



## Certificate of Test and Thorough Examination of Lifting Equipment – BOP 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       | 17-06-2024                                                                |   |                                                    |                 |   |           |   |     |
| Location of Examination:                                                                                                                                                                                                                                                                                                                                      | HILONG RIG 101 / R516                                                                                                                                                  | Date of Certificate:      | 18-06-2024                                                                |   |                                                    |                 |   |           |   |     |
| Certificate Number:                                                                                                                                                                                                                                                                                                                                           | ATS-04-24-3788-002                                                                                                                                                     | Job Number:               | ATS-06-24-3788                                                            |   |                                                    |                 |   |           |   |     |
| Date of Manufacture.:                                                                                                                                                                                                                                                                                                                                         | 12-2023                                                                                                                                                                | Next Date of Examination: | 16-06-2025                                                                |   |                                                    |                 |   |           |   |     |
| SWL:                                                                                                                                                                                                                                                                                                                                                          | 15 Ton                                                                                                                                                                 | Serial No.:               | RG2023023-2                                                               |   |                                                    |                 |   |           |   |     |
| Description of equipment                                                                                                                                                                                                                                                                                                                                      | <b>BOP Handling Device</b><br>Manufacture: RG PETRO-MACHINERY GROUP CO., LTD.<br>Type / Model: FPQDZ-02-00<br>Stroke (Lifting Range): 0.77 m<br>Rated Pressure: 14 Mpa |                           |                                                                           |   |                                                    |                 |   |           |   |     |
| Reference Standards                                                                                                                                                                                                                                                                                                                                           | ASME B30.1 & ASME B30.17                                                                                                                                               |                           |                                                                           |   |                                                    |                 |   |           |   |     |
| Testing Details:                                                                                                                                                                                                                                                                                                                                              | Pass                                                                                                                                                                   | Fail                      | Notes                                                                     |   |                                                    |                 |   |           |   |     |
| Operational (No Load)                                                                                                                                                                                                                                                                                                                                         | ✓                                                                                                                                                                      |                           | Conducted and found satisfactory                                          |   |                                                    |                 |   |           |   |     |
| Performance Test (Rated Capacity)                                                                                                                                                                                                                                                                                                                             | ✓                                                                                                                                                                      |                           | Conducted at rated capacity and found satisfactory                        |   |                                                    |                 |   |           |   |     |
| Static Proof Load Test (x Rated Capacity 1-1.25)                                                                                                                                                                                                                                                                                                              | ✓                                                                                                                                                                      |                           | Conducted at 17 ton (1.13 x SWL) on crane assembly and found satisfactory |   |                                                    |                 |   |           |   |     |
| Last Inspection Date                                                                                                                                                                                                                                                                                                                                          | Next Inspection Due Date                                                                                                                                               | Last Proof Load Test Date | Next Proof Load Test Due                                                  |   |                                                    |                 |   |           |   |     |
| Apr-2024                                                                                                                                                                                                                                                                                                                                                      | 16-06-2025                                                                                                                                                             | Apr-2024                  | AFTER ANY MAJOR REPAIR/MODIFICATION                                       |   |                                                    |                 |   |           |   |     |
| 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?                                                                                                                                                                                                                                                                        | YES                                                                                                                                                                    | ✓                         | NO                                                                        | □ | 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        | ✓ |     |
| <b>Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect:</b><br>(If none state NONE)<br>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: (If YES State the Date by When)                                                                                                                                                                                                                                                  |                                                                                                                                                                        |                           |                                                                           |   |                                                    | NO              | ✓ | YES       | □ | By: |
| <b>Particulars of Any Repair, Renewal or Alteration Required to Remedy the Defect Identified Above:</b><br>None                                                                                                                                                                                                                                               |                                                                                                                                                                        |                           |                                                                           |   |                                                    |                 |   |           |   |     |
| <b>Particulars of Any Tests Carried Out as Part of The Examination: (If None State NONE)</b><br>Inspection findings: BOP Crane was Inspected visually, operationally, performance then proof load tested, and found no any kind of damage/permanent deformation/creeping of hydraulic jacks. Hence, it was found satisfactory and fit to continue in service. |                                                                                                                                                                        |                           |                                                                           |   |                                                    |                 |   |           |   |     |
| Is This Equipment Safe to Operate?                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |                           |                                                                           |   |                                                    | Yes Accept      | ✓ | No Reject | □ |     |
| Inspector Name, Qualifications & signature:                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                           | Authenticated By:                                                         |   |                                                    | Stamp and Date: |   |           |   |     |
| Aram Dlawar:<br>ASNT LEVEL II<br>VT,MT,PT,UT<br>& LEEA                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |                           | Meysam Minaei                                                             |   |                                                    |                 |   |           |   |     |

