




CERTIFICATE OF THOROUGH EXAMINATION

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

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|-----------------------------|--------------------------------------|--|------------------------|------------------------|--|
| Client Name: | DAQING DRILLING COMPANY, Iraq | Rig & Location: | DQ-037 / RU-610 | Certificate No: | QC-05-24-0163-003 |
| Date of Examination: | 22-May-2024 | Date of Report: | 22-May-2024 | Job Number: | DQ037-RUM-GPS-OPS-2024052101 |
| Serial Number: | QTY | Description: | SWL | Manufacture: | Date of Last Thorough Examination |
| 101045-3/5 101045-3/10 | 02 | <p><u>POLYESTER FLATE WOVEN WEBBING SLING</u></p> <p>Length: 10 M Dia: 5 in Color: Red Safety Factor: 7:1 Location: Rig Sling Store</p>  | 5000 Kg | Liftek Nov-2023 | NEW |
| Reference Standard: | BS EN 1492-1:2000+A1:2008 | | | | |

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|---|-----|---|----|---|--|---------|---|----|---|
| 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? With an Interval of 12 Months? In Accordance with an Examination Scheme? After the Occurrence of Exceptional Circumstances? | | | | |
| | YES | | NO | ✓ | | YES | ✓ | NO | |
| | | | | | | YES | | NO | ✓ |
| If The Answer to The Above Question is YES has The Equipment Been Installed Correctly? | 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) 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 | |

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| Name of Inspector: | Name of person authenticating this report: | Signature & Stamp: | |
| Syed Aamir Ali ASNT LEVEL II VT,MT,PT,UT LEEA I,II | Mohamed Abdullah LEEA Registered Technician: |  |  |
| Date of Next Through Examination: | 21-Nov-2024 | | |

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.

