




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-03-24-0090-02A/01		
Serial Number:	QTY	Description	SWL
F1403900002	01	Fall Arrestor Manufacture: FROMENT Capacity: 100 KG Model: AN116ATEXT Cable Length: 25 M Date of Manufacture: 07/2014 Location: Store	100 KG
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 362:2002		
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"/>	√
Was the examination carried out: Within an interval of 12 months?	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"/>	√
In accordance with an examination scheme? After the occurrence of exceptional circumstances?	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"/>	√

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 and 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-03-24-0090-02A/02
Serial Number:	QTY	Description		SWL	Date of last thorough examination
705333 1383218 1383126	03	Fall Arrestor Manufacture: IKAR Model: H18 Cable Length: 18 M Date of Manufacture: 10/2022 Location: Store		136 KG	08.10.2023
Reference Standard:		BS EN 362:2002			
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"/> Within an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? After the occurrence of exceptional circumstances? <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"/>		<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:				<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:					
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Certificate No:	QC-DQ-03-24-0090-02A/03									
Serial Number:	QTY	Description	SWL	Date of last thorough examination						
677737	01	Fall Arrestor Manufacture: MILLAR Capacity: 136 KG Model: RL175G Cable Length: 175 FT Date of Manufacture: 02/05/2013 Location: Poor Boy	136 KG	08.10.2023						
Reference Standard:	BS EN 362:2002									
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			
					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) 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:										
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Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02A/04		
Serial Number:	QTY	Description	SWL
D12010192	01	Fall Arrestor Manufacture: FROMENT Capacity: 100 KG Cable Length: 10 M Date of Manufacture: 10/2012 Location: Store	100 KG
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 362:2002		
Is this the first examination after Installation or assembly at a new site or location?		Was the examination carried out:	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
YES <input 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: _____
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Date of Examination:	12.03.2024	Location:	DQ Rig 037																
Certificate No:	QC-DQ-03-24-0090-02A/05																		
Serial Number:	QTY	Description	SWL	Date of last thorough examination															
0054	01	Safety Body harness Polyester Web. Model: DL Manufacture: MILLER Date Of Manufacture: 20.11.2021 Lanyard SN: 01480 Date: 07.06.2021 Location: Store	One Person	08.10.2023															
Reference Standard:		BS EN 361:2002																	
Is this the first examination after Installation or assembly at a new site or location?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">✓</td> </tr> </table>	YES		NO	✓	Was the examination carried out: Within an interval of 6 months?												
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			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">✓</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">✓</td> </tr> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">✓</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">✓</td> </tr> </table>	YES	✓	NO		YES		NO	✓	YES	✓	NO		YES		NO	✓
YES	✓	NO																	
YES		NO	✓																
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Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02A/06
Serial Number:	QTY	Description		SWL	Date of last thorough examination
E0040100238E21EC	01	Safety Body harness Man Raider. Model: 1108125 Manufacture: SALA Date Of Manufacture: 11.2013 Location: Store		420 LBS	08.10.2023
Reference Standard:		BS EN 361:2002			
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"/> 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"/>
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Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02A/07			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
001488	01	Safety Body harness Polyester Web. Model: 1831000 Batch : 1553 Date Of Manufacture : 10/2017 Manufacture: Sun Way Material: Polyester Size: Universal Location: Store	One Person	08.10.2023
Reference Standard:	BS EN 361:2002			
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"/>	
			Within an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02A/08
Serial Number:	QTY	Description		SWL	Date of last thorough examination
E004010025D73511	01	Safety Body harness Polyester Web. Model: 1018125 Manufacture: SALA Date Of Manufacture : 06/2014 Material: Polyester Size: Universal Location: Store		420 LBS	08.10.2023
Reference Standard:		BS EN 361:2002			
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"/>
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Certificate No:	QC-DQ-03-24-0090-02A/09		
Serial Number:	QTY	Description	SWL
982000078362059	01	Safety Body harness Polyester Web. Model: 1106120 Manufacture: SALA Date Of Manufacture : 06/2010 Material: Polyester Size: Universal Location: Store	420 LBS
Reference Standard:	BS EN 361:2002		
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"/>
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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: <input type="text"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above:			
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Certificate No:	QC-DQ-03-24-0090-02A/10											
Serial Number:	QTY	Description	SWL	Date of last thorough examination								
0318 0408	02	Safety Body harness Polyester Web. Model: WKPM51 Manufacture: WORKMAN Date Of Manufacture: 01/2023 Material: Polyester Size: Universal Location: Store	One Person	08.10.2023								
Reference Standard:		BS EN 361:2002										
Is this the first examination after Installation or assembly at a new site or location?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">✓</td> </tr> </table>	YES		NO	✓	Was the examination carried out: Within an interval of 6 months?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">✓</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> </table>	YES	✓	NO	
YES		NO	✓									
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YES		NO										
YES		NO	✓									
			In accordance with an examination scheme?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">✓</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> </table>	YES	✓	NO					
YES	✓	NO										
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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:									
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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	NO								

