



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:	HILONG OIL SERVICE AND ENG CO, Iraq	Date of Examination:	14-Nov-2024
Location of Examination:	HL-99 – RU264	Date of Certificate:	14-Nov-2024
Certificate Number:	ATS-11-24-4375-SH-171	Next Date of Examination:	13-May-2025
Job Number:	ATS-11-24-4375	Last Date of Examination:	May-2024

Serial No: / Asset No:	Description of The Equipment	Qty:	SWL
HL650	<p align="center">BOW SHACKLE</p> <p align="center">With HEX. Bolt, Nut, And Safety Cotter Pin:</p> <p>SIZE: 7/8"</p> <p>GRADE: 6</p> <p>Manufactured: DY72</p> <p>F.O.S: 6:1</p> <p>Location: HSE store</p>	01	6.5 Ton

Reference Standards	BS EN 13889:2003 + A1:2008
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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:

Particulars of any tests carried out as part of the examination: visual inspection:

Items mentioned-above were inspected Visually and Dimensionally at the time of inspection

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

Inspector Name, Qualifications & signature: <p align="center">Aram Dlawar </p> <p align="center">ASNT LEVEL II (VT, MT, PT, UT)</p> <p align="center">LEEA Registered Technician</p>	Authenticated By: <p align="center">Hasan Omran </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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