




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-03-24-0090-02S/01		
Serial Number:	QTY	Description	SWL
B2458	01	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: TOYO LIFT Safety Factor: 6:1 Location: TDS torque tube lifting carriage	8.5 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13889		
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"/>
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? 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 and Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.






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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-03-24-0090-02S/02		
Serial Number:	QTY	Description		SWL	Date of last thorough examination		
D4 H8772 G320	03	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: TDS torque tube lifting carriage		8.5 TON	08.10.2023		
Reference Standard:		BS EN 13889					
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?		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	With an interval of 12 months?		
					In accordance with an examination scheme?		
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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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IS THIS EQUIPMENT SAFE TO OPERATE?					YES	NO	✓

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Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02S/03
Serial Number:	QTY	Description		SWL	Date of last thorough examination
5501 5505 5510	03	SAFETY PIN BOW SHACKLE Size: 2 1/2" Grade: 6 Manufacture: RWEND Safety Factor: 6:1 Location: Store		55 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> With 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"/>	
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"/>			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	NO <input checked="" type="checkbox"/>
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Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02S/04
Serial Number:	QTY	Description		SWL	Date of last thorough examination
T3861 T3862 T3859 T3860	04	SAFETY PIN BOW SHACKLE Size: 1 3/4" Grade: 6 Manufacture: GUNNEBO Safety Factor: 6:1 Location: Store		25 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> With 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"/>	
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"/>			
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Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02S/05
Serial Number:	QTY	Description		SWL	Date of last thorough examination
51 552	02	SAFETY PIN BOW SHACKLE Size: 1 1/2" Grade: 6 Manufacture: J & L Safety Factor: 6:1 Location: Store		17 TON	08.10.2023
Reference Standard:		BS EN 13889			
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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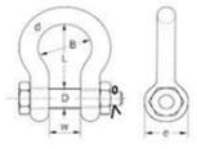
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Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02S/06		
Serial Number:	QTY	Description	SWL
163	01	SAFETY PIN BOW SHACKLE Size: 1 1/2" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store	17 TON
			08.10.2023
Reference Standard:	BS EN 13889		
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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Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02S/07
Serial Number:	QTY	Description		SWL	Date of last thorough examination
1515 K12	02	SAFETY PIN BOW SHACKLE Size: 2" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store		35 TON	08.10.2023
Reference Standard:		BS EN 13889			
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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Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02S/08
Serial Number:	QTY	Description		SWL	Date of last thorough examination
2216 2205	02	SAFETY PIN BOW SHACKLE Size: 1 3/4" Grade: 6 Manufacture: DSL Safety Factor: 6:1 Location: Store		25 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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Serial Number:	QTY	Description		SWL	Date of last thorough examination
1-10	01	SAFETY PIN BOW SHACKLE Size: 1 3/4" Grade: 6 Manufacture: J & L Safety Factor: 6:1 Location: Store		25 TON	08.10.2023
Reference Standard:		BS EN 13889			
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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Serial Number:	QTY	Description		SWL	Date of last thorough examination
B5501	01	SAFETY PIN BOW SHACKLE Size: 1 1/2" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Store		17 TON	08.10.2023
Reference Standard:		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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Serial Number:	QTY	Description		SWL	Date of last thorough examination
63	01	SAFETY PIN BOW SHACKLE Size: 1 1/4" Grade: 6 Manufacture: J & L Safety Factor: 6:1 Location: Store		12 TON	08.10.2023
Reference Standard:		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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Serial Number:	QTY	Description		SWL	Date of last thorough examination
H5806B	01	SAFETY PIN BOW SHACKLE Size: 1 1/4" Grade: 6 Manufacture: GT Safety Factor: 6:1 Location: Store		12 TON	08.10.2023
Reference Standard:		BS EN 13889			
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 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-03-24-0090-02S/13
Serial Number:	QTY	Description		SWL	Date of last thorough examination
D02 37-1	02	SAFETY PIN BOW SHACKLE Size: 1 1/4" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store		12 TON	08.10.2023
Reference Standard:		BS EN 13889			
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

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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-03-24-0090-02S/14
Serial Number:	QTY	Description		SWL	Date of last thorough examination
Y8760	01	SAFETY PIN BOW SHACKLE Size: 1 1/4" Grade: 6 Manufacture: BASH-P Safety Factor: 6:1 Location: Store		12 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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

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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-03-24-0090-02S/15
Serial Number:	QTY	Description		SWL	Date of last thorough examination
A25 A23 A22 C33 A14 A15 A13 A27	08	SAFETY PIN BOW SHACKLE Size: 1 1/8" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store		9.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> With 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"/>	
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"/>			
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