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-03-24-0090-02A/11		
Serial Number:	QTY	Description	SWL
001521-1 001521-2	02	Energy Absorbing Lanyard Win Leg (Webbing) Energy Absorber Contractor C/W 2 Scaff Hook Date Of Manufacture: 01.2023 Manufacture: SUN WAY Model: 1858007 Length: 1.8 m Location: Store	136 KG
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 355:02		
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"/>	√
Was the examination carried out: Within an interval of 12 months?	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"/>	√
In accordance with an examination scheme? After the occurrence of exceptional circumstances?	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"/>	√

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-03-24-0090-02A/12		
Serial Number:	QTY	Description	SWL
5514	01	Energy Absorbing Lanyard Win Leg (Webbing) Energy Absorber Contractor C/W 2 Scaff Hook Date Of Manufacture: 01.2023 Manufacture: Work man Model: WK PM 52 Length: 1.8 m Location: Store	136 KG
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 355:02		
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

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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-03-24-0090-02A/13
Serial Number:	QTY	Description		SWL	Date of last thorough examination
3318 4570	02	Energy Absorbing Lanyard Win Leg (Webbing) Energy Absorber Contractor C/W 2 Scaff Hook Date Of Manufacture: 01.2023 Manufacture: Workman Model: WK PM 52 Material: Polyester Location: Store		310 LBS	08.10.2023
Reference Standard:		BS EN 355:02			
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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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-03-24-0090-02A/14			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
1875026 1875010	02	Energy Absorbing Lanyard Win Leg (Webbing) Energy Absorber Contractor C/W 2 Scaff Hook Date Of Manufacture: 2020 Manufacture: Tractel Model: 40402 Material: Polyester Location: Store	150 KG	08.10.2023
Reference Standard:	BS EN 355:02			
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-03-24-0090-02A/15		
Serial Number:	QTY	Description		SWL	Date of last thorough examination		
W2306050001	01	<u>Flat Polyester Woven Webbing Sling</u> Manufacture: J&L Date of Manufacture: 10.06.2023 Type: Webbing Sling Material: Polyester Safety Factor : 7:1 Length: 10 M Color: RED Location: Store		Vertical 5000 Kg Chocker 4000 Kg Basket 10000 Kg	08.10.2023		
Reference Standard:		BS EN 1492-1:2008					
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	√			
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO				
		Was the examination carried out: Within an interval of 6 months?		YES	√ NO		
		Within an interval of 12 months?		YES	NO √		
		In accordance with an examination scheme?		YES	√ NO		
		After the occurrence of exceptional circumstances?		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)							
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	√ NO	

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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-03-24-0090-02A/16
Serial Number:	QTY	Description		SWL	Date of last thorough examination
96962-33/310	01	<p style="text-align: center;"><u>Flat Polyester Woven Webbing Sling</u></p> <p> Manufacture: Liftek Date of Manufacture: 13.02.2023 Type: Webbing Sling Material: Polyester Safety Factor : 7:1 Length: 3 M Color: Green </p>  <p>Location: Store</p>		Vertical 2000 Kg Chocker 1600 Kg Basket 4000 Kg	08.10.2023
Reference Standard:		BS EN 1492-1:2008			
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"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> <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"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> <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"/> <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"/> ✓ <input 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-03-24-0090-02A/17
Serial Number:	QTY	Description		SWL	Date of last thorough examination
98895-6/39	01	<p style="text-align: center;"><u>Flat Polyester Woven Webbing Sling</u></p> <p> Manufacture: Liftek Date of Manufacture: 22.06.2023 Type: Webbing Sling Material: Polyester Safety Factor : 7:1 Length: 5 M Color: Yellow </p>  <p>Location: Store</p>		Vertical 3000 Kg Chocker 2400 Kg Basket 6000 Kg	08.10.2023
Reference Standard:		BS EN 1492-1:2008			
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?	
			✓	Within an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				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)					
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	NO ✓

