

**OFFSHORE INSPECTION REPORT**  
**RAPPORTO DI ISPEZIONE OFFSHORE**

<b>REPORT NUMBER:</b> AVS-XSQ-MCE-203261/25						
<b>REVISION:</b> 0						
<b>Manufacturer or Supplier:</b> CIM METALÚRGICA Costruttore o Fornitore		<b>Inspection Date:</b> 2025/05/07 Data di Ispezione				
<b>Owner or Operator:</b> RTLEA Proprietario o Utilizzatore		<b>Order:</b> Ordine				
<b>Place of Inspection:</b> Luogo di ispezione						
<b>Depot/Site:</b> BASE RT LEA Deposito/Sito						
<b>Type:</b> OFFSHORE 1.3M GAS BOOTLE Tipo		<b>Model:</b> METALLIC SKID Modello				
<b>Length (mm):</b> 1.300 Lunghezza	<b>Width (mm):</b> 1.300 Larghezza	<b>Height (mm):</b> 2.285 Altezza				
<b>Max Gross Mass (kg):</b> 1.950 Massa Lorda Massima	<b>Tare (kg):</b> 550 Tara	<b>Max Payload (kg):</b> 1.400 Peso Netto Massimo				
<b>Design Temperature (°C):</b> 0 Temperatura di Design		<b>Max Angle of Legs (from vertical) (°):</b> 45 Massima Inclinazione delle Funi (dalla verticale)				
<b>Type Approved with Cert. N°:</b> GB LR 63288 11/13 Prototipo Omologato con Cert. N°.		<b>Issued by:</b> LLOYD'S REGISTER Rilasciato da	<b>Certificate Number:</b> RIO 1401010/141 Numero Certificato			
<b>Manufacturing Number:</b> RT-SK-14051 Numero di Costruzione		<b>Identification Number:</b> RT-SK-14051 Numero di Identificazione				
<b>Manufacturing Date:</b> Data di Costruzione						
<b>Applicable Criteria</b> Criteri Applicabili						
<input checked="" type="checkbox"/> MSC/Circ. 860 <input checked="" type="checkbox"/> ISO 10855-3:2018 <input type="checkbox"/> Other/s:						
<b>Type of Inspection Carried Out</b> Tipo di Ispezione Effettuata		<b>NA = Not Applicable / Non Applicabile  </b> <b>WR = Without Remarks / Senza Osservazioni</b> <b>SR = See Remarks / Vedi Osservazioni</b>				
<b>Procedure:</b> Procedura		<table border="0"> <tr> <td style="text-align: right;"><b>NA</b></td> <td style="text-align: right;"><b>WR</b></td> <td style="text-align: right;"><b>SR</b></td> </tr> </table>		<b>NA</b>	<b>WR</b>	<b>SR</b>
<b>NA</b>	<b>WR</b>	<b>SR</b>				
<b>Witness to Lifting Test</b> Prezenziamento Prova di Sollevamento		<b>Total Test Mass (2,5R) (kg):</b> Massa Totale di Prova				
		<table border="0"> <tr> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><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>Review of NDE Report on Pad Eyes:</b> Revisione Rapporto CND sui golfari		<b>NDE Method:</b> Metodo CND				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<b>NDE Report N°:</b> PM 0543/25 Numero di Rapporto CND				
		<b>Issued by:</b> RT LEA Rilasciato da				
<b>Visual Inspection:</b> Spezione Visiva		<b>General (exterior and the interior of the container)</b> Generale (esterno ed interno del container)				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<b>Markings</b> Marcature				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<b>Welds</b> Saldature				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<b>Pad-eyes and lashing points</b> Golfari e punti di ancoraggio				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<b>Structure</b> Struttura				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<b>Door closures</b> Chiusure				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<b>Floor</b> Fondo				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<b>Fork Pockets</b> Tasche porta forche				
		<table border="0"> <tr> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Remarks:</b> Osservazioni						
INFORMAÇÕES COMPLEMENTARES PODEM SER EVIDENCIADAS NO CERTIFICADO DE FABRICAÇÃO.						
<b>Notes:</b> Note						
<b>Result of the Inspection:</b> Risultato dell'Ispezione		<input checked="" type="checkbox"/> <b>SATISFACTORY</b> , as below stated SODDISFACENTE, come sotto dichiarato				
		<input type="checkbox"/> <b>NOT SATISFACTORY</b> NON SODDISFACENTE				
<b>THIS IS TO DECLARE</b> that the above mentioned offshore container: <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 Si trova in condizioni di sicurezza ai fini dell'esercizio in conformità con i Criteri Applicabili						
<b>Last Inspection:</b> Ultima Ispezione		<b>Report No.:</b> Rapporto No.				
		<b>Performed by:</b> Realizzata da				
<b>Last NDE:</b> Ultima CND		<b>Report No.:</b> Rapporto No.				
		<b>Performed by:</b> Realizzata da				
<b>Re-inspection Due Date:</b> 2026/05/06 Prossima Data di Re-ispezione		<b>Markings:</b> V N + 0RI Marche Apposte				
<b>Inspector:</b> FELIPE FERNANDES Ispettore						
<b>Issued at:</b> FELIPE FERNANDES Rilasciato a		<b>On:</b> 2025/05/07 II				
Douglas Renato Oliveira de Castro Silva Project Coordinator RINA Brasil		Felipe Fernandes Inspector RINA Brasil				
<b>TECHNICAL MANAGER</b>		<b>FELIPE FERNANDES</b>				