



## 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>	06-12-2024
<b>Location of Examination:</b>	Rig: HL 22 / ZB-622	<b>Date of Certificate:</b>	06-12-2024
<b>Certificate Number:</b>	ATS-12-24-4682-FA-011	<b>Last Examination Date:</b>	-
<b>Job Number:</b>	ATS-12-24-4682	<b>Next Date of Examination:</b>	05-06-2025

Serial No: / Asset No:	Description of The Equipment	Qty:	SWL:
00000439 00000423 00000426 00000428	<b><u>RETRACTABLE FALL ARRESTER</u></b>  <b>Manufacture:</b> PROTECTA / 3M <b>Manufacture Date:</b> 10/2023 <b>Lot No.:</b> 2310083 <b>Model:</b> 3590617 <b>Lifeline Length:</b> 15 Feet <b>Lifeline Material:</b> galvanized Steel Wire rope, 5mm Dia.  <b>Location:</b> Store	04	59-100 KGS

<b>Reference Standards</b>	BS EN 360:2002 / BS EN 363:2018
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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?				
					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**

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

<b>Inspector Name, Qualifications &amp; signature:</b>  <b>Hasan Omran</b>  <b>ASNT LEVEL II (VT, MT, PT, UT)</b>  <b>LEEA Registered Technician</b>	<b>Authenticated By:</b>  <b>Majd Dayoub</b>	<b>Stamp and Date:</b>  
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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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