




## 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-BS 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>Manufacturer</b>	<b>Date of last thorough examination</b>
DQ1202-STR-01	01	Basket Stretcher  * A Rescue System Basket Stretcher Model: YDC-8B1 (DETACHABLE) Handles No: 12 Weight: 12.5 Kg Product Size (LxWxH): 2.15m x 0.64m x 20m Location: Rig Floor	272 Kg	FDA	23-11-2023
<b>Reference Standard:</b>		BS EN 1865-2:2010+A1:2015			
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 checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 type="checkbox"/> NO <input checked="" 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"/>		<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"/>	
<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-BS 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>Manufacturer</b>	<b>Date of last thorough examination</b>
DJ76835	01	Basket Stretcher  * A Rescue System Basket Stretcher Model: YJK-B-6 Handles No: 12 Weight: 12.5 Kg    Product Size (LxWxH): 2.19m x 0.64m x 0.18m  Location: Clinic Room	270 Kg	SHANDONG DITAI MINING LTD  12/2022	23-11-2023
<b>Reference Standard:</b>		BS EN 1865-2:2010+A1:2015			
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 checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" 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 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 checked="" 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 checked="" 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				




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<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>Manufacturer</b>	<b>Date of last thorough examination</b>		
15105382	01	Backboard Stretcher * Universal Backboard Orange with 6 Belts Model: 0214 Handles No: 21 Weight: 12.5 Kg  Product Size (LxWxH): 71" x 15.75" x 1.85" Location: Clinic Room	200LBS	ATTUCHO-TURKEY 02/2018	23-11-2023		
<b>Reference Standard:</b>	BS EN 1865-2:2010+A1:2015						
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"/>		
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"/>		
			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) 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							
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					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						




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<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>Manufacturer</b>	<b>Date of last thorough examination</b>
DQ1202-STR-01	01	Basket Stretcher  * A Rescue System Basket Stretcher Model: YDC-8B1 (DETACHABLE) Handles No: 12 Weight: 12.5 Kg Product Size (LxWxH): 2.15m x 0.64m x 20m Location: Rig Floor	272 Kg	FDA	23-11-2023
<b>Reference Standard:</b>		BS EN 1865-2:2010+A1:2015			
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 checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <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?		<input type="checkbox"/> YES <input checked="" 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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>		
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<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>Manufacturer &amp; Date of Manufacturer</b>	<b>Date of last thorough examination</b>
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<b>Reference Standard:</b>		BS EN 1865-2:2010+A1:2015			
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 checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<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>Manufacturer &amp; Date of Manufacturer</b>	<b>Date of last thorough examination</b>		
15105382	01	Backboard Stretcher * Universal Backboard Orange with 6 Belts Model: 0214 Handles No: 21 Weight: 12.5 Kg  Product Size (LxWxH): 71" x 15.75" x 1.85" Location: Clinic Room	200LBS	ATTUCHO-TURKEY 02/2018	23-11-2023		
<b>Reference Standard:</b>	BS EN 1865-2:2010+A1:2015						
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"/>		
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"/>		
			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"/>		
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