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 was tested & inspected 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.





## Thorough Examination of BOP Crane - Checklist

|                          |                                        |                           |                |
|--------------------------|----------------------------------------|---------------------------|----------------|
| Owner name and address:  | HILONG OIL SERVICE AND ENG CO,<br>Iraq | Date of Examination       | 17-06-2024     |
| Location of Examination: | HILONG RIG 101 / R516                  | Date of Certificate:      | 18-06-2024     |
| Certificate Number:      | ATS-04-24-3788-002                     | Job Number:               | ATS-06-24-3788 |
| Date of Manufacture.:    | 12-2023                                | Next Date of Examination: | 16-06-2025     |
| SWL:                     | 15 Ton                                 | Serial No.:               | RG2023023-2    |

| Inspected item / Point                                                       | Comments | Accept                   | Reject                   |
|------------------------------------------------------------------------------|----------|--------------------------|--------------------------|
| Markings                                                                     |          | ✓                        | <input type="checkbox"/> |
| operating mechanisms & controllers                                           |          | ✓                        | <input type="checkbox"/> |
| Upper and lower limit devices                                                |          | ✓                        | <input type="checkbox"/> |
| Tanks, valves, pumps, lines, and other parts of hydraulic system for leakage |          | ✓                        | <input type="checkbox"/> |
| Associated structural members                                                |          | ✓                        | <input type="checkbox"/> |
| Hydraulic cylinders and seals                                                |          | ✓                        | <input type="checkbox"/> |
| Fasteners: bolts, nuts, pins, or rivets                                      |          | ✓                        | <input type="checkbox"/> |
| sheaves and drums                                                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |
| Suspension points                                                            |          | ✓                        | <input type="checkbox"/> |
| RCI/RCL                                                                      |          | ✓                        | <input type="checkbox"/> |
| Power supply system                                                          |          | ✓                        | <input type="checkbox"/> |
| Hooks (Suspension& Load), Spacer plate(s)                                    |          | ✓                        | <input type="checkbox"/> |
| Runway beam(s)                                                               |          | ✓                        | <input type="checkbox"/> |
| Travelling Trolley                                                           |          | ✓                        | <input type="checkbox"/> |
| Clearance & Obstruction                                                      |          | ✓                        | <input type="checkbox"/> |

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



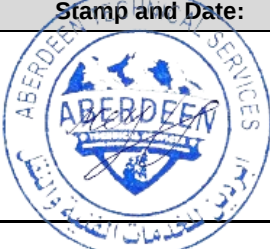


## Testing Details

| PERFORMANCE TEST |                                       |     |  |
|------------------|---------------------------------------|-----|--|
| 1                | Emergency button(s) "stop" & controls | ✓   |  |
| 5                | Main Crane braking system             | ✓   |  |
| 6                | Record of Major Repair                | N/A |  |

| Key Category         |                      |                     |                       |                      |
|----------------------|----------------------|---------------------|-----------------------|----------------------|
| 1 = Immediate action | 2= Action within ... | 3= Worn/Serviceable | ✓ No Apparent Defects | N/A = Not Applicable |

| Test Methods        |        |          |
|---------------------|--------|----------|
| DESCRIPTION         | RESULT | COMMENTS |
| VT                  | ✓      |          |
| MT                  | ✓      |          |
| Functional Testing  | ✓      |          |
| Performance Testing | ✓      |          |
| Proof Load Test     | ✓      |          |

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





## Observations and Pictures:



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

