



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- CS 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	
33202300036	01	<p style="text-align: center;"><u>CHAIN SLING</u></p> <p>Single Leg Chain Sling 13 mm Dia (Grade 8), With 4 M Length, And Connected With (13-8) Lok-A-Loy WLL 5.3 T Connecting Links SN (R26 & R27), At Both Ends Safety Factor: 4:1</p> <p><u>LOCATION:</u> Attach With Air Winch</p>		45 KN	N/A	23-11-2023	
Reference Standard:	BS EN 818-4:1996 + A1:2008						
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:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
				Within an interval of 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> √ <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 type="checkbox"/>		In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> √ <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"/> √ <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"/> √ <input 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.

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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CS 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:	Date of last thorough examination	
33202300037	01	<p style="text-align: center;"><u>CHAIN SLING</u></p> <p>Single Leg Chain Sling 13 mm Dia (Grade 8), With 4 M Length, And Connected With (13-8) Lok-A-Loy WLL 5.3 T Connecting Links SN (R28 & R29), At Both Ends Safety Factor: 4:1</p> <p><u>LOCATION:</u> Attach With Air Winch</p>		45 KN	N/A	23-11-2023	
Reference Standard:	BS EN 818-4:1996 + A1:2008						
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:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
				Within an interval of 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> √ <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 type="checkbox"/>		In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> √ <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"/> √ <input 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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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CS 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	
33202300038	01	<p style="text-align: center;"><u>CHAIN SLING</u></p> <p>Single Leg Chain Sling 13 mm Dia (Grade 8), With 4 M Length, And Connected With (13-8) Lok-A-Loy WLL 5.3 T Connecting Links SN (R30 & R31), At Both Ends Safety Factor: 4:1</p> <p><u>LOCATION:</u> Store</p>		45 KN	N/A	23-11-2023	
Reference Standard:	BS EN 818-4:1996 + A1:2008						
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:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				Within an interval of 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> ✓ <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 type="checkbox"/> ✓		In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> ✓ <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) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>							
IS THIS EQUIPMENT SAFE TO OPERATE?						<input type="checkbox"/> YES	<input checked="" type="checkbox"/> ✓ <input 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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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CS 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	
33202300039	01	<p style="text-align: center;"><u>CHAIN SLING</u></p> <p>Single Leg Chain Sling 13 mm Dia (Grade 8), With 4 M Length, And Connected With (13-8) Lok-A-Loy WLL 5.3 T Connecting Links SN (R32 & R33), At Both Ends Safety Factor: 4:1</p> <p><u>LOCATION:</u> Store</p>		45 KN	N/A	23-11-2023	
Reference Standard:	BS EN 818-4:1996 + 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"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
				Within an interval of 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> ✓ <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"/>		With an interval of 12 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
				In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> ✓ <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"/> ✓ <input 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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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CS 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	
TDS-C1	01	Endless Chain Sling Chain DIA: 19 MM Length: 1.5 M Grade: 80 Safety Factor: 4:1 LOCATION: TDS Hose		11.2 Ton	N/A	23-11-2023	
Reference Standard:		BS EN 818-4:1996 + A1:2008					
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"/>	
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 checked="" type="checkbox"/> NO <input 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)							
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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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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CS 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:				
SH03	01	<p style="text-align: center;"><u>SWIVEL SHUR-LOC HOOK</u></p> <p>Forged Alloy Steel - Quenched and Tempered Crosby Shur-Loc Self Locking Swivel Hook. Type: Shur-Loc Swivel Hook with Bearing. Size: 1/2"-13 mm Grade: 80 Safety Factor 5:1 -With Dee Shackle WLL 6.5 Ton (7/8"XW) No: D2</p> <p><i>LOCATION:</i> Air Winch</p>		5.3 Ton	N/A				
Reference Standard:		BS EN 1677-3:2000+A1:2008							
Is this the first examination after Installation or assembly at a new site or location?		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:	
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
				Within an interval of 6 months?					
				Within an interval of 12 months?					
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	In accordance with an examination scheme?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
				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"/>				
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				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								



