




## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Job Number:</b>	QC-DQ-03-24-0090
<b>Date of Examination:</b>	12.03.2024	<b>Location:</b>	DQ Rig 037
<b>Certificate No:</b>	QC-DQ-03-24-0090-02A/10A		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>
0512-69152852	01	Safety Body harness Polyester Web.  Model: GP6095-2021 Manufacture: GOL MUD Date Of Manufacture: 03/2024 Material: Polyester Size: Universal  Location: Store	One Person
<b>Date of last thorough examination</b>	NEW		
<b>Reference Standard:</b>	BS EN 361:2002		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			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)	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			
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

REV: 01 Dated: 20 June 2022

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
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.

