

## **CERTIFICATE OF THOROUGH EXAMINATION**



This report complies with the Lifting Equipment Engineers Association Technical requirements

Date of Thorough Examination: Oct 27, 2023  Date of Report: Oct 2					27, 2023 Report Number: ISP.AB.SLB 01710/10/23 (V)							
P.O.Number: -					RFI Number: 266838							
Name and Address of employer for whom the thorough examination was made:  SCHLUMBERGER  Gedung Wisma Mulia. Jl Jend Gatot Subroto Suite 4301 No.42  Kuningan Barat, Jakarta Selatan, Indonesia					Address of premises at which the examination was made: <b>Duri Base</b> Jl.Raya Duri-Pekanbaru KM11.Riau <b>Departement:</b> WCF-Well Construction							
Description and identification of the Safe Working L					Load test				anufacture if Date of last thorough			
equipment:  Davit Crane Electric Winch,			s): . <b>100 k</b>		applied	knov	known: N/A		examination: Aug 22, 2023 (NCR)			
MFG: WARN INDUSTRIES, INC., Model: DC1000, Wire Rope Spec: 6x19M-WSC-1969 sZ, Dia.: 6 mm, CoC No.: WA/C/23/1365 ID No: SLB 01710 Serial No: FA126400208003 (V1386R9) Standard: Permenaker RI 8 Tahun 2020 Note: 1. Scope of Work: Visual Inspection and Dimensional, 2. Previous Inspection Report No.: ISP.AB.SLB 01710/08/23 (NCR), 3. Equipment Detail: Digital Caliper			. 100 K	9	N/A		IV	/A	Aug 22, 2023 (NON)			
	Was the examination carried out:											
Is this the first examination after installation or assembly at a new site or location?	YES	-	NO	<b>✓</b>	Within an in	Within an interval of 6 months?			YES	<b>√</b>	NO	-
					Within an in	Within an interval of 12 months?				-	NO	<b>✓</b>
If the answer to the above question is YES has the equipment been installed correctly?	YES	S - NO		<b>√</b>	In accordan scheme?	In accordance with an examination scheme?				<b>√</b>	NO	-
						After the occurrence of exceptional circumstances?				-	NO	<b>√</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: (If none state NONE): <b>NONE</b>												
Is the above a defect which is of immediate danger to persons									YES	-	NO	<b>✓</b>
Is the above a defect which is not yet but could become a danger to per (If YES state the date by when)								YES by:				
Particulars of any repair, renewal or alteration required to remedy the defect identified above: <b>NONE</b>												
Particulars of any tests carried out as part of the examination: (If none state NONE)  None												
IS THIS EQUIPMENT FIT FOR PURPOSE?								YES	<b>√</b>	NO	-	
Name & Qualifications of person making this report:  ANTON BAINDO CI Migas, ASNT NDT Level II MT/PT, LGI	henticating this	Latest date by white examination must										

Form No.: ISP/REP/001/Rev.03

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