



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-WBS01
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:
96962-30/3 96962-30/199 96962-30/143	03	Flat Polyester Woven Webbing Sling Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor : 7:1 Length: 2 M Color: Violet Location: STORE		Vertical 1000 Kg Choker 800 Kg Basket 2000 Kg	13-02-2023 24-11-2023
Reference Standard:		BS EN 1492-1:2000+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: 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 type="checkbox"/> NO <input checked="" 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"/>			
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"/>	
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-WBS02
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
100163-25/17 100163-25/64 100163-25/75	03	Flat Polyester Woven Webbing Sling Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor: 7:1 Length: 8 M Color: Red Location: STORE	Vertical 5000 Kg Choker 4000 Kg Basket 10000 Kg	15-09-2023	new
Reference Standard:		BS EN 1492-1:2000+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 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"/>	
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-WBS03
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
102150-16/28 102150-16/29 102150-16/70	03	Flat Polyester Woven Webbing Sling Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor: 7:1 Length: 10 M Color: Red Location: STORE	Vertical 5000 Kg Chocker 4000 Kg Basket 10000 Kg	09-03-2024	new
Reference Standard:		BS EN 1492-1:2000+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 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"/>		<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: <input type="text"/>	
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"/>	
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-WBS04
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
96271-16/30	01	Flat Polyester Woven Webbing Sling Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor: 7:1 Length: 10 M Color: Red Location: STORE	Vertical 5000 Kg Choker 4000 Kg Basket 10000 Kg	22-12-2022	new
Reference Standard:		BS EN 1492-1:2000+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 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"/>		<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"/>	
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-WBS05		
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		
96962-33/82 96962-33/191 96962-33/134 96962-33/339	04	Flat Polyester Woven Webbing Sling Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor: 7:1 Length: 5 M Color: Green  Location: Rig Floor Attach With Basket Stretcher	Vertical 2000 Kg Chocker 1600 Kg Basket 4000 Kg	13-02-2023	24-11-2023		
Reference Standard:	BS EN 1492-1:2000+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"/>		
			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?		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							
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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		
W2306020050 W2306020047 W2306020042 W2306020010	04	Flat Polyester Woven Webbing Sling Manufacture: Liftek Type: Webbing Sling Material: Polyester Safety Factor: 7:1 Length: 5 M Color: Green  Location: Rig Floor Attach with Basket Stretcher	Vertical 2000 Kg Chocker 1600 Kg Basket 4000 Kg	10-06-2023	24-11-2023		
Reference Standard:	BS EN 1492-1:2000+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: 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							
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Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:				
Mohamed Abdalla	Ashraf Elsaid						
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