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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CS 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:	Date of last thorough examination									
SH01	01	<p style="text-align: center;"><u>SWIVEL SHUR-LOC HOOK</u></p> <p>Forged Alloy Steel - Quenched and Tempered Crosby Shur-Loc Self Locking Swivel Hook. Type: Shur-Loc Swivel Hook with Bearing. Size: 1/2"-13 mm Grade: 80 Safety Factor 5:1 -With Dee Shackle WLL 6.5 Ton (7/8"XW) No: A1</p> <p><i>LOCATION:</i> Store</p>		5.3 Ton	N/A	23-11-2023									
Reference Standard:	BS EN 1677-3:2000+A1:2008														
Is this the first examination after Installation or assembly at a new site or location?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">✓</td> <td style="width: 25%;"></td> </tr> </table>		YES	NO	✓		Was the examination carried out:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">✓</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> </table>		YES	✓	NO	
YES	NO	✓													
YES	✓	NO													
				Within an interval of 6 months?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">✓</td> </tr> </table>		YES		NO	✓				
YES		NO	✓												
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YES	NO														
YES	✓	NO													
				After the occurrence of exceptional circumstances?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">✓</td> </tr> </table>		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)															
<i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>															
IS THIS EQUIPMENT SAFE TO OPERATE?					YES	✓	NO								
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:												
Mohamed Abdalla	Ashraf Elsaid														
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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									
SS993	01	<p style="text-align: center;"><u>SWIVEL SHUR-LOC HOOK</u></p> <p>Forged Alloy Steel - Quenched and Tempered Crosby Shur-Loc Self Locking Swivel Hook. Type: Shur-Loc Swivel Hook with Bearing. Size: 1/2"-13 mm Grade: 80 Safety Factor 5:1 -With Dee Shackle WLL 6.5 Ton (7/8") No: D3</p> <p><i>LOCATION:</i> Store</p>		5.3 Ton	N/A	23-11-2023									
Reference Standard:	BS EN 1677-3:2000+A1:2008														
Is this the first examination after Installation or assembly at a new site or location?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%;">NO</td> <td style="width: 25%; text-align: center;">√</td> </tr> </table>		YES		NO	√	Was the examination carried out:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%; text-align: center;">√</td> <td style="width: 25%;">NO</td> <td style="width: 25%;"></td> </tr> </table>		YES	√	NO	
YES		NO	√												
YES	√	NO													
				Within an interval of 6 months?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%;">NO</td> <td style="width: 25%; text-align: center;">√</td> </tr> </table>		YES		NO	√				
YES		NO	√												
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%;">NO</td> <td style="width: 25%;"></td> </tr> </table>		YES		NO		In accordance with an examination scheme?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%; text-align: center;">√</td> <td style="width: 25%;">NO</td> <td style="width: 25%;"></td> </tr> </table>		YES	√	NO	
YES		NO													
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				After the occurrence of exceptional circumstances?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%;">NO</td> <td style="width: 25%; text-align: center;">√</td> </tr> </table>		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:															
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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								
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- CS 09		
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:		
SH02	01	<p style="text-align: center;"><u>SWIVEL SHUR-LOC HOOK</u></p> <p>Forged Alloy Steel - Quenched and Tempered Crosby Shur-Loc Self Locking Swivel Hook. Type: Shur-Loc Swivel Hook with Bearing. Size: 1/2"-13 mm Grade: 80 Safety Factor 5:1 -With Dee Shackle WLL 6.5 Ton (7/8"XW) No: D1</p> <p><i>LOCATION:</i> Air Winch</p>		5.3 Ton	N/A		
Reference Standard:		BS EN 1677-3:2000+A1:2008					
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	√	Was the examination carried out:		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		Within an interval of 6 months?		
					With an interval of 12 months?		
					In accordance with an examination scheme?		
					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	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	√
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- CS 10																
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															
MBC1202-01	01	<p style="text-align: center;"><u>Puller Bushing Assembly</u></p> <p>Two Leg Chain Sling 10 mm Chain Dia, 1.80 M (L) Connected with Single Master Link 5/8" WLL 3 T On Top, And Connected with Two Chain Links (10-8) WLL 3.15 T, And Two Eye Bushing Hooks SN (MH1 & MH2) At Bottom Grade: 8 Safety Factor: 4:1 Location : Rig Floor</p>		4.25 Ton	N/A	23-11-2023															
Reference Standard:		BS EN 818-4:1996 + A1:2008																			
Is this the first examination after Installation or assembly at a new site or location?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		YES	NO	<input type="checkbox"/>	<input checked="" 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?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">YES</td> <td style="width: 16.6%;">√</td> <td style="width: 16.6%;">NO</td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	√	NO			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
YES	√	NO																			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	NO	<input type="checkbox"/>	<input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">YES</td> <td style="width: 16.6%;">√</td> <td style="width: 16.6%;">NO</td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	√	NO			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO																				
<input type="checkbox"/>	<input type="checkbox"/>																				
YES	√	NO																			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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																					
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:																					
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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															
Name of Inspector:		Name of person authenticating this report:		Signature & Stamp:																	
Mohamed Abdalla		Ashraf Elsaïd																			
Date of Next Thorough 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- CS 11		
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	
5173	01	Manual Chain Block Manufacture: INXIANG – CHINA Model: HS Type Chain Dia: 6 mm Max Of Lift: 3 M Chain Grade: 80 Hooks WLL: 1 T LOCATION: Store		1 TON	N/A	23-11-2023	
Reference Standard:		BS EN 13157:2004+A1:2009					
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 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"/>		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"/>	
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 Sate 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"/>	
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IS THIS EQUIPMENT SAFE TO OPERATE?						<input type="checkbox"/> 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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