




CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090	
Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/01			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
C3213 C3280	02	TWO LEG WIRE ROPE SLING Dim: 22 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	7.8 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input 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:			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned 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.






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Date of Examination:	12.03.2024	Location:	DQ Rig 037		
Certificate No:	QC-DQ-03-24-0090-02/02				
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
C3290	01	TWO LEG WIRE ROPE SLING Dim: 28 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	12.5 TON	08.10.2023	
Reference Standard:	BS EN 13414-1				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Within an interval of 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input 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:				<input type="checkbox"/> 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?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090	
Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/03			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
B4115	01	TWO LEG WIRE ROPE SLING Dim: 22 MM DIA x 9 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	8.7 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?	
			<input type="checkbox"/> YES <input 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:			<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/04		
Serial Number:	QTY	Description	SWL
B1843 B1846	02	TWO LEG WIRE ROPE SLING Dim: 28 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Store	14 TON
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? 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 type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input 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 <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"/>

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Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/05			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
A5570 A5562	02	TWO LEG WIRE ROPE SLING Dim: 36 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	21 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input 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:			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/06			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
N2990	01	TWO LEG WIRE ROPE SLING Dim: 28 MM DIA x 9 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	12.5 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?	
			<input type="checkbox"/> YES <input 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:			<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/07		
Serial Number:	QTY	Description	SWL
C3209 C3284 C3204 C3206	04	TWO LEG WIRE ROPE SLING Dim: 16 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	4.2 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? 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 type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input 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 <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"/>

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/08		
Serial Number:	QTY	Description	SWL
KIMEBC128	01	TWO LEG WIRE ROPE SLING Dim: 10 MM DIA x 1 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Store	1.8 MT
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? 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 type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input 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 <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:			
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Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02/09	
Serial Number:	QTY	Description		SWL	Date of last thorough examination	
B5967	01	TWO LEG WIRE ROPE SLING Dim: 13 MM DIA x 1 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Store		2.9 TON	08.10.2023	
Reference Standard:		BS EN 13414-1				
Is this the first examination after Installation or assembly at a new site or location?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
		Was the examination carried out: Within an interval of 6 months?		YES	<input checked="" type="checkbox"/>	
		Within an interval of 12 months?		YES	<input type="checkbox"/>	
		In accordance with an examination scheme?		YES	<input checked="" type="checkbox"/>	
		After the occurrence of exceptional circumstances?		YES	<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"/>
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:	
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Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/10			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
B3587	01	TWO LEG WIRE ROPE SLING Dim: 38 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Store	25.9 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?	
			<input type="checkbox"/> YES <input 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:			<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned 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.






CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/11		
Serial Number:	QTY	Description	SWL
C3308 C3310 C3309 C3311	04	TWO LEG WIRE ROPE SLING Dim: 36 MM DIA x 10 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	21 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? 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 type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input 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 <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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/12		
Serial Number:	QTY	Description	SWL
C7804	01	TWO LEG WIRE ROPE SLING Dim: 22 MM DIA x 5 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	7.8 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? 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 type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input 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 <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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090	
Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/13			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
B5964	01	TWO LEG WIRE ROPE SLING Dim: 22 MM DIA x 5 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	8.7 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?	
			<input type="checkbox"/> YES <input 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:			<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090	
Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/14			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
C3290 C3291	02	TWO LEG WIRE ROPE SLING Dim: 22 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	7.8 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
In accordance with an examination scheme?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
After the occurrence of exceptional circumstances?			<input type="checkbox"/> YES <input 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	<input 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)			NO	<input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above:			YES by:	
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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090	
Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/15			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
C3300 C3301 C3303	03	TWO LEG WIRE ROPE SLING Dim: 28 MM DIA x 9 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Store	12.5 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?	
			<input type="checkbox"/> YES <input 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:			<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

REV: 01 Dated: 20 June 2022

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Mahmoud Ali	Mohamed Abdulla		11.09.2024

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/16		
Serial Number:	QTY	Description	SWL
B1844 B1845	02	TWO LEG WIRE ROPE SLING Dim: 28 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Store	14 TON
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? 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 type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input 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 <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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/17		
Serial Number:	QTY	Description	SWL
A2197 A2198	02	TWO LEG WIRE ROPE SLING Dim: 38 MM DIA x 2 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Store	24.8 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? 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 type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input 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 <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"/>

REV: 01 Dated: 20 June 2022

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090	
Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/18			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
B5965	01	TWO LEG WIRE ROPE SLING Dim: 16 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	4.6 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?	
			<input type="checkbox"/> YES <input 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:			<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

REV: 01 Dated: 20 June 2022

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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090	
Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/19			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
A8917 A8923	02	TWO LEG WIRE ROPE SLING Dim: 16 MM DIA x One Leg 4.5 M, One Leg 3.5 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	4.6 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
In accordance with an examination scheme?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
After the occurrence of exceptional circumstances?			<input type="checkbox"/> YES <input 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:			<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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Client Name:	Daqing Drilling Company			Job Number:	QC-DQ-03-24-0090		
Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02/20		
Serial Number:	QTY	Description			SWL	Date of last thorough examination	
A7241	01	TWO LEG WIRE ROPE SLING Dim: 22 MM DIA x One Leg 4.95 M, One Leg 6 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store			8.7 TON	08.10.2023	
Reference Standard:		BS EN 13414-1					
Is this the first examination after Installation or assembly at a new site or location?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
						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 type="checkbox"/>	NO	<input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
						YES	<input checked="" type="checkbox"/>
						NO	<input type="checkbox"/>
						In accordance with an examination scheme?	
						YES	<input checked="" type="checkbox"/>
						NO	<input type="checkbox"/>
						After the occurrence of exceptional circumstances?	
						YES	<input 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	<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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned 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.






CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/21		
Serial Number:	QTY	Description	SWL
222	01	TWO LEG WIRE ROPE SLING Dim: 16 MM DIA x 6.2 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY WITH HOOK HARD EYE X HARD EYE Location: Store	4.6 TON
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? 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 type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input 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 <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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/22		
Serial Number:	QTY	Description	SWL
T1200	01	TWO LEG WIRE ROPE SLING Dim: 19 MM DIA x 1.5 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Big Bag Lifter	6.3 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES <input 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"/>	

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090	
Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/23			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
C3296 C3299	02	TWO LEG WIRE ROPE SLING Dim: 28 MM DIA x 9 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	12.5 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input 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:			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

REV: 01 Dated: 20 June 2022

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Mahmoud Ali	Mohamed Abdulla		11.09.2024

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