Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com





### **CERTIFICATE OF THOROUGH EXAMINATION**

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

Client Name:		NG DRILLI MPANY, Ira		Rig & Location:	Ι	OQ-037 / RU-610	C	Certificat	te No:	QC-05	5-24-0163-001
Date of Examina	ation:	22-May-20	024	Date of Repor	t:	22-May-2024	J	Job Num	iber:	_	7-RUM-GPS- -2024052101
Serial Number:	QTY			Description	1:			SWL	Manuf	acture:	Date of Last Thorough Examination
100118-4/20 100118-4/27 100118-4/25 100118-4/69 100118-4/63 100118-4/23 100118-4/4 100118-4/57 100118-4/13 100118-4/41 100118-4/3 100118-4/100	11	POLYES  Length: 5 M  Dia: 3 in  Color: Yello  Safety Facto  Location: R	<b>1</b> ow or: 7:1		N W	VEBBING SLING		3000 Kg		ftek -2023	NEW
Reference Stand	dard:	BS EN 1492	2-1:200	0+A1:2008							
Is This the First Examinstallation or Assemble location?  If The Answer to The has The Equipment I	nbly at a N e Above (	Vuestion is YES	37	ES NO SES V NO SES	<b>√</b>	Was The Examination Within an Interval of 6 With an Interval of 12 In Accordance with an After the Occurrence of Circumstances?	Mon Mon Exa	nths? ths? mination Sci	heme?	YES YES YES	√ NO
Identification of Any			efect Wl	nich is or Could Not	Be	come a Danger to Per	sons	and a Des	cription		110
(If None Sate NONE Is the Above a Defect		s of Immediate	Danger	to Persons:					1	YES	NO √
Is the Above a Defec	t Which is	s Not Yet but Co			ersc	ons:		YES by:			
(If YES State the Da Particulars of Any Ro	epair, Ren	ewal or Alterati					): ::				
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 EQUIPME	ENT SAF									YES \	NO
Name of 1	Inspecto	or:	Name	of person authe report:	nti	cating this S	ign	ature &	Stamp	): 	1 <b>23</b> 0.55450
ASNT L VT,MT	Syed Aamir Ali ASNT LEVEL II Mohamed Abdullah VT,MT,PT,UT LEEA Registered Technician: LEEA I,II							Symmul Com		11	

**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.





**Date of Next Through** 

**Examination:** 







21-Nov-2024











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Inis Certific	This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations								
Client Name:	_	NG DRILLING MPANY, Iraq	Rig & Location:	DQ-037 / RU-610	Certificat	te No:	QC-05	5-24-0163-0	02
Date of Examin	ation:	22-May-2024	Date of Report	: 22-May-2024	Job Nun	nber:	_	7-RUM-GP -202405210	
Serial Number:	QTY		Description	:	SWL	Manuf	acture:	Date of Last Thorough Examination	
102150-16/84 102150-16/93 102150-16/26 102150-16/63 102150-16/27 102150-16/83	06	POLYESTER  Length: 10 M  Dia: 5 in  Color: Red  Safety Factor: 7:1  Location: Rig Slin		WEBBING SLING	5000 Kg		ftek -2024	NEW	
Reference Stan	dard:	BS EN 1492-1:200	00+A1:2008						
Is This the First Examinstallation or Assen location?  If The Answer to The has The Equipment I	nbly at a N  e Above Q  Been Insta	Yew Site or  Yew Site or  Yes S	TES NO √	Was The Examinatio Within an Interval of With an Interval of 1: In Accordance with a Scheme? After the Occurrence Circumstances?	6 Months? 2 Months? in Examinatio of Exception	on al	YES YES YES YES	√ NO NO NO NO	√ √
(If None Sate NONE	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 Defection (If YES State the Date of the	et Which is te By Who		ecome a Danger to Pe	rsons:  Defect Identified Above:	YES by:		YES	NO	√
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									

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	<b>■27%58</b> €■
Syed Aamir Ali ASNT LEVEL II VT,MT,PT,UT LEEA I,II	Mohamed Abdullah LEEA Registered Technician:	Numu Congress	
Date of Next Through Examination:	21-Nov-2024	To Jemen of	

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At The Time of Inspection and Found Satisfactory: IS THIS EQUIPMENT SAFE TO OPERATE?

















