



**LIFTING SET INSPECTION REPORT**  
**RAPPORTO DI ISPEZIONE LIFTING SET**

| <b>REPORT NUMBER:</b> AVS-XSQ-MCE-215279/25   |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
|---|---|---|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>REVISION:</b> 0  |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Manufacturer or Supplier:</b> NUTRISHORE<br>Costruttore o Fornitore  |   | <b>Inspection Date:</b> 2025/08/18<br>Data di Ispezione   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Owner or Operator:</b> RT LEA<br>Proprietario o Utilizzatore   |   | <b>Order:</b><br>Ordine   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Place of Inspection:</b><br>Luogo di ispezione   |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Depot/Site:</b><br>Deposito/Sito   |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Working Load Limit (WLL) (t):</b> 9.5<br>Carico di Lavoro Limite   |   | <b>Angles of Legs (to vertical) <math>\leq</math> (°):</b> 25<br>Angolo delle funi (sulla verticale)  |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Diameter of Slings / Fore Runner (mm):</b> 19<br>Diametro Funi / Fore Runner   |   | <b>Length of Slings / Fore Runner (mm):</b> 2.000<br>Lunghezza Funi / Fore Runner   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Description of the Lifting Set:</b> LINGADA POLIDA 4 PERNAS X SAPATILHO<br>Descrizione del Lifting Set   |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Identification No. or Mark:</b> RT-13056<br>No. Identificazione o Marcatura  |   | <b>Slings Reference Standard:</b> IMO 860 / NBR 13541-1<br>Standard di Riferimento delle Funi   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Grade of Wire Rope (N/mm2):</b><br>Grado della Fune Metallica  |   | <b>Grade of Terminal Fittings:</b> N/A<br>Grado dei Raccordi Terminali  |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Certificate Number:</b> 013/13<br>Numero Certificato   |   | <b>Date of Issue:</b> 2025/08/18<br>Data di Rilascio  |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Applicable Criteria</b><br>Criteri Applicabili <input checked="" type="checkbox"/> ISO 10855-3:2018 <input type="checkbox"/> Other/s: IMO 860 / NBR 13541-2  |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| Type of Inspection Carried Out<br>Tipo di Ispezione Effettuata<br><div style="font-size: small;">           NA = Not Applicable / Non Applicabile<br/>           WR = Without Remarks / Senza Osservazioni<br/>           SR = See Remarks / Vedi Osservazioni         </div> |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Procedure:</b><br>Procedura  |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Review of NDE Report on Components:</b><br>Revisione Rapporto CND sui Componenti   |   | <b>NDE Method:</b><br>Metodo CND<br><b>NDE Report N°:</b> LP 0197/25<br>Numero di Rapporto CND<br><b>Issued by:</b> RT LEA<br>Rilasciato da   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">NA</th> <th style="width: 20%;">WR</th> <th style="width: 20%;">SR</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | NA                                  | WR                       | SR                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NA  | WR  | SR  |  |   |                                     |                          |                          |                          |                                     |                          |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/>                               | <input type="checkbox"/>  |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Visual Inspection:</b><br>Spezione Visiva  | <b>Description</b><br>Descrizione                                 | <b>Supplier/Manuf</b><br>Fornitore/Costruttore  | <b>Id. Mark/Batch</b><br>Marcatura/Lotto     | <b>Type Appr. No.</b><br>No. Appr.ne Tipo   |                                     |                          |                          |                          |                                     |                          |
|   | <b>Master Link (Top)</b><br>Model:<br>WLL (t):                    |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                          |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |   |                                     |                          |                          |                          |                                     |                          |
|   | <b>Steel Wire Rope</b><br>Type:<br>Ø (mm):<br>Hard eyes each end  |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                          |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |   |                                     |                          |                          |                          |                                     |                          |
|   | <b>Quad Assembly</b><br>Model:<br>WLL (t):                        |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                          |
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| <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |   |                                     |                          |                          |                          |                                     |                          |
|   | <b>4 Shackles</b><br>Model:<br>WLL (t):                           |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                          |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Remarks:</b> INFORMAÇÕES COMPLEMENTARES PODERÃO SER EVIDENCIADAS NO CERTIFICADO DE QUALIDADE DO FABRICANTE.<br>Osservazioni  |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Notes:</b><br>Note   |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Result of the Inspection:</b><br>Risultato dell'Ispezione  |   | <input checked="" type="checkbox"/> <b>SATISFACTORY</b> , as below stated<br>SODDISFACENTE, come sotto dichiarato <input type="checkbox"/> <b>NOT SATISFACTORY</b><br>NON SODDISFACENTE |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>THIS IS TO DECLARE</b> that the above mentioned offshore container:<br><b>SI DICHIARA</b> che il container per mare aperto sopra descritto:  |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <input checked="" type="checkbox"/> Is in safe conditions for the exercise in conformity with Applicable Criteria<br>Si trova in condizioni di sicurezza ai fini dell'esercizio in conformità con i Criteri Applicabili   |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Last Inspection:</b><br>Ultima Ispezione   |   | <b>Report No.:</b><br>Rapporto No.  |  | <b>Performed by:</b><br>Realizzata da   |                                     |                          |                          |                          |                                     |                          |
| <b>Last NDE:</b> 2025/08/18<br>Ultima CND   |   | <b>Report No.:</b><br>Rapporto No.  |  | <b>Performed by:</b><br>Realizzata da   |                                     |                          |                          |                          |                                     |                          |
| <b>Re-inspection Due Date:</b> 2026/08/17<br>Prossima Data di Re-ispezione  |   |   | <b>Markings:</b> V N + 0RI<br>Marche Apposte |   |                                     |                          |                          |                          |                                     |                          |
| <b>Inspector:</b> FELIPE FERNANDES<br>Ispettore   |   |   |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>Issued at:</b><br>FELIPE FERNANDES<br>Rilasciato a   |   | <br><b>Douglas Renato Oliveira de Castro Silva</b><br>Project Coordinator<br>RINA Brasil             | <b>On:</b> 2025/08/18<br>Il                  |   |                                     |                          |                          |                          |                                     |                          |
| <b>TECHNICAL MANAGER</b>  |   | <br><b>Felipe Fernandes</b><br>Inspector<br>RINA Brasil  |  |   |                                     |                          |                          |                          |                                     |                          |
| <b>FELIPE FERNANDES</b>   |   |   |  |   |                                     |                          |                          |                          |                                     |                          |