



CERTIFICATE OF THOROUGH EXAMINATION

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Client Name:	DAQING DRILLING COMPANY, Iraq	Rig & Location:	DQ-037 / RU-599	Certificate No:	QC-02-24-0061-001	
Date of Examination:	19-Feb-2024	Date of Report:	19-Feb-2024	Job Number:	DQDC-RUM-QC-OPS-2024021701	
Serial Number:	QTY	Description:		SWL	Manufacture:	Date of Last Thorough Examination
W2306030025 W2306030016 W2306030030 W2306030015 W2306030027 W2306030014	06	<p style="text-align: center;"><u>POLYESTER FLATE WOVEN WEBBING SLING</u></p> <p>Length: 5 M Dia: 3 in Color: Yellow Safety Factor: 7:1 Location: Rig Sling Store</p>		3000 Kg	J & L June-2023	Aug-2023
Reference Standard:		BS EN 1492-1:2000+A1:2008				

Is this the first examination after Installation or assembly at a new site or location?	YES	NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) NONE									
Is the above a defect which is of immediate danger to persons:						YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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:									
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory									
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	
Syed Aamir Ali	Aizaz Farhat		
Date of Next Thorough Examination:	18-Aug-2024		

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

