   |
| If the answer to the above question is YES has the equipment been installed correctly?  |     |  |    |                                  | Within an interval of 12 months?                   | YES |   | NO | √ |
|   | 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: **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 **YES** by

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 was inspected Visually and Dimensionally at the time of inspection**

Is this Equipment Fit for Purpose? **YES**  **NO**

|  |   |                            |
|--|---|----------------------------|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br>Aram Dlawar<br>ASNT LEVEL II (VT, MT, PT, UT)<br><br><b>LEEA Registered Technician</b> | <b>Authenticated By:</b><br><br>Meysam Minaei | <b>Stamp and Date:</b><br> |
|--|---|----------------------------|

**THIS IS TO CERTIFY THAT:** a competent person did attend the above-mentioned owner's work location on the date & swl 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.

ATS-LIF-F-002 ISSUE 3 - MAR 2021



## 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</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-028                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No: | Description of The Equipment   | Qty: | SWL   |
|------------------------|--|------|-------|
| C52                    | <p><b>4-LEG WIRE ROPE SLING</b></p> <p>16 mm Diameter, 8.55 M Length,<br/>Const.6×36, IWRC, RHO, Galv Steel<br/>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br/>Assembled with master link assembly<br/>Soft Eye X Hard Eye.</p> <p>FOS: 5:1<br/>Location: sling store</p> | 01   | 6.3 T |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

|   |     |    |   |  |     |   |    |   |
|---|-----|----|---|--|-----|---|----|---|
| Is this the first examination after installation or assembly at a new site or location? | YES | NO | √ | Was the examination carried out?                   |     |   |    |   |
|   |     |    |   | 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: **None**

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

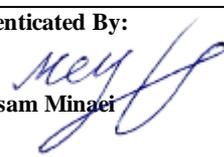
Is the above a defect which is not yet but could become a danger to persons **YES** by

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 was inspected Visually and Dimensionally at the time of inspection**

Is this Equipment Fit for Purpose? **YES**  **NO**

|  |  |   |
|--|--|---|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br><p>Aram Dlawar</p> <br><p>ASNT LEVEL II (VT, MT, PT, UT)</p> <p><b>LEEA Registered Technician</b></p> | <b>Authenticated By:</b><br><br><br><p>Meysam Minaei</p> | <b>Stamp and Date:</b><br> |
|--|--|---|

**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.

ATS-LIF-F-002 ISSUE 3 - MAR 2021



# Aberdeen Technical Services and General Transportation



## 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</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-029                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No: | Description of The Equipment   | Qty: | SWL  |
|------------------------|--|------|------|
| M6                     | <p><b>4-LEG WIRE ROPE SLING</b></p> <p>22 mm Diameter, 8.00 M Length,<br/>Const.6×36, IWRC, RHO, Galv Steel<br/>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br/>Assembled with master link assembly<br/>Soft Eye X Hard Eye.</p> <p>FOS: 5:1<br/>Location: sling store</p> | 01   | 13 T |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

|   |     |  |    |   |  |     |   |    |   |
|---|-----|--|----|---|--|-----|---|----|---|
| Is this the first examination after installation or assembly at a new site or location? | YES |  | NO | √ | Was the examination carried out?                   |     |   |    |   |
|   |     |  |    |   | Within an interval of 6 months?                    | YES | √ | NO |   |
| If the answer to the above question is YES has the equipment been installed correctly?  |     |  |    |   | Within an interval of 12 months?                   | YES |   | NO | √ |
|   | 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: **None**

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

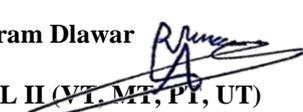
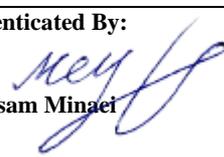
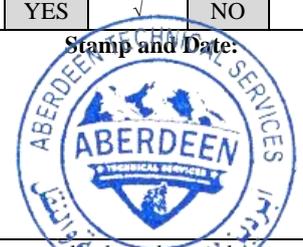
Is the above a defect which is not yet but could become a danger to persons YES by

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 was inspected Visually and Dimensionally at the time of inspection

Is this Equipment Fit for Purpose? YES  NO

|  |  |   |
|--|--|---|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br><p>Aram Dlawar</p> <br><b>ASNT LEVEL II (VT, MT, PT, UT)</b><br><br><b>LEEA Registered Technician</b> | <b>Authenticated By:</b><br><br><br><b>Meysam Minaei</b> | <b>Stamp and Date:</b><br> |
|--|--|---|