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-03-24-0090-02A/18			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
100118-4/10	01	<p style="text-align: center;"><u>Flat Polyester Woven Webbing Sling</u></p> <p> Manufacture: Liftek Date of Manufacture: 12.09.2023 Type: Webbing Sling Material: Polyester Safety Factor : 7:1 Length: 5 M Color: Yellow </p> <div style="text-align: center;">  </div> <p>Location: Store</p>	Vertical 3000 Kg Chocker 2400 Kg Basket 6000 Kg	08.10.2023
Reference Standard:	BS EN 1492-1:2008			
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"/> ✓ <input 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"/> ✓	Within an interval of 12 months? In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <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"/> ✓ <input 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-03-24-0090-02A/19			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
100163-21/90	01	<p style="text-align: center;"><u>Flat Polyester Woven Webbing Sling</u></p> <p> Manufacture: Liftek Date of Manufacture: 15.09.2023 Type: Webbing Sling Material: Polyester Safety Factor : 7:1 Length: 3 M Color: Green </p>  <p>Location: Store</p>	Vertical 2000 Kg Chocker 1600 Kg Basket 4000 Kg	08.10.2023
Reference Standard:	BS EN 1492-1:2008			
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"/> ✓ <input 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? In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <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"/> ✓ <input 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-03-24-0090-02A/20		
Serial Number:	QTY	Description	SWL
R1 R2 R3 R4 R5 R6 R7 R8	08	ISO CONTAINER LIFTING LUG RH, LH - CE TYPE ISO CORNERS CIDE LIFTING 10 T AT 36° 18 AT 50° THICKNESS: 45 MM DIM. HOLE: 41 MM DIM. Location: Store	12.5 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS ISO 3874: 2017		
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"/> 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"/>
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

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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-03-24-0090-02A/21
Serial Number:	QTY	Description		SWL	Date of last thorough examination
54 55	02	MASTER LINK SIZE: 1 1/2"W-5JD MANUFACTURE: GT GRADE: 80 DIMENSION: 380 MM (L) X 124 MM (W) FOS: 5:1 Location: Store		31.5 TON	08.10.2023
Reference Standard:		BS EN 1677-4			
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?	
			✓	YES	NO
				YES	NO
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
				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
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					NO
					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
					NO

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 and 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-03-24-0090-02A/22	
Serial Number:	QTY	Description		SWL	Date of last thorough examination	
41237518	01	Snatch Block Manufacture: MCKISSICK(Crosby) Safety Factor: 4:1 Wire Rope Size: 10 MM: 13 MM Location: Store		4 TON	08.10.2023	
Reference Standard:		BS EN 13157:2004+A1:2009				
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?		
				Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	In accordance with an examination scheme?		
				After the occurrence of exceptional circumstances?		
				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)						✓
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	NO
					✓	

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-03-24-0090-02A/23
Serial Number:	QTY	Description		SWL	Date of last thorough examination
02	01	Eye Bolt Type: C15 Collar Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 24 mm Grade: (4) Thread Ident: M24 Safety Factor: 5:1 Location: Store		1.8 TON	08.10.2023
Reference Standard:		BS EN ISO 3266:2010+A1:2015			
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"/> 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: <input type="text"/>
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-03-24-0090-02A/24			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
11 12 13 14	04	Eye Bolt Type: C15 Collar Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 12 mm Grade: (4) Thread Ident: M12 Safety Factor: 5:1 Location: Store	0.34 TON	08.10.2023
Reference Standard:		BS EN ISO 3266:2010+A1:2015		
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:	
			<input type="checkbox"/> Within an interval of 6 months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
			<input type="checkbox"/> With 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"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?	
			<input type="checkbox"/> YES <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"/> YES <input 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 Thorough Examination & NDT of Lifting Equipment

