



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-LP 01		
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>		
S1 S2 S3 S4 S5 S6 S8	07	Load Binder  RATCHET TYPE LOAD BINDER WITH WINGED GRAB HOOK Type: Ratchet Grab Hook Size: 5/16" 3/8"  Location: Rig Site	5400 LBS	N/A	23-11-2023		
<b>Reference Standard:</b>	BS EN 12195-3:2001						
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?		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? After the occurrence of exceptional circumstances?		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 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"/>			
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>				
Mohamed Abdalla	Ashraf Elsaid						
<b>Date of Next Through Examination:</b>	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.



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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-LP 02
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5222 B5223 B5224 B5225 B5226 B5227	06	Load Binder  RATCHET TYPE LOAD BINDER WITH WINGED GRAB HOOK Type: Ratchet Manufacture: GT Grab Hook Size: 10 – 13 mm F.O.S: 3.5:1 Location: Rig Site	4200 KGS	N/A	23-11-2023
<b>Reference Standard:</b>	BS EN 12195-3:2001				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
		YES	NO	✓	
		YES	NO	✓	
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	✓	
		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	NO
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
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature &amp; Stamp:</b>			
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

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