




CERTIFICATE OF LOAD TESTING AND THOROUGH EXAMINATION

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

Client Name:		Honghua Oil & Gas Engineering Services Ltd.		Certificate No:	QC-HH-05-24-0158/05
Date of Examination:		15.05.2024	Location:	HH Rig 029	Job Number:
				QC-HH-05-24-0158	
Serial Number:	QTY	Description		SWL	Date of Last Examination
921389	01	Pneumatic Air Winch Manufacture: Taian Julingexploring Equipment Manufacture Year: 04.2019 Model: XJFH-5/35 KS Rated air pressure:116 psi Capacity at 1st Layer: 50 KN Winch Weight: 550 KG, 1210 lbs. Max lifting speed: 0.58 m/s (1.9 FT/S) Rated Power: 16 KN (21.5 HP) Wire Description: Wire Serial Number: B3107, MBL: 23.1 Ton Wire Diameter: 19 mm Length of Wire: 120 m Location: Rig Floor		50 KN	09.12.2023
Reference Standard:		ASME B30.7			
Last Proof Load Test Date		06.12.2023 Quality Control Company			
TESTING		Pass	Fail	Notes	
Operational (No Load)		✓		Conducted and found satisfactory	
Performance Test (Rated Capacity)		✓		Conducted at rated capacity and found satisfactory	
Dynamic Proof Load Test (1.25 x Rated Capacity)		--		Conducted (1.25 x SWL) on winch and found satisfactory	
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? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
			✓		
If the answer to the above question is YES has the equipment been installed correctly?		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)					
In the light of inspection findings subject Pneumatic Air Winch was Inspected visually, operationally was performed where no defects were observed during testing Hence, it was found satisfactory and fit for intended use.					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
				✓	

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud	Mohamed Abdullah		14.11.2024

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned own 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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Date of Examination:	15.05.2024	Location:	HH Rig 029	Job Number:	QC-HH-05-24-0158
Equipment Serial No:	921389			SWL:	50 KN

No.	DESCRIPTION	CONDITION / REMARKS	COMMENTS
01	Manufacturers data plate	✓	
02	Space Bars and End Covers	✓	
03	Controls/ Operational Controls	✓	
04	Brakes/ Clutch	✓	
05	Wire Rope Drum	✓	
06	Wire Rope anchor	✓	
07	Termination Plate	✓	
08	Wire Rope	✓	
09	Hydraulic Hoses	✓	
10	Air System	✓	
11	Operation	✓	
12	Foundation & Bolts	✓	
13	Main winch Wire Rope	✓	
14	Brake	✓	
15	Fasteners and Bolts	✓	
16	Main structure and Foundation Welds	✓	
17	Clearance & Obstruction	✓	

Key Category:

1 = Immediate action	2= Action within ...	3= Worn/Serviceable	✓	No Apparent Defects	N/A = Not Applicable
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CERTIFICATION OF Visual, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client Name:	Honghua Oil & Gas Engineering Services Ltd.			Certificate No:	QC-HH-05-24-0158/06
Date of Examination:	15.05.2024	Location:	HH Rig 029	Job Number:	QC-HH-05-24-0158
Serial Number	Description of the examined equipment				Result
921389	Pneumatic Air Winch				Pass




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					

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Certificate of Visual and Thorough Examination

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Client Name:	Honghua Oil & Gas Engineering Services Ltd.			Certificate No:	QC-HH-05-24-0158/07		
Date of Examination:	15.05.2024	Location:	HH Rig 029	Job Number:	QC-HH-05-24-0158		
Serial Number:	QTY	Description		MBL	Date of last Thorough examination		
B3107	01	SINGLE LEG WIRE ROPE SLINGE 19 mm Diameter, 120 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Plain. FOS: 5:1		23.1 TON	06.12.2023		
Reference Standard:		BS EN 13414-1+A2:2008					
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:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				Within an interval of 6 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				With an interval of 12 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"/>		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:							
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"/>	

REV: 01 Dated: 20 June 2022

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Certificate of Visual and Thorough Examination

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Client Name:	Honghua Oil & Gas Engineering Services Ltd.			Certificate No:	QC-HH-05-24-0158/08		
Date of Examination:	15.05.2024	Location:	HH Rig 029	Job Number:	QC-HH-05-24-0158		
Serial Number:	QTY	Description		SWL:	Date of last Thorough examination		
I5867 L6176	02	SAFETY PIN BOW SHACKLE MANUFACTURER: G T Size: 1" Grade: 6 Safety Factor: 6:1		8.5 TON	06.12.2023		
Reference Standard:		BS EN 13889: 2003 + A1: 2008					
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:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				Within an interval of 6 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				With an interval of 12 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"/>		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:							
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"/>	

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Client Name:	Honghua Oil & Gas Engineering Services Ltd.		Certificate No:	QC-HH-05-24-0158/09	
Date of Examination:	15.05.2024	Location:	HH Rig 029	Job Number:	QC-HH-05-24-0158
Serial Number:	QTY	Description		SWL:	Date of last Thorough examination
F410	01	Swivel Manufacturer: Crosby S – 5 Eye & Eye Grade: 8 Safety Factor: 5:1		5 TON	06.12.2023
Reference Standard:		ASME B30.26			
Is this the first examination after Installation or assembly at a new site or location?		YES		NO	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO	
		<input type="checkbox"/>		<input type="checkbox"/>	
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	
		<input checked="" type="checkbox"/>		<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		NO	
		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Is the above a defect which is of immediate danger to persons:		YES		NO	
<input type="checkbox"/>		<input type="checkbox"/>		<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	NO
<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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Date of Examination:	15.05.2024	Location:	HH Rig 029	Job Number:	QC-HH-05-24-0158		
Serial Number:	QTY	Description		SWL:	Date of last Thorough examination		
M2832	01	Hook Manufacturer: Crosby Type: Self-Locking Grade: 8 Safety Factor: 5:1		5.3 TON	06.12.2023		
Reference Standard:		BS EN 1677-2					
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:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				Within an interval of 6 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				With an interval of 12 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"/>		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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