**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.

ATS-LIF-F-002 ISSUE 3 - MAR 2021



# Aberdeen Technical Services and General Transportation



## 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</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-030                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No:  | Description of The Equipment   | Qty: | SWL  |
|-------------------------|--|------|------|
| A6190<br>A6192<br>B9360 | <p><b>4-LEG WIRE ROPE SLING</b></p> <p>22 mm Diameter, 8.00 M Length,<br/>Const.6×36, IWRC, RHO, Galv Steel<br/>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br/>Assembled with master link assembly<br/>Hard Eye X Hard Eye.</p> <p>FOS: 5:1<br/>Location: sling store</p> | 03   | 13 T |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

|   |     |  |    |   |  |     |   |    |   |
|---|-----|--|----|---|--|-----|---|----|---|
| 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: **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 **YES** by

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 was inspected Visually and Dimensionally at the time of inspection**

Is this Equipment Fit for Purpose? **YES**  **NO**

|  |   |                                |
|--|---|--------------------------------|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br><p>Aram Dlawar </p> <p>ASNT LEVEL II (VT, MT, PT, UT)</p> <p><b>LEEA Registered Technician</b></p> | <b>Authenticated By:</b><br><br><p>Meysam Minaei </p> | <b>Stamp and Date:</b><br><br> |
|--|---|--------------------------------|

**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.

ATS-LIF-F-002 ISSUE 3 - MAR 2021



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## 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</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-031                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No: | Description of The Equipment   | Qty: | SWL    |
|------------------------|--|------|--------|
| M8<br>M9               | <p><b>1-LEG WIRE ROPE SLING</b></p> <p>32 mm Diameter, 6.00 M Length,<br/>Const.6×36, IWRC, RHO, Galv Steel<br/>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br/>Soft Eye X Soft Eye.</p> <p>FOS: 5:1<br/>Location: BOP</p> | 02   | 11.8 T |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

|   |     |  |    |   |  |     |   |    |   |
|---|-----|--|----|---|--|-----|---|----|---|
| 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 |   |
| If the answer to the above question is YES has the equipment been installed correctly?  |     |  |    |   | Within an interval of 12 months?                   | YES |   | NO | √ |
|   | 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: **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 **YES** by

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 was inspected Visually and Dimensionally at the time of inspection**

Is this Equipment Fit for Purpose? **YES**  **NO**

|  |   |                            |
|--|---|----------------------------|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br>Aram Dlawar<br>ASNT LEVEL II (VT, MT, PT, UT)<br><br><b>LEEA Registered Technician</b> | <b>Authenticated By:</b><br><br>Meysam Minaei | <b>Stamp and Date:</b><br> |
|--|---|----------------------------|

**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.

ATS-LIF-F-002 ISSUE 3 - MAR 2021



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## 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</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-032                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No: | Description of The Equipment  | Qty: | SWL   |
|------------------------|---|------|-------|
| A1264                  | <p><b>4-LEG WIRE ROPE SLING</b></p> <p>16 mm Diameter, 5.00 M Length,<br/>Const.6×36, IWRC, RHO, Galv Steel<br/>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br/>Assembled with master link assembly<br/>Hard Eye X Hard Eye.</p> <p>FOS: 5:1<br/>Location: cement block</p> | 01   | 6.3 T |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

| 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: **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 **YES by**

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 was inspected Visually and Dimensionally at the time of inspection**

Is this Equipment Fit for Purpose? **YES**  **NO**

|  |   |                            |
|--|---|----------------------------|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br><p>Aram Dlawar </p> <p>ASNT LEVEL II (VT, MT, PT, UT)</p> <p><b>LEEA Registered Technician</b></p> | <b>Authenticated By:</b><br><br><p>Meysam Minaei </p> | <b>Stamp and Date:</b><br> |
|--|---|----------------------------|

**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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|---------------------------------|--|----------------------------------|------------|
| <b>Client Name:</b>             | <b>HILONG OIL SERVICE AND ENG CO, Iraq</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-033                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No: | Description of The Equipment  | Qty: | SWL    |
|------------------------|---|------|--------|
| A7855                  | <p><b>4-LEG WIRE ROPE SLING</b></p> <p>12 mm Diameter, 2.45 M Length,<br/>Const.6×36, IWRC, RHO, Galv Steel<br/>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br/>Assembled with master link assembly<br/>Hard Eye X Hard Eye.</p> <p>FOS: 5:1<br/>Location: man basket</p> | 01   | 3.55 T |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

| 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: **None**

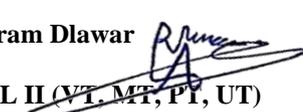
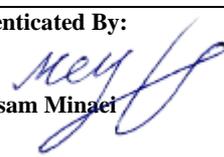
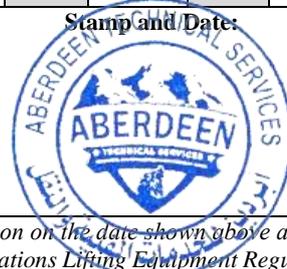
Is the above a defect which is of immediate danger to persons **YES**  **NO**

