



## 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

<b>Owner name and address:</b>	HILONG OIL SERVICE AND ENG CO, Iraq		<b>Date of Examination</b>	11-Sep-2024	
<b>Location of Examination:</b>	HL99 RIG / RU264		<b>Date of Certificate:</b>	11-Sep-2024	
<b>Certificate Number:</b>	ATS-09-24-4286-MC-01		<b>Job Number:</b>	ATS-09-24-4286	
<b>Maker of crane / Year.:</b>	XCMG /Model: QY50KA/ 2018		<b>Type / Model No.:</b>	XZJ5428JQZ50K	
<b>SWL:</b>	50 T		<b>Serial No.:</b>	20180287	
<b>Plate registration number:</b>	2667 / BASRA		<b>Chassis No:</b>	LXGCPA429JA008588	
<b>Description of equipment</b>	<b><u>Truck Mounted - Telescopic Boom Mobile Crane</u></b>				
	<b>Motive power:</b> Diesel powered / Hydraulically operated				
	<b>Maximum hoist capacity:</b> 50 T @ 3.0 m Min. radius & 11.4 m min. Boom length, full parts of line, outriggers fully extended, and 6.5t counterweight.				
	<b>Maximum Boom Length:</b> 43.5 m				
	<b>Main Hoist:</b> 50 T max. capacity, 18 mm / IWRC hoist rope, Hook SN: FE000141, Max. Line Pull: 48 KN <b>Auxiliary Hoist:</b> 4.5 T max. capacity, 18 mm / IWRC hoist rope, Hook SN: T12, Max. Line Pull: 48 KN <b>Max. Weight:</b> 42200 Kg <b>General Dimensions:</b> 13930x2780x 3630 mm [L x W x H]				
<b>(Checklist) Report No:</b>	ATS-09-24-4286-MC-02				
<b>Reference Standards</b>	BS 7121-2-1, BS 7121-2-3				
<b>Main Block</b>	<b>No. Of Falls</b>	<b>Radius (m)</b>	<b>Boom Length (m)</b>	<b>SWL (ton)</b>	<b>Applied Load (ton)</b>
	12	3.0 m	11.4 m	50 T	N/A - Functional
	8	10.0 m	19.42 m	14.2 T	10.76 T
<b>Aux Line</b>	4	18.0 m	31.46 m	5.1 T	5.0 T
	1	22.0 m	31.46 m	3.1 T	3.0 T
*Mobile Crane: Visual, functional, performance and load tests were carried out & found accepted					
* Mobile Crane: found safe to continue in service					
<b>Last Inspection Date</b>	<b>Next Inspection Due Date</b>		<b>Last Proof Load Test Date</b>	<b>Next Proof Load Test Due</b>	
18-August-2024	10-Sep-2025		25-11-2022 done by SCOPE Co. Cert. No: ST-3958-02	After major repair / Modification / Exceptional circumstances	
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:
					Within an interval of 6 months?
				YES	<input type="checkbox"/>
				NO	<input checked="" type="checkbox"/>
				Within an interval of 12 months?	
				YES	<input checked="" type="checkbox"/>
				NO	<input 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"/>	In accordance with an examination scheme?
					After the occurrence of exceptional circumstances?
				YES	<input type="checkbox"/>
				NO	<input checked="" type="checkbox"/>
<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>					
None					
<b>Is the Above A Defect Which Is of Immediate Danger to Persons</b>				YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>
<b>Is the Above A Defect Which Is Not Yet but Could Become A Danger to Persons: (If YES State the Date by When)</b>				NO	<input type="checkbox"/>
				YES	<input type="checkbox"/>
				By:	
<b>Particulars of Any Repair, Renewal or Alteration Required to Remedy the Defect Identified Above:</b>					
<b>Particulars of Any Tests Carried Out as Part of The Examination:</b>					
MPI By Wet Magnetic Particles for the Main and Aux. Hooks, and Operational / Functional / Load tests					
<b>Is This Equipment Safe to Operate?</b>			Yes Accept	<input checked="" type="checkbox"/>	No Reject
				<input type="checkbox"/>	
<b>Inspector Name, Qualifications &amp; signature:</b> Hasan Omran NDT Level II (VT, MT, PT, UT) LEEA Registered Technician		<b>Authenticated By:</b> Majd Dayoub		<b>stamp and Date:</b> 11/09/2024	

**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 Regulations "LOLER" The result was found **Satisfactory** at the time of Inspection and considered **Safe** for Lifting.

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