



## 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>	DPAB Co. Ltd. Iraq Branch / Block-9	<b>Date of Examination:</b>	10-Apr-2025
<b>Location of Examination:</b>	DQ – 010 / Block 9	<b>Date of Certificate:</b>	10-Apr-2025
<b>Certificate Number:</b>	ATS-04-25-4933-001	<b>Next Date of Examination:</b>	09-Oct-2025
<b>Job Number:</b>	ATS-04-25-4933	<b>Last Date of Examination:</b>	-

Serial No: / Asset No:	Description of The Equipment:	Qty:	SWL:
F190127004	<p align="center"><b><u>RETRACTABLE FALL ARRESTER</u></b></p> <p><b>Manufacture:</b> DELTAPLUS/ PROTECTOR  <b>MFG Date:</b> 02/2019  <b>Life line:</b> 5mm Dia. / Material: G  <b>Length:</b> 15 m  <b>Model:</b> AN15015T  <b>Maximum arresting Force:</b> 4 KN  <b>Maximum arresting Distance:</b> 1.1 m</p>	01	<b>150 Kg</b>

<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?				Was The Examination Carried Out?				
	YES	✓	NO	Within an Interval of 6 Months?	YES	✓	NO	
			Within an Interval of 12 Months?	YES		NO	✓	
If The Answer to The Above Question is YES Has The Equipment Been Installed Correctly?	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: **None**

Particulars of any Tests Carried out as Part of the Examination: Visual Inspection:

**Items Mentioned-Above was Inspected Visually and Functionally at The Time of Inspection**

Is this Equipment Fit for Purpose? YES  NO

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

ATS-LIF-F-002 ISSUE 3 - MAR 2021