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

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 was inspected Visually and Dimensionally at the time of inspection**

Is this Equipment Fit for Purpose? **YES**  **NO**

|  |   |   |
|--|---|---|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br><p>Aram Dlawar</p> <br><b>ASNT LEVEL II (VT, MT, PT, UT)</b><br><br><b>LEEA Registered Technician</b> | <b>Authenticated By:</b><br><br><p>Meysam Minaei</p>  | <b>Stamp and/Date:</b><br> |
|--|---|---|

**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.

ATS-LIF-F-002 ISSUE 3 - MAR 2021



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|                                 |  |                                  |            |
|---------------------------------|--|----------------------------------|------------|
| <b>Client Name:</b>             | <b>HILONG OIL SERVICE AND ENG CO, Iraq</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-034                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No: | Description of The Equipment  | Qty: | SWL   |
|------------------------|---|------|-------|
| K114                   | <p><b>1-LEG WIRE ROPE SLING</b></p> <p>15 mm Diameter, 1.20 M Length,<br/>Const.6×36, IWRC, RHO, Galv Steel<br/>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br/>hard Eye X hard Eye.</p> <p>FOS: 5:1<br/>Location: power swivel</p> | 01   | 27 KN |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

|   |     |  |    |   |  |     |   |    |   |
|---|-----|--|----|---|--|-----|---|----|---|
| 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 |   |
| If the answer to the above question is YES has the equipment been installed correctly?  |     |  |    |   | Within an interval of 12 months?                   | YES |   | NO | √ |
|   | 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: **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 **YES** by

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 was inspected Visually and Dimensionally at the time of inspection**

Is this Equipment Fit for Purpose? **YES**  **NO**

|  |   |                            |
|--|---|----------------------------|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br>Aram Dlawar<br>ASNT LEVEL II (VT, MT, PT, UT)<br><br><b>LEEA Registered Technician</b> | <b>Authenticated By:</b><br><br>Meysam Minaei | <b>Stamp and Date:</b><br> |
|--|---|----------------------------|

**THIS IS TO CERTIFY THAT:** a competent person did attend the above-mentioned owner's work location on the date & swl 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.

ATS-LIF-F-002 ISSUE 3 - MAR 2021



# Aberdeen Technical Services and General Transportation



## 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</b> | <b>Date of Examination:</b>      | 11-06-2024 |
| <b>Location of Examination:</b> | HL 100 – R-055                             | <b>Date of Certificate:</b>      | 11-06-2024 |
| <b>Certificate Number:</b>      | ATS-06-24-3466-026                         | <b>Last Examination Date:</b>    | Jan-2024   |
| <b>Job Number:</b>              | ATS-06-24-3466                             | <b>Next Date of Examination:</b> | 10-12-2024 |

| Serial No: / Asset No: | Description of The Equipment   | Qty: | SWL    |
|------------------------|--|------|--------|
| A22<br>A23             | <p><b>1-LEG WIRE ROPE SLING</b></p> <p>32 mm Diameter, 6.00 M Length,<br/>Const.6×36, IWRC, RHO, Galv Steel<br/>MECHANICALLY SPLICED WITH ALUMINUM FERRULE.<br/>Soft Eye X Soft Eye.</p> <p>FOS: 5:1<br/>Location: sling store</p> | 02   | 11.8 T |

|                            |                       |
|----------------------------|-----------------------|
| <b>Reference Standards</b> | BS EN 13414-1+A2:2008 |
|----------------------------|-----------------------|

| 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: **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 **YES** by

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 was inspected Visually and Dimensionally at the time of inspection**

Is this Equipment Fit for Purpose? **YES**  **NO**

|   |  |                            |
|---|--|----------------------------|
| <b>Inspector Name, Qualifications &amp; signature:</b><br><br><p style="text-align: center;">Aram Dlawar</p> <p style="text-align: center;">ASNT LEVEL II (VT, MT, PT, UT)</p> <p style="text-align: center;"><b>LEEA Registered Technician</b></p> | <b>Authenticated By:</b><br><br><p style="text-align: center;">Meysam Minaei</p> | <b>Stamp and Date:</b><br> |
|---|--|----------------------------|

**THIS IS TO CERTIFY THAT:** a competent person did attend the above-mentioned owner's work location on the date & swl 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.

ATS-LIF-F-002 ISSUE 3 - MAR 2021