



## CERTIFICATE OF THOROUGH EXAMINATION

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

|   |                               |  |                 |                        |                            |  |
|---|-------------------------------|--|-----------------|------------------------|----------------------------|--|
| <b>Client Name:</b>                       | DAQING DRILLING COMPANY, Iraq | <b>Rig &amp; Location:</b>   | DQ-037 / RU-599 | <b>Certificate No:</b> | QC-02-24-0061-003          |  |
| <b>Date of Examination:</b>               | 19-Feb-2024                   | <b>Date of Report:</b>   | 19-Feb-2024     | <b>Job Number:</b>     | DQDC-RUM-QC-OPS-2024021701 |  |
| <b>Serial Number:</b>                     | <b>QTY</b>                    | <b>Description:</b>  |                 | <b>SWL</b>             | <b>Manufacture:</b>        | <b>Date of Last Thorough Examination</b> |
| W2306050011<br>W2306050047<br>W2306050012 | 03                            | <p style="text-align: center;"><u>POLYESTER FLATE WOVEN WEBBING SLING</u></p> <p><b>Length:</b> 10 M<br/><b>Dia:</b> 5 in<br/><b>Color:</b> Red<br/><b>Safety Factor:</b> 7:1<br/><b>Location:</b> Rig Sling Store</p> |                 | 5000 Kg                | J & L<br>June-2023         | Aug-2023                                 |
| <b>Reference Standard:</b>                |                               | 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:<br>Within an interval of 6 months? | YES   | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
|   |     |                                     |                                     | With an interval of 12 months?                                      | YES   |                                     | NO | <input checked="" 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"/>  | In accordance with an examination scheme?<br>After the occurrence of exceptional circumstances? |                                     |    |                                     |
|   |     |                                     |                                     |   | YES   | <input checked="" type="checkbox"/> | NO | <input checked="" 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   |                                     | 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)<br>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory |     |                                     |                                     |   |   |                                     |    |                                     |
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>   |     |                                     |                                     |   | YES   | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |

|  |   |                               |  |
|--|---|-------------------------------|--|
| <b>Name of Inspector:</b>                | <b>Name of person authenticating this report:</b> | <b>Signature &amp; Stamp:</b> |  |
| Syed Aamir Ali                           | Aizaz Farhat                                      |                               |  |
| <b>Date of Next Through Examination:</b> | <b>18-Aug-2024</b>                                |                               |  |

**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.

