



CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Equipment Engineers Association Technical requirements

Date of thorough examination: 2020/07/17		Date of report: 2020/07/20				Report number: ISP.AO. TD-GB-16-016/07/20.V					
P.O Number: -				der Number: -							
Name and Address of employer for whom the thorough examination was m Schlumberger Geophysics Nusantara Kawasan Industri Terpadu Indonesia-China (KITIC), Kav. 17/18, Delta Mas – Cikarang Pusat, Bekasi				Address of premises at which the examination was made: Raniworo Rig - Testing					is		
Description and identification of the equipment:				Safe Working Load(s):	Load test applied	manufacture thor		te of las brough amination			
All steel construction of Gas Bottle Rack fitted with 4 point lift via pad eyes Owner : PT Schlumberger ID Number : SLB 000001 / TD-GB-16-016 Manufacturer : SHPI Jiangmen Limited S/N Manufacture : X5379 Dimension : 1450 mm (L) x 1240 mm (W) x 2250 mm(H) Max. Gross Mass : 3320 kg Tare Mass : 820 kg Lloyd's Register No: SHI1483869-16 Lifting Sets ID Number: MK292 4 Legs wire rope sling size 20mm Dia. x 1.5m EWL. Alumunium ferule secured, Both ends thimble eye c/w master link assembly. SWL3.32 ton at 0-45 deg Manufacturer: Mak Kee International H.K Ltd. Cert. No: N140264D / C-MK-14-0054 4 Ea Shackle Shackle ID. No: MK292-S1, MK292-S2, MK292-S3, MK292-S4				2500 kg Payload	-	July	July 2014 2014/08/01 (T) by Lloyd's Register 2020/02/26 (VN) by SIAPTEK			d's er 5 (VN)	
Bolt Type Anchor Shackles, Manufacture : Van Bo				Was the examinati	on carried out:						
Is this the first examination after installation	YES	NO	√	Within an interval		YES	√	NO			
or assembly at a new site or location?				Within an interval of 12 months?			YES		NO	√	
If the answer to the above question is YES has the equipment been installed correctly?				In accordance with an examination scheme? YES ✓ NO							
has the equipment been installed correctly?					currence of exceptional		YES		NO	√	
Identification of any part found to have a defect (If none state NONE): NONE		d a description of	the defe	ct:							
Is the above a defect which is of immediate danger to persons						YES	5		NO	√	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)					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: (If none state NONE) None											
IS THIS EQUIPMENT FIT FOR PURPOSE?						YES	-		NO		
Anton Susilo	Name of the person making this report:				Latest date by which next thorough examination must be carried out: 2021/01/17						
	Achmad Choir Project Supervis										

Form No.: ISP/REP/001/Rev.02

Page 1 of 1