





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>		Hong Hua Oil& Gas Engineering Services Ltd		<b>Job Number:</b>		QC-HH-04-24-0130	
<b>Date of Examination:</b>		19.04.2024		<b>Location:</b>		HH Rig 029	
<b>Certificate No:</b>		QC-HH-04-24-0130-01					
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>Each Lifting Point SWL:</b>		<b>Date of last Thorough examination</b>	
1-1 1-2 1-3 1-4	04	Mud Pump Pad Eyes Mud Pump NO: NB19-022  Pad Eye Dimension Thickness: 36mm Pin Hole: 47mm Length: 220mm Height: 310mm		120 KN		31.10.2023	
							
<b>Reference Standard:</b>		LEEA DOC 048:2015 & ASTM E709					
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) <b>NONE</b>							
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)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>							
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET		
Yoke	Permanent	Serial No:	PY-09	Due Date	14.08.2024		
White Contrast	WCP-2	Batch No:	220602	Due Date	06.2025		
Black Ink	7HF	Batch No:	220605	Due Date	07.01.2025		
<b>NDT procedure</b>							
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection							
Identification of any part found to have a defect and a description of the defect:							
None							
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
None							

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		18.10.2024


**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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<b>Date of Examination:</b>		19.04.2024		<b>Location:</b>		HH Rig 029	
<b>Certificate No:</b>		QC-HH-04-24-0130-02					
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>Each Lifting Point SWL:</b>		<b>Date of last Thorough examination</b>	
2-1 2-2 2-3 2-4	04	Mud Pump Pad Eyes Mud Pump NO: NB18-004  Pad Eye Dimension Thickness: 36mm Pin Hole: 47mm Length: 220mm Height: 310mm		120 KN		31.10.2023	
							
<b>Reference Standard:</b>		LEEA DOC 048:2015 & ASTM E709					
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) <b>NONE</b>							
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)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>							
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET		
Yoke	Permanent	Serial No:	PY-09	Due Date	14.08.2024		
White Contrast	WCP-2	Batch No:	220602	Due Date	06.2025		
Black Ink	7HF	Batch No:	220605	Due Date	07.01.2025		
<b>NDT procedure</b>							
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection							
Identification of any part found to have a defect and a description of the defect:							
None							
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
None							

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		18.10.2024





**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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<b>Client Name:</b>	Hong Hua Oil& Gas Engineering Services Ltd	<b>Job Number:</b>	QC-HH-04-24-0130		
<b>Date of Examination:</b>	19.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0130-03
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>Each Lifting Point SWL:</b>	<b>Date of last Thorough examination</b>	
3-1 3-2 3-3 3-4	04	Mud Pump Pad Eyes Mud Pump NO: NB18-001  Pad Eye Dimension Thickness: 36mm Pin Hole: 47mm Length: 220mm Height: 310mm	120 KN	31.10.2023	
			   		
<b>Reference Standard:</b>		LEE A DOC 048:2015 & ASTM E709			
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) <b>NONE</b>					
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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14.08.2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06.2025
Black Ink	7HF	Batch No:	220605	Due Date	07.01.2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		18.10.2024





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<b>Client Name:</b>	Hong Hua Oil& Gas Engineering Services Ltd	<b>Job Number:</b>	QC-HH-04-24-0130		
<b>Date of Examination:</b>	19.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0130-04
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>Each Lifting Point SWL:</b>	<b>Date of last Thorough examination</b>	
PC1-1 PC1-2 PC1-3 PC1-4	04	Catwalk Pad Eyes Catwalk NO: MD21-010  Pad Eye Dimension Thickness: 40mm Pin Hole: 51mm Length: 230mm Height: 330mm	170 KN	31.10.2023	
			   		
<b>Reference Standard:</b>		LEEA DOC 048:2015 & ASTM E709			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Within an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <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"/>		<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) <b>NONE</b>					
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:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14.08.2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06.2025
Black Ink	7HF	Batch No:	220605	Due Date	07.01.2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		18.10.2024

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<b>Date of Examination:</b>	19.04.2024	<b>Location:</b>	HH Rig 029
<b>Certificate No:</b>	QC-HH-04-24-0130-05		

Serial Number:	QTY	Description	Each Lifting Point SWL:	Date of last Thorough examination
10-5 10-6 10-7 10-8 11-5 11-6 11-7 11-8	08	Rig Floor Ladder Lifting Point Ladder NO: ZB-17-019 Fully Welded Steel Construction With Eight Bottom Trunnions Lifting Lugs. Trunnion Lug Dimension: Pipe OD: 120 mm Pipe Length: 120 mm	16 KN	21.10.2023
			  	


<b>Reference Standard:</b>	LEEA DOC 048:2015 & ASTM E709
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Is this the first examination after Installation or assembly at a new site or location?  If the answer to the above question is YES has the equipment been installed correctly?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>	YES		NO	✓	YES		NO		Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>	YES	✓	NO		YES		NO	✓	YES	✓	NO		YES		NO	✓
YES		NO	✓																								
YES		NO																									
YES	✓	NO																									
YES		NO	✓																								
YES	✓	NO																									
YES		NO	✓																								

Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) <b>NONE</b>							
Is the above a defect which is of immediate danger to persons:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>	YES		NO	✓
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)			N/A				
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> </table>	YES	✓	NO	
YES	✓	NO					

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

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

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud	Mohamed Abdulla		18.10.2024

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<b>Client Name:</b>	Hong Hua Oil& Gas Engineering Services Ltd	<b>Job Number:</b>	QC-HH-04-24-0130
<b>Date of Examination:</b>	19.04.2024	<b>Location:</b>	HH Rig 029
<b>Certificate No:</b>	QC-HH-04-24-0130-06		

Serial Number:	QTY	Description	Each Lifting Point SWL:	Date of last Thorough examination
3-1 3-2 3-3 3-4 3-5 3-6 3-7 3-8	08	Rig Floor Ladder Lifting Point Ladder NO: ZB-17-019 Fully Welded Steel Construction With Eight Bottom Trunnions Lifting Lugs. Trunnion Lug Dimension: Pipe OD: 120 mm Pipe Length: 120 mm	16 KN	21.10.2023
			  	

<b>Reference Standard:</b>	LEE A DOC 048:2015 & ASTM E709		
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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	✓
				With an interval of 12 months?	YES	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		In accordance with an examination scheme?	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**

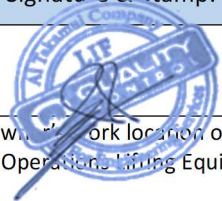
Is the above a defect which is of immediate danger to persons:	YES	NO	✓
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)	N/A		

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

<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES	✓	NO
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NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14.08.2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06.2025
Black Ink	7HF	Batch No:	220605	Due Date	07.01.2025

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

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		18.10.2024

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