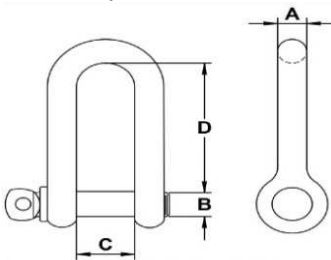




CERTIFICATE OF THOROUGH EXAMINATION

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-02-24-0061-009 | |
| Date of Examination: | 19-Feb-2024 | Date of Report: | 19-Feb-2024 | Job Number: | DQDC-RUM-QC-OPS-2024021701 | |
| Serial Number: | QTY | Description: | | WLL | Manufacture: | Date of Last Thorough Examination |
| 24 44 88 | 03 | <p style="text-align: center;">DEE SHACKLE</p> <p style="text-align: center;">With HEX Nut & Bolt & Safety Cotter Pin:</p> <p>SIZE: 5/8" GRADE: 6 F.O.S: 6:1 Location: Rig Site HP Line:</p>  | | 3 1/4 Ton | DY | Aug-2023 |
| Reference Standard: | | 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 | |
| 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 | ✓ |
| 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> | | | | | | | | |
| IS THIS EQUIPMENT SAFE TO OPERATE? | | | | | YES | ✓ | NO | |

| | | | |
|---|---|---|---|
| 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.