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

Client Name:	Daqing Drilling Company	Certificate No:	QC-DQ-03-24-0090-02A-25
Date of Examination:	10-03-2024	Location:	DQ Rig 37
Job Number:	QC-DQ-03-24-0090		
Serial Number:	QTY	Description	SWL
XK-19-1179001 Bowel Lifter	01	Master Bushing Puller Sling Description: - Two Way Delta Plate Connected with Two GP Regular Swivel (Size 7/8" With WLL 4.5 T) SN: (N141K8ED.5 & N141K8ED.6) And Connected with Two Single Leg Wire Rope Sling SN (N141K5K2.5 & N141K5K2.5) 16 mm Diameter. 1.3 M Length with SWL 3 Ton, IWRC, Mechanically Spliced with Swage Spelter Sockets X Hard Eye with Aluminum Ferrules. And C/W Two Eye Bushing Hooks at Bottom SN (539321 & 539321).	1.4 Short TONS 1.27 Metric Ton @45°
Reference Standard:	US FED RR-C-271 & BS EN 13414-1.2-2003 + A2.2008		
Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	✓
Was the examination carried out: Within an interval of 6 months?		YES	✓
Within an interval of 12 months?		YES	✓
In accordance with an examination scheme?		YES	✓
After the occurrence of exceptional circumstances?		YES	✓
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
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)			NO
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) VISUAL INSPECTION and MPI CARRIED OUT AND FOUND SATISFACTORY			
IS THIS EQUIPMENT SAFE TO OPERATE?			YES
NDT Equipment Details			
Standard	ASTM E709	Viewing Condition:	Colored Media
Yoke	Permanent	Serial No:	PY-011
White Contrast	WCP-2	Batch No:	220602
Black Ink	7HF	Batch No:	220605
Method			
WET			
Due Date			
14-08-2024			
Due Date			
06-2025			
Due Date			
7-1-2025			
NDT procedure			
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection			
Identification of any part found to have a defect and a description of the defect:			
None			
Particulars of any repair, renewal or alteration required to remedy the defect identified above: None			
ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdalla		09-09-2024

REV: 01 Dated: 20 June 2022






Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company			Certificate No:	QC-DQ-03-24-0090-02A-26
Date of Examination:	10-03-2024	Location:	DQ Rig 37	Job Number:	QC-DQ-03-24-0090
Serial Number	Description of the examined equipment				Result
XK-19-1179000	Bowel Lifter				Pass



NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-10	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
NDT procedure					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdalla		09-09-2024

REV: 01 Dated: 20 June 2022





Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company		Job Number:	QC-DQ-03-24-0090
Date of Examination:	10.03.2024	Location:	DQ Rig 037	Certificate No: QC-DQ-03-24-0090-02A-27
Serial Number	Description of the examined equipment			Result
R-01	H-Shackle			Pass



NDT Equipment Details

Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-11	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

NDT procedure


Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

Identification of any part found to have a defect and a description of the defect:

None

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

None

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdalla		09.09.2024

REV: 01 Dated: 20 June 2022





Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	13.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02A/28		
Serial Number	Description of the examined equipment		Result
CSEP384 CSEP412 , CSEP886	Turn Buckle Jaw X Jaw		Pass
Lifting Point SN:	/	Eash Point SWL:	/




NDT Equipment Details

Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14.08.2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06.2025
Black Ink	7HF	Batch No:	220605	Due Date	07.01.2025

NDT procedure

Visual and MPI carried out for the above description and found free of surface defects at the time of inspection
Identification of any part found to have a defect and a description of the defect:
None
Particulars of any repair, renewal or alteration required to remedy the defect identified above:
None

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud	Mohamed Abdulla		12.09.2024

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 Operation, Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company		Job Number:	QC-DQ-03-24-0090
Date of Examination:	13.03.2024	Location:	DQ Rig 037	Certificate No: QC-DQ-03-24-0090-02A/29
Serial Number	Description of the examined equipment			Result
G7001& 37011	Turn Buckle Eye X Eye			Pass
Lifting Point SN:	/	Eash Point SWL:	/	




NDT Equipment Details

Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14.08.2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06.2025
Black Ink	7HF	Batch No:	220605	Due Date	07.01.2025

NDT procedure

Visual and MPI carried out for the above description and found free of surface defects at the time of inspection
Identification of any part found to have a defect and a description of the defect:
None
Particulars of any repair, renewal or alteration required to remedy the defect identified above:
None

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud	Mohamed Abdulla		12.09.2024

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 Operation, Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