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-03-24-0090-02S/16		
Serial Number:	QTY	Description	SWL
B5500	01	SAFETY PIN BOW SHACKLE Size: 1 1/4" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Store	12 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13889		
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

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-03-24-0090-02S/17
Serial Number:	QTY	Description		SWL	Date of last thorough examination
A31 A23 A22	03	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store		8.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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 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-03-24-0090-02S/18
Serial Number:	QTY	Description		SWL	Date of last thorough examination
B2457 B6288 B2455 B6286	04	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Store		8.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> With 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"/>	
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"/>			
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

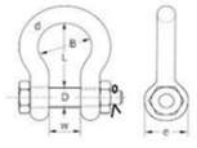
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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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-03-24-0090-02S/19		
Serial Number:	QTY	Description	SWL
SK31	01	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: GT Safety Factor: 6:1 Location: Store	8.5 TON
			08.10.2023
Reference Standard:	BS EN 13889		
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"/>
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? 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

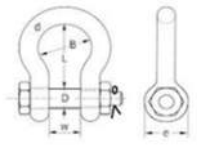
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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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-03-24-0090-02S/20		
Serial Number:	QTY	Description	SWL
SK300	01	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: DY Safety Factor: 6:1 Location: Store	8.5 TON
			08.10.2023
Reference Standard:	BS EN 13889		
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"/>
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? 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-03-24-0090-02S/21
Serial Number:	QTY	Description		SWL	Date of last thorough examination
H9911	01	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: BASH-P Safety Factor: 6:1 Location: Store		8.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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

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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-03-24-0090-02S/22
Serial Number:	QTY	Description		SWL	Date of last thorough examination
1	01	SAFETY PIN BOW SHACKLE Size: 1 1/8" Grade: 6 Manufacture: GP Safety Factor: 6:1 Location: Store		9.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <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"/>			
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

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-03-24-0090-02S/23		
Serial Number:	QTY	Description	SWL
B3596 B3593 B3830 B7386 B7335 B7383 B8785 B7384 B8786	09	SAFETY PIN BOW SHACKLE Size: 7/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Store	6.5 TON
Reference Standard:		BS EN 13889	
Is this the first examination after Installation or assembly at a new site or location?		Was the examination carried out: Within an interval of 6 months?	
YES <input type="checkbox"/> NO <input checked="" 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?		With an interval of 12 months?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		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

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-03-24-0090-02S/24
Serial Number:	QTY	Description		SWL	Date of last thorough examination
L031	01	SAFETY PIN BOW SHACKLE Size: 7/8" Grade: 6 Manufacture: GT Safety Factor: 6:1 Location: Store		6.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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

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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-03-24-0090-02S/25
Serial Number:	QTY	Description		SWL	Date of last thorough examination
6HR03121	01	SAFETY PIN BOW SHACKLE Size: 3/4" Grade: 6 Manufacture: GP Safety Factor: 6:1 Location: Store		4.75 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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 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-03-24-0090-02S/26		
Serial Number:	QTY	Description		SWL	Date of last thorough examination		
A5	01	SAFETY PIN BOW SHACKLE Size: 7/8" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store		6.5 TON	08.10.2023		
Reference Standard:		BS EN 13889					
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?		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	√	With an interval of 12 months?		
					In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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

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

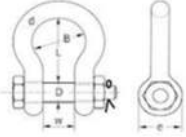
THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations and Lifting Equipment Regulation "LOLER". The result was found Satisfactory 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-03-24-0090-02S/27
Serial Number:	QTY	Description		SWL	Date of last thorough examination
195/18	01	SAFETY PIN BOW SHACKLE Size: 3/4" Grade: 6 Manufacture: MCKAT Safety Factor: 6:1 Location: Store 		4.75 TON	08.10.2023
Reference Standard:		BS EN 13889			
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 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-03-24-0090-02S/28
Serial Number:	QTY	Description		SWL	Date of last thorough examination
L671	01	SAFETY PIN BOW SHACKLE Size: 3/4" Grade: 6 Manufacture: K.F Safety Factor: 6:1 Location: Store		4.75 TON	08.10.2023
Reference Standard:		BS EN 13889			
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
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	With 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

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-03-24-0090-02S/29		
Serial Number:	QTY	Description		SWL	Date of last thorough examination		
B7483 , B3590 , B7484 , B8784 , B8825 , B8783 , B8820 , B8821 , B8823 , B8781 , B8782	11	SAFETY PIN BOW SHACKLE Size: 3/4" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Store		4.75 TON	08.10.2023		
Reference Standard:		BS EN 13889					
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?		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	√	With an interval of 12 months?		
					In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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

