




CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/51		
Serial Number:	QTY	Description	SWL
B5966 B1628	02	FOUR LEG WIRE ROPE SLING Dim: 13 MM DIA x 4 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE WITH HOOK Location: Store	4.4 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE			
Is the above a defect which is of immediate danger to persons:			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)			YES by: _____
Particulars of any repair, renewal or alteration required to remedy the defect identified above:			
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory			
IS THIS EQUIPMENT SAFE TO OPERATE?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

REV: 01 Dated: 20 June 2022

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

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






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Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/52		
Serial Number:	QTY	Description	SWL
T1195 T1190	01	FOUR LEG WIRE ROPE SLING Dim: 13 MM DIA x 1 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Store	4.15 TON
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE			
Is the above a defect which is of immediate danger to persons:			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)			YES by: _____
Particulars of any repair, renewal or alteration required to remedy the defect identified above:			
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory			
IS THIS EQUIPMENT SAFE TO OPERATE?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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Client Name:	Daqing Drilling Company			Job Number:	QC-DQ-03-24-0090
Date of Examination:	12.03.2024	Location:	DQ Rig 037	Certificate No:	QC-DQ-03-24-0090-02/53
Serial Number:	QTY	Description		SWL	Date of last thorough examination
P7035	01	FOUR LEG WIRE ROPE SLING Dim: 22 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store		11.8 TON	08.10.2023
Reference Standard:		BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		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"/>

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Date of Examination:	12.03.2024	Location:	DQ Rig 037
Certificate No:	QC-DQ-03-24-0090-02/54		
Serial Number:	QTY	Description	WLL
KIMEBC091	01	FOUR LEG WIRE ROPE SLING Dim: 28 MM DIA x 2 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE Location: Poor Boy	21 MT
Date of last thorough examination	08.10.2023		
Reference Standard:	BS EN 13414-1		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE			
Is the above a defect which is of immediate danger to persons:			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)			YES by: <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"/>

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Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/55			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
P7036 P7037	02	FOUR LEG WIRE ROPE SLING Dim: 22 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	11.3 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE				
Is the above a defect which is of immediate danger to persons:			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)			YES by: _____	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				
Particulars of any tests carried out as part of the examination: (If none state NONE)				
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory				
IS THIS EQUIPMENT SAFE TO OPERATE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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Date of Examination:	12.03.2024	Location:	DQ Rig 037	
Certificate No:	QC-DQ-03-24-0090-02/56			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
P7025	01	FOUR LEG WIRE ROPE SLING Dim: 16 MM DIA x 8 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X SOFT EYE Location: Store	6.3 TON	08.10.2023
Reference Standard:	BS EN 13414-1			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			In accordance with an examination scheme?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE				
Is the above a defect which is of immediate danger to persons:			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)			YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				
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