



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

Client Name:	Daqing Workover Petroleum Services / Iraq	Date of Examination:	20-06-2024
Location of Examination:	DQ -041/ Block 9	Date of Certificate:	20-06-2024
Certificate Number:	ATS-06-24-3503-002	Next Date of Examination:	19-12-2024
Job Number:	ATS-06-24-3503	Last Date of Examination:	-

Serial No: / Asset No:	Description of The Equipment:	Qty:	SWL:
ZA-001	<p><u>LANYARD (seat belt buffer bag)</u></p> <p>Manufacture: HENGCHANG Model: falling suspension type (Z-Y) Ground distance: =>5 meters Safety mark certificate number: LA-2020-2065 Mfrd: 09/2023 Production license: XX-02-001-02468 Buffer bag impact force for releasing: 3000-5000 N</p>	01	100 KG

Reference Standard:	BS EN 354 : 2010 / GB6095-2099
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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	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Within an Interval of 6 Months?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
				Within an interval of 12 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 checked="" type="checkbox"/>	NO	<input type="checkbox"/>	In Accordance with an Examination Scheme?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
					After the Occurrence of Exceptional Circumstances?	YES	<input type="checkbox"/>	NO	<input checked="" 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: **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

Is This Equipment Fit for Purpose? YES NO

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:

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