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-03-24-0090-02S/30		
Serial Number:	QTY	Description			SWL	Date of last thorough examination	
B033	01	SAFETY PIN BOW SHACKLE Size: 5/8" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store			3.25 TON	08.10.2023	
Reference Standard:		BS EN 13889					
Is this the first examination after Installation or assembly at a new site or location?		YES		NO	√	Was the examination carried out:	
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO		Within an interval of 6 months?	
						With an interval of 12 months?	
						In accordance with an examination scheme?	
						After the occurrence of exceptional circumstances?	
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)							
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

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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-03-24-0090-02S/31			
Serial Number:	QTY	Description		SWL	Date of last thorough examination			
A9701 B6512	02	SAFETY PIN BOW SHACKLE Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Store		3.25 TON	08.10.2023			
Reference Standard:		BS EN 13889						
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:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:								
Particulars of any tests carried out as part of the examination: (If none state NONE) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>								
IS THIS EQUIPMENT SAFE TO OPERATE?					YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

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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-03-24-0090-02S/32
Serial Number:	QTY	Description		SWL	Date of last thorough examination
B8830 B5496 B8852	03	SAFETY PIN BOW SHACKLE Size: 1/2" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Store		2 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/> 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

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-03-24-0090-02S/33		
Serial Number:	QTY	Description		SWL	Date of last thorough examination		
A94	01	SAFETY PIN BOW SHACKLE Size: 1/2" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store		2 TON	08.10.2023		
Reference Standard:		BS EN 13889					
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?		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	√	With an interval of 12 months?		
					In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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

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-03-24-0090-02S/34
Serial Number:	QTY	Description		SWL	Date of last thorough examination
B8828 B8829	02	SAFETY PIN BOW SHACKLE Size: 3/8" Grade: 6 Manufacture: GT Safety Factor: 6:1 Location: Store		1 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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 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-03-24-0090-02S/35
Serial Number:	QTY	Description		SWL	Date of last thorough examination
2006	01	SAFETY PIN BOW SHACKLE Size: 1 1/2" Grade: 8 Manufacture: ALLOY Safety Factor: 6:1 Location: Store		21 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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 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-03-24-0090-02S/36
Serial Number:	QTY	Description		SWL	Date of last thorough examination
D10	01	SAFETY PIN BOW SHACKLE Size: 7/8" Grade: 8 Manufacture: J & L Safety Factor: 6:1 Location: Store		9.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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

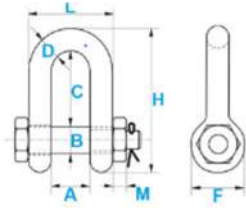
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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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-03-24-0090-02S/37		
Serial Number:	QTY	Description	SWL
10 11	02	SAFETY PIN DEE SHACKLE Size: 1" Grade: 6 Manufacture: J & L Safety Factor: 6:1 Location: Store	8.5 TON
			
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13889		
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"/>
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? 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-03-24-0090-02S/38		
Serial Number:	QTY	Description		SWL	Date of last thorough examination		
04 22 13 64 29	05	SAFETY PIN DEE SHACKLE Size: 5/8" Grade: 6 Manufacture: DY Safety Factor: 6:1 Location: Store		3.25 TON	08.10.2023		
Reference Standard:		BS EN 13889					
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?		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	√	With an interval of 12 months?		
					In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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

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-03-24-0090-02S/39		
Serial Number:	QTY	Description		SWL	Date of last thorough examination		
A60 A5780 A5775 45 A5783 A5767 A5781	07	SAFETY PIN BOW SHACKLE Size: 1/2" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Security Tower		2 TON	08.10.2023		
Reference Standard:		BS EN 13889					
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

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-03-24-0090-02S/40			
Serial Number:	QTY	Description		SWL	Date of last thorough examination			
A5760 3 A5782 A5792 A5765 10 A961 A5771	08	SAFETY PIN BOW SHACKLE Size: 1/2" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Security Tower		2 TON	08.10.2023			
Reference Standard:		BS EN 13889						
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:			
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-03-24-0090-02S/41		
Serial Number:	QTY	Description	SWL
B6517	01	SAFETY PIN BOW SHACKLE Size: 1/2" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Security Tower	2 TON
Reference Standard:		BS EN 13889	
Is this the first examination after Installation or assembly at a new site or location?		Was the examination carried out: Within an interval of 6 months?	
YES <input type="checkbox"/> NO <input checked="" 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?		With an interval of 12 months?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		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-03-24-0090-02S/42
Serial Number:	QTY	Description		SWL	Date of last thorough examination
A5669	01	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store		8.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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

