



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- CE 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		
HB1 HB2 EB2	03	<u>Collar Eye Bolt</u> Type: C15 Collar Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 24 mm Grade: (4) Thread Ident: M24 Safety Factor: 5:1 Location: TDS	1.8 Ton	N/A	23-11-2023		
Reference Standard:	BS EN ISO 3266:2010+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"/>		
			With an interval of 12 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"/>	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							
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 Thorough 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- CE 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							
H13 H14 M1	03	<u>Eye Bolt</u> Type: C20 Collar Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 24 mm Grade: (4) Thread Ident: M24 Safety Factor: 5:1 Location: TDS	1800 Kg	N/A	23-11-2023							
Reference Standard:	BS EN ISO 3266:2010+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?									
			With an interval of 12 months?									
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?									
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"/>										
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- CE 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		
H7 H8 H9 H10 H11 H12 EB1 EB2	08	<u>Eye Bolt</u> Type: C15 Collar Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 36 mm Grade: (4) Thread Ident: M36 Safety Factor: 5:1 Location: Store	5.1 Ton	N/A	23-11-2023		
Reference Standard:	BS EN ISO 3266:2010+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							
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
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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							
R555	01	<u>Eye Bolt</u> Type: C20 Collar Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 24 mm Grade: (4) Thread Ident: M24 Safety Factor: 5:1 Location: Store	1800 Kg	N/A	23-11-2023							
Reference Standard:	BS EN ISO 3266:2010+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?									
			With an interval of 12 months?									
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?									
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												
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Name of Inspector:	Name of person authenticating this report:	Signature & Stamp										
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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CE 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		
EB 3 EB 4	02	<u>Eye Bolt</u> Type: C15 Dynamo Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 20 mm Grade: (4) Thread Ident: M20 Safety Factor: 5:1 Location: Store	1.2 Ton	N/A	23-11-2023		
Reference Standard:	BS EN ISO 3266:2010+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"/>		
			With an interval of 12 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"/>	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							
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				
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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CE 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:	Date of last thorough examination
EB 7 EB 8	02	<u>Eye Bolt</u> Type: C20 Dynamo Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 12 mm Grade: (4) Thread Ident: M12 Safety Factor: 5:1 Location: Store	0.5 Ton	N/A	23-11-2023
Reference Standard:		BS EN ISO 3266:2010+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 type="checkbox"/> √		Was the examination carried out: 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"/> √ 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 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 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:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <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)				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:		
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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CE 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		
C5 C6 C15	03	<u>Eye Bolt</u> Type: C20 Collar Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 16 mm Grade: (4) Thread Ident: M16 Safety Factor: 5:1 Location: Drill Site Air Winch	0.7 Ton	N/A	23-11-2023		
Reference Standard:	BS EN ISO 3266:2010+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"/>		
			With an interval of 12 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"/>	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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IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
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Date of Examination:	08-05-2024	Date of Report:	08-05-2024	Certificate No:	QC-DQ-04-24-0137- CE 08
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
EB6	01	<u>Eye Bolt</u> Type: C15 Collar Eye Bolt Material: Forged Steel Eye Bolt Thread Dia: 16 mm Grade: (4) Thread Ident: M16 Safety Factor: 5:1 Location: Store	0.7 Ton	N/A	23-11-2023
Reference Standard:	BS EN ISO 3266:2010+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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?		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"/>			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"/>	
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		
T121 T122	02	Turnbuckles Type: Jaw X Jaw Size: 3/4" Manufacture: CHINA Safety Factor: 5:1 Location: Power Tong	1.25 Ton	N/A	23-11-2023		
Reference Standard:	BS EN 4429:1987						
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"/>		
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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"/>			
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:				
Mohamed Abdalla	Ashraf Elsaid						
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