




CERTIFICATE OF THOROUGH EXAMINATION

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

Client Name:	DAQING DRILLING CO.			Job Number:	QC-DQ-02-24-0078
Date of Examination:	29.Feb.2024	Location:	RIG DQ 11	Certificate No:	QC-DQ-02-24-0078/01
Serial Number:	QTY	Description		SWL	Date of last Thorough examination
100163-25/95 100163-25/8 100163-25/16 100163-25/31 100163-25/71	05	<p align="center">Flat Polyester Woven Webbing Sling</p> <p>Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor: 7:1 Length: 8 M Color: Red Date: 15/09/2023</p>  <p>Location: Store</p>		Vertical 5000 Kg Chocker 4000 Kg Basket 10000 Kg	NEW
Reference Standard:	BS EN 1492-1:2000 + A1:2008				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
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"/> N/A		<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"/>	
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)				N/A	
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"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp		
Mohamed Abdalla	Ashraf El Said				
Date of Next Through Examination:	28.Aug.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.



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Serial Number:	QTY	Description		SWL	Date of last Thorough examination
98895-8/21 98895-8/36	02	<p style="text-align: center;"><u>Flat Polyester Woven Webbing Sling</u></p> <p>Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor: 7:1 Length: 10 M Color: Red Date: 22/06/2023</p> <div style="text-align: center;">  </div> <p>Location: Store</p>		Vertical 5000 Kg Choker 4000 Kg Basket 10000 Kg	NEW
Reference Standard:	BS EN 1492-1:2000 + A1:2008				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		With an interval of 12 months?	
		N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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100163-21/32 100163-21/39	02	<p align="center">Flat Polyester Woven Webbing Sling</p> <p>Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor: 7:1 Length: 3 M Color: Green Date: 15/09/2023</p>  <p>Location: Store</p>		Vertical 2000 Kg Choker 1600 Kg Basket 4000 Kg	NEW
Reference Standard:	BS EN 1492-1:2000 + A1:2008				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		With an interval of 12 months?	
		N/A		In accordance with an examination scheme?	
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