

LIFTING SET INSPECTION REPORT
RAPPORTO DI ISPEZIONE LIFTING SET

| REPORT NUMBER: AVS-AVS-XSQ-MCE-203276/25 | | | | | | | | | | |
|---|---|---|--|--|----|----|----|-------------------------------------|-------------------------------------|--------------------------|
| REVISION: 0 | | | | | | | | | | |
| Manufacturer or Supplier: SIVA Costruttore o Fornitore | | Inspection Date: 2025/05/07 Data di Ispezione | | | | | | | | |
| Owner or Operator: RT LEA Proprietario o Utilizzatore | | Order: Ordine | | | | | | | | |
| Place of Inspection: Luogo di ispezione | | | | | | | | | | |
| Depot/Site: BASE RT LEA Deposito/Sito | | | | | | | | | | |
| Working Load Limit (WLL) (t): 9.5 Carico di Lavoro Limite | | Angles of Legs (to vertical) \leq (°): 30 Angolo delle funi (sulla verticale) | | | | | | | | |
| Diameter of Slings / Fore Runner (mm): 19 Diametro Funi / Fore Runner | | Length of Slings / Fore Runner (mm): 2.380 Lunghezza Funi / Fore Runner | | | | | | | | |
| Description of the Lifting Set: LINGADA POLIDA 4 PERNAS X SAPATILHO Descrizione del Lifting Set | | | | | | | | | | |
| Identification No. or Mark: 34376/20 No. Identificazione o Marcatura | | Slings Reference Standard: IMO 860 / ABNT NBR 13541-2 Standard di Riferimento delle Funi | | | | | | | | |
| Grade of Wire Rope (N/mm2): 1960 Grado della Fune Metallica | | Grade of Terminal Fittings: Grado dei Raccordi Terminali | | | | | | | | |
| Certificate Number: 34376 Numero Certificato | | Date of Issue: 2025/05/07 Data di Rilascio | | | | | | | | |
| Applicable Criteria Criteri Applicabili | | | | | | | | | | |
| <input checked="" type="checkbox"/> ISO 10855-3:2018 <input checked="" type="checkbox"/> Other/s: NBR 13541-2 | | | | | | | | | | |
| Type of Inspection Carried Out / Tipo di Ispezione Effettuata NA = Not Applicable / Non Applicabile WR = Without Remarks / Senza Osservazioni SR = See Remarks / Vedi Osservazioni | | | | | | | | | | |
| Procedure: ABNT NBR 13541-2 Procedura | | | | | | | | | | |
| Review of NDE Report on Components: Revisione Rapporto CND sui Componenti | | NDE Method: Metodo CND NDE Report N°: LP 0103/25 Numero di Rapporto CND Issued by: RT LEA Rilasciato da | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NA</th> <th style="width:33%;">WR</th> <th style="width:33%;">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"/> | | | | | | | | |
| Visual Inspection: Spezione Visiva | Description Descrizione | Supplier/Manuf Fornitore/Costruttore | Id. Mark/Batch Marcatura/Lotto | Type Appr. No. No. Appr.ne Tipo | | | | | | |
| | Master Link (Top) Model: WLL (t): | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NA</th> <th style="width:33%;">WR</th> <th style="width:33%;">SR</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | NA | WR | SR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NA | WR | SR | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | Steel Wire Rope Type: Ø (mm): Hard eyes each end | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NA</th> <th style="width:33%;">WR</th> <th style="width:33%;">SR</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | NA | WR | SR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NA | WR | SR | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | Quad Assembly Model: WLL (t): | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NA</th> <th style="width:33%;">WR</th> <th style="width:33%;">SR</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | NA | WR | SR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| NA | WR | SR | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | 4 Shackles Model: WLL (t): | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NA</th> <th style="width:33%;">WR</th> <th style="width:33%;">SR</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | NA | WR | SR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NA | WR | SR | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Remarks: INFORMAÇÕES COMPLEMENTARES PODERÃO SER EVIDENCIADAS NO CERTIFICADO DE QUALIDADE DO FABRICANTE. Osservazioni | | | | | | | | | | |
| Notes: Note | | | | | | | | | | |
| Result of the Inspection: Risultato dell'Ispezione | | <input checked="" type="checkbox"/> SATISFACTORY , as below stated SODDISFACENTE, come sotto dichiarato <input type="checkbox"/> NOT SATISFACTORY NON SODDISFACENTE | | | | | | | | |
| THIS IS TO DECLARE that the above mentioned offshore container: SI DICHIARA che il container per mare aperto sopra descritto: <input checked="" type="checkbox"/> Is in safe conditions for the exercise in conformity with Applicable Criteria Si trova in condizioni di sicurezza ai fini dell'esercizio in conformità con i Criteri Applicabili | | | | | | | | | | |
| Last Inspection: Ultima Ispezione | | Report No.: Rapporto No. | | Performed by: Realizzata da | | | | | | |
| Last NDE: 2025/05/07 Ultima CND | | Report No.: Rapporto No. | | Performed by: RT LEA Realizzata da | | | | | | |
| Re-inspection Due Date: 2026/05/06 Prossima Data di Re-ispezione | | | Markings: V N + 0RI Marche Apposte | | | | | | | |
| Inspector: FELIPE FERNANDES Ispettore | | | | | | | | | | |
| Issued at: FELIPE FERNANDES Rilasciato a | | Douglas Renato Oliveira de Castro Silva Project Coordinator RINA Brasil | On: 2025/05/07 Il | | | | | | | |
| TECHNICAL MANAGER | | Felipe Fernandes Inspector RINA Brasil | | | | | | | | |
| | | FELIPE FERNANDES | | | | | | | | |