



## 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>Daqing Workover Petroleum Services / Iraq</b>	<b>Date of Examination:</b>	10-Feb-2025
<b>Location of Examination:</b>	DQ – 041 / Block 9	<b>Date of Certificate:</b>	11-Feb-2025
<b>Certificate Number:</b>	ATS-02-25-4798-012	<b>Next Date of Examination:</b>	09-Aug-2025
<b>Job Number:</b>	ATS-02-25-4798	<b>Last Date of Examination:</b>	-

Serial No: / Asset No:	Description of The Equipment	Qty:	SWL:
<b>DP-11 DP-007</b>	<p align="center"><b><u>Single Leg Wire Rope Sling</u></b></p> <p>Diameter: 8 mm Length: 60 m Spliced with Aluminum Ferrules Hard Eye at one end, and free another end Location: Escape Device / Monkey Board</p>	02	822 KGS

<b>Reference Standards</b>	BS EN 13414-1:2003 + A2:2008
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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		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**

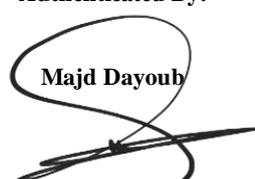
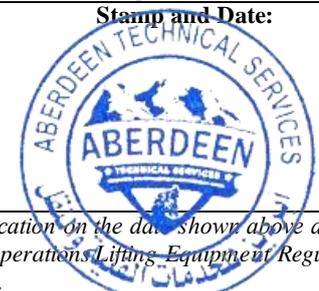
Is the above a defect which is of immediate danger to persons YES NO √

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, Functionally and Dimensionally at the time of inspection**

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