
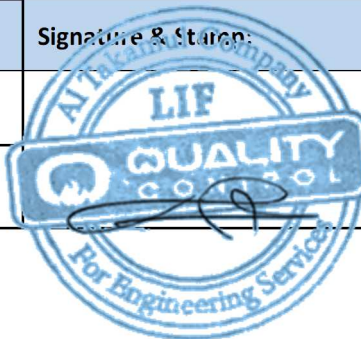


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137-FR 01		
Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0137		
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination		
706364	01	Fall Arrester Manufacture: IKAR Length: 18 m Dia Of Wire: 5 mm TYPE.: H18 Location : POOR BOY	136 KG 310 LBS	07-2022	25-11-2023		
Reference Standard:	BS EN 360:2002 / BS EN 363:2018 - TC						
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:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
			Within an interval of 6 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
			With an interval of 12 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"/>	In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
		N/A	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"/>			
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:				
Mohamed Abdalla	Ashraf Elsaid						
Date of Next Through Examination:	07-11-2024						



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.



CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137-FR 02
Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0137
Serial Number:	QTY	Description		SWL	Date of manufacture if known:
21350 21361	02	Fall Arrester Manufacture: SALA Length: 175 FT Model: 3400650 Date of Manufacture: MAR/2020 Lot: 20031179 Location : Crown Block		191 KG 420 LBS	MAR/2020
Reference Standard:		BS EN 360:2002 / BS EN 363:2018 - TC			
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"/> N/A			
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"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
Mohamed Abdalla	Ashraf Elsaid				
Date of Next Through Examination:	07-11-2024				


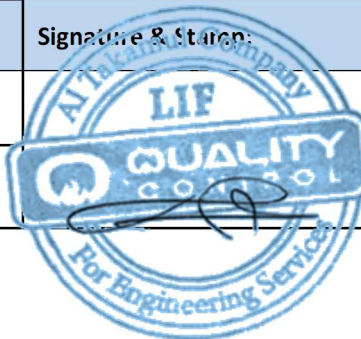
REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137-FR 03		
Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0137		
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination		
706362 706376	02	Fall Arrester Manufacture: IKAR Length: 18 M Model: H18 Date of Manufacture: 07/2022 Location : Under Rig Floor	136 KG	07/2022	25-11-2023		
Reference Standard:	BS EN 360:2002 / BS EN 363:2018 - TC						
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?				
			With an interval of 12 months?				
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?				
		N/A	After the occurrence of exceptional circumstances?				
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"/>			
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:				
Mohamed Abdalla	Ashraf Elsaid						
Date of Next Through Examination:	07-11-2024						



REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137-FR 04
Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0137
Serial Number:	QTY	Description		SWL	Date of manufacture if known: Date of last thorough examination
20365	01	Fall Arrester Manufacture: SALA Length: 130 FT Model: 3400967 Date of Manufacture: Jan/2020 Lot; 20010379 Location : Mast Monkey Bored		191 KG 420 LBS	Jan/2020 25-11-2023
Reference Standard:		BS EN 360:2002 / BS EN 363:2018 - TC			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √ N/A		With 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 checked="" 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) NONE					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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"/> √
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
Mohamed Abdalla	Ashraf Elsaid				
Date of Next Through Examination:	07-11-2024				



REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137-FR 05
Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0137
Serial Number:	QTY	Description		SWL	Date of manufacture if known: Date of last thorough examination
05598	01	Fall Arrester Manufacture: SALA Length: 130 FT Model: 3400965 Date of Manufacture: Nov/2017 Lot; 17114779 Location : Mast Monkey Bored		191 KG 420 LBS	Nov/2017 25-11-2023
Reference Standard:		BS EN 360:2002 / BS EN 363:2018 - TC			
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"/>		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"/>		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"/>		YES <input checked="" 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) NONE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Is the above a defect which is of immediate danger to persons: (If YES state the date by when)		YES by:		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
Mohamed Abdalla	Ashraf Elsaid				
Date of Next Through Examination:	07-11-2024				


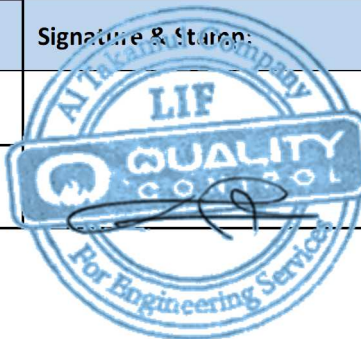
REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137-FR 06
Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0137
Serial Number:	QTY	Description		SWL	Date of manufacture if known:
1699423 1699415	02	Fall Arrester Manufacture: IKAR Length: 6 M Typ: HWS 6 Date of Manufacture: 07/2022 Location : Diesel Tank		136 KG	07/2022
Reference Standard:		BS EN 360:2002 / BS EN 363:2018 - TC			
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"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		N/A			
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"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
Mohamed Abdalla	Ashraf Elsaid				
Date of Next Through Examination:	07-11-2024				



REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137-FR 07
Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0137
Serial Number:	QTY	Description		SWL	Date of manufacture if known:
20034	01	Fall Arrester Manufacture: SALA Length: 50 FT Model: 3400900 Date of Manufacture: Dec/2019 Lot: 19125179 Location : Diesel Tank		191 KG 420 LBS	Dec/2019
Reference Standard:		BS EN 360:2002 / BS EN 363:2018 - TC			
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"/> N/A			
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"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
Mohamed Abdalla	Ashraf Elsaid				
Date of Next Through Examination:	07-11-2024				



REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137-FR 02
Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0137
Serial Number:	QTY	Description		SWL	Date of manufacture if known:
21350 21361	02	Fall Arrester Manufacture: SALA Length: 175 FT Model: 3400650 Date of Manufacture: MAR/2020 Lot: 20031179 Location : Crown Block		191 KG 420 LBS	MAR/2020
Reference Standard:		BS EN 360:2002 / BS EN 363:2018 - TC			
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"/> N/A			
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"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
Mohamed Abdalla	Ashraf Elsaid				
Date of Next Through Examination:	07-11-2024				

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