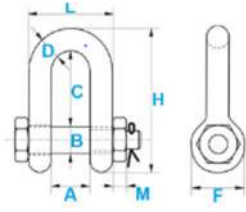
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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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-03-24-0090-02S/43		
Serial Number:	QTY	Description	SWL
A47	01	SAFETY PIN BOW SHACKLE Size: 7/8" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Store	6.5 TON
			
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13889		
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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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-03-24-0090-02S/44
Serial Number:	QTY	Description		SWL	Date of last thorough examination
B1638	01	SAFETY PIN BOW SHACKLE Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Fall arrestor		3.25 TON	08.10.2023
Reference Standard:		BS EN 13889			
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?	
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?	
				In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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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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-03-24-0090-02S/45
Serial Number:	QTY	Description		SWL	Date of last thorough examination
D5952	01	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: BASH-P Safety Factor: 6:1 Location: Big Bag Lifter		8.5 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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 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-03-24-0090-02S/46		
Serial Number:	QTY	Description		SWL	Date of last thorough examination		
A17 A16 A28 A8	04	SAFETY PIN BOW SHACKLE Size: 1 1/8" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Poor Boy		9.5 TON	08.10.2023		
Reference Standard:		BS EN 13889					
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?		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	With an interval of 12 months?		
					In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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

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-03-24-0090-02S/47			
Serial Number:	QTY	Description		SWL	Date of last thorough examination			
CHN4 1234	04	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Poor Boy		8.5 TON	08.10.2023			
Reference Standard:		BS EN 13889						
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:			
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-03-24-0090-02S/48
Serial Number:	QTY	Description		SWL	Date of last thorough examination
A9693	01	SAFETY PIN BOW SHACKLE Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Poor Boy		3.25 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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

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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-03-24-0090-02S/49
Serial Number:	QTY	Description		SWL	Date of last thorough examination
99	01	SAFETY PIN BOW SHACKLE Size: 5/8" Grade: 6 Manufacture: H.K Safety Factor: 6:1 Location: Poor Boy		3.25 TON	08.10.2023
Reference Standard:		BS EN 13889			
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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <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"/>			
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

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-03-24-0090-02S/50
Serial Number:	QTY	Description		SWL	Date of last thorough examination
1	01	SAFETY PIN BOW SHACKLE Size: 5/8" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1 Location: Poor Boy Fall Arrestor		3.25 TON	08.10.2023
Reference Standard:		BS EN 13889			
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"/> 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"/>			
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

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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-03-24-0090-02S/51
Serial Number:	QTY	Description		SWL	Date of last thorough examination
B1061 B1642	02	SAFETY PIN BOW SHACKLE Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 Location: Store		3.25 TON	08.10.2023
Reference Standard:		BS EN 13889			
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


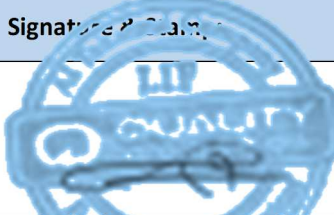
ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdulla		11.09.2024

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CERTIFICATE OF 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:	10.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-025/52
Serial Number:	QTY	Description		SWL	Date of last thorough examination
99V	01	SAFETY PIN BOW SHACKLE Size: 7/8” Grade: 6 Manufacture: Crosby Safety Factor: 6:1 Location: Attach With Master Bushing Puller SN: XK-19-1179001		6.5 TON	N/A
Reference Standard:		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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"/> ✓ With 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 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 checked="" type="checkbox"/> NO <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:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>					
IS THIS EQUIPMENT SAFE TO OPERATE?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature of Client:		
Mahmoud Ali	Mohamed Abdullah				
Date of Next Through Examination:	09.09.2024				

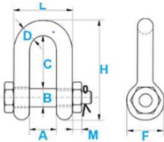


REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner’s work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation “LOLER”. The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



CERTIFICATE OF 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:	10.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-025/53		
Serial Number:	QTY	Description	SWL
01 02 G1 132	04	<p style="text-align: center;">SAFETY PIN DEE SHACKLE</p> <p>Size: 5/8" Grade: 6 Manufacture: DY Safety Factor: 6:1</p>  <p>Location: Attach With Master Bushing Puller SN: XK-19-1179001</p>	3.25 TON
Date of last thorough examination	13-10-2023		
Reference Standard:	BS EN 13889		
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"/>	
Name of Inspector:	Name of person authenticating this report:	Signature & Stamp	
Mahmoud Ali	Mohamed Abdullah		
Date of Next Through Examination:	09.09.2024		

REV: 01 Dated: 20 June 2022

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