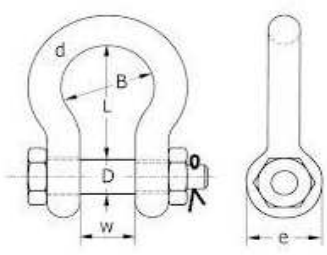




## CERTIFICATE OF THOROUGH EXAMINATION

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-02-24-0061-008	
<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>	QTY	<b>Description:</b>		<b>WLL</b>	<b>Manufacture:</b>	<b>Date of Last Thorough Examination</b>
S 8255	01	<p style="text-align: center;"><b>BOW SHACKLE</b></p> <p style="text-align: center;"><b>With HEX Nut &amp; Bolt &amp; Safety Cotter Pin:</b></p> <p> <b>SIZE: 5/8"</b>  <b>GRADE: 6</b>  <b>F.O.S: 6:1</b>  <b>Location: Rig Site HP Line:</b> </p> 		3 1/4 Ton	GT	Aug-2023
<b>Reference Standard:</b>	BS EN 13889:2003 + A1:2008					

Is this the first examination after Installation or assembly at a new site or location?	YES		NO		Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	√	NO	
				√					
If the answer to the above question is YES has the equipment been installed correctly?	YES	√	NO			YES	√	NO	
						YES		NO	√
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) <b>NONE</b>									
Is the above a defect which is of immediate danger to persons:						YES		NO	√
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) <i>The Subject Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection and Found Satisfactory</i>									
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>						YES	√	NO	

<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 Thorough 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.

