




CERTIFICATE OF LOAD TESTING AND THOROUGH EXAMINATION

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

Client Name:		Daqing Drilling Company		Certificate No:	QC-DQ-05-24-0146/13
Date of Examination:		06.05.2024	Location:	DQ Rig 012	Job Number:
Serial Number:		QTY	Description		SWL
322075		01	<p>PNEUMATIC WINCH</p> <p>Manufacture: Taian Juling Exploring. Model: XJFH-5/35 - S Year of Manufacture: 01.2013 Capacity at 1st Layer: 50 KN Wire Diameter: 19 mm 3/4" Max Length of Wire: 120 M</p> <p>Location: Rig Floor Driller Side</p>		5 Ton
Reference Standard:		ASME B30.7:2021			
Date of Last Examination		30.10.2023		Last Proof Load Test Date	06.05.2024
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?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				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 Bop Crane was Inspected visually, operationally, performance tested & proof load test 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 Mahmoud Ali	Mohamed Abdullah		05.11.2024

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned 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:	06.05.2024	Location:	DQ Rig 012	Job Number:	QC-DQ-05-24-0146
Equipment Serial No:	322075			SWL:	5 Ton

No.	DESCRIPTION	CONDITION / REMARKS	COMMENTS
01	SPACE BARS AND END COVERS	Good Condition	SATISFACTORY
02	CONTROLS, OPERATIONAL CONTROLS	Good Condition	Lever Control - SATISFACTORY
03	BRAKES, CLUTCH SYSTEM	Good Condition	SATISFACTORY
04	WIRE ROPE DRUM, ROPE GUIDE	Good Condition	SATISFACTORY
05	MOTOR, PUMPS	Good Condition	SATISFACTORY
06	AIR SYSTEM	Good Condition	SATISFACTORY
07	HYDRAULIC SYSTEM	Good Condition	Pneumatic System
08	MAIN GEARS, HOSES	Good Condition	SATISFACTORY
09	DRUM GUARD	Good Condition	SATISFACTORY
10	WIRE ROPE FITTED	Good Condition	SATISFACTORY 19 mm Dia.
11	LABELS, OR DATA PLATE	Good Condition	SATISFACTORY
12	VALVES, SPOOLING	Good Condition	SATISFACTORY
13	FOUNDATION AND STRUCTURE	Good Condition	SATISFACTORY
14	BOLTS, PINS, BODY	Good Condition	SATISFACTORY
15	LUBRICATION	Good Condition	SATISFACTORY
16	MARKING, SWL DISPLAYED	Good Condition	To Be Displayed
17	OPERATION	Good Condition	SATISFACTORY

Comments:

In the light of inspection findings subject Pneumatic Winch was Inspected visually, operationally, performance tested & proof load test was performed where no defects were observed during testing Hence, it was found satisfactory and fit for intended use.

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud Mahmoud Ali	Mohamed Abdullah		05.11.2024

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Date of Examination:	06.05.2024	Location:	DQ Rig 012	Job Number:	QC-DQ-05-24-0146
Equipment Serial No:	322075		SWL:	5 Ton	

PICTORIAL



ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud Mahmoud Ali	Mohamed Abdullah		05.11.2024

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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Daqing Drilling Company	Job Number:	QC-DQ-05-24-0146
Date of Examination:	06.05.2024	Location:	DQ Rig 012
Certificate No:	QC-DQ-05-24-0146/14		


Serial Number:	QTY	Description	MBL:	Date of last Thorough examination
B2196	01	<p style="text-align: center;">Wire Rope Sling</p> <p>Single Leg Wire Rope Sling, 19 mm Diameter, 120M Length, FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. Hard Eye X Plain.</p> <p>Location: Air Winch SN: 322075</p>	253 KN	30.10.2023

Reference Standard:	BS EN 13414-1		
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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?	YES	NO	✓
				With an interval of 12 months?	YES	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		In accordance with an examination scheme?	YES	NO	
				After the occurrence of exceptional circumstances?	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 <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) VISUAL INSPECTION and MPI CARRIED OUT AND FOUND SATISFACTORY			
IS THIS EQUIPMENT SAFE TO OPERATE?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud	Mohamed Abdulla		05.11.2024

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Client Name:	Daqing Drilling Company			Job Number:	QC-DQ-05-24-0146
Date of Examination:	02.05.2024	Location:	DQ Rig 012	Certificate No:	QC-DQ-05-24-0146/15
Serial Number:	QTY	Description		SWL	Date of last thorough examination
780	01	SAFETY PIN BOW SHACKLE Size: 1" Grade: 6 Manufacture: Crosby Safety Factor: 6:1 Location: Air Winch SN: 322075		8.5 TON	30.10.2023
Reference Standard:		BS EN 13889			
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: Within an interval of 6 months? With an interval of 12 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 checked="" type="checkbox"/>		In accordance with an examination scheme? 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:				YES	<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"/>

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Date of Examination:	02.05.2024	Location:	DQ Rig 012	Certificate No:	QC-DQ-05-24-0146/16
Serial Number:	QTY	Description		SWL	Date of last thorough examination
H01	01	<p style="text-align: center;">SWIVEL SHUR-LOC HOOK</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</p> <p>Location: Air Winch SN: 322075</p>		5.3 TON	30.10.2023
Reference Standard:		EN 16772			
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? In accordance with an examination scheme? 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 checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input checked="" 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:				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"/>

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