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This Certific	This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations											
Client Name:	_	NG DRIL MPANY, 1		Rig & Location:	DQ-037 / RU-	-610	C <b>ertifica</b> t	te No:	QC-	05-24	-0163	-003
Date of Examin	ation:	22-May-	-2024	Date of Repor	t: 22-May-2	2024	Job Num	ıber:			UM-0 240521	
Serial Number:	QTY			Description	ı:		SWL	Manuf	acture:	Date of Last Thorough Examination		ıgh
101045-3/5 101045-3/10	02	POLY Length: 1 Dia: 5 in Color: Re Safety Fa Location:	0 M ed ctor: 7:1		N WEBBING SI	LING	5000 Kg		ftek -2023		NEW	V
Reference Stan	dard:	BS EN 14	92-1:200	00+A1:2008								
Is This the First Examinstallation or Assen location?  If The Answer to The has The Equipment I	nbly at a N	lew Site or Question is Yl	ES Y	TES NO NO TES √ NO	Was The Exa  Within an Int  With an Inter  In Accordance  Scheme?  After the Occ  Circumstance	erval of 6 val of 12 Ne with an i	Months? Months? Examinatio	n	YES YES YES	3 3 √	NO NO NO	√ √
Identification of Any		nd to Have a	Defect W	hich is or Could Not			s and a Des	scription	of the D	efect:		
(If None Sate NONE Is the Above a Defection of the Above and Defection of t	t Which is							7	YES		NO	√
Is the Above a Defection (If YES State the Date of the	te By Who	en)					YES by:					
Particulars of Any R Particulars of Any T The Subject Items W At The Time of Insp	ests Carrie Vere Inspec	ed out as Part eted Visually	of the Ex	amination: (If None	State NONE)		erved					
IS THIS EQUIPMI	ENT SAF	E TO OPER	ATE?					7	YES	1	NO	
			Nama	of norgan autho	nticating this							

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	<b>■27%58</b> €■
Syed Aamir Ali ASNT LEVEL II VT,MT,PT,UT LEEA I,II	Mohamed Abdullah LEEA Registered Technician:	Numu Congress	
Date of Next Through Examination:	21-Nov-2024	To Jemen of	

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This Certific	This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations										
Client Name:	_	NG DRILLING MPANY, Iraq	Rig & Location:	DQ-037 / RU-610	Certifica	te No:	QC-0	5-24-	-0163-	-004	
Date of Examina	ation:	22-May-2024	Date of Reports	22-May-2024	Job Nun	nber:	DQ03 OPS		UM-G 40521		
Serial Number:	QTY		Description:		SWL	Manuf	acture:	1	Date of Last Thorough Examination		
W2306050001 W2306050012	02	POLYESTER  Length: 10 M  Dia: 5 in  Color: Red  Safety Factor: 7:1  Location: Rig Slin		WEBBING SLING	5000 Kg		&L -2023	Λ	Nov-20	23	
Reference Stan	dard:	BS EN 1492-1:200	00+A1:2008								
Is This the First Examinated Installation or Assemble location?  If The Answer to The has The Equipment Installation or Assemble Installation or A	nbly at a N	Yew Site or Yew Suestion is YES	TES NO V	Was The Examinatio Within an Interval of With an Interval of 1 In Accordance with a Scheme? After the Occurrence Circumstances?	6 Months? 2 Months? an Examinatio	on	YES YES YES	√ √	NO NO NO	√ √	
Identification of Any (If None Sate NONE		nd to Have a Defect W	hich is or Could Not I	Become a Danger to Pers	sons and a Des	scription	of the De	fect:			
Is the Above a Defect Is the Above a Defect	t Which is t Which is	s of Immediate Danger s Not Yet but Could Bo		rsons:	YES by:	1	YES		NO	<b>V</b>	
(If YES State the Da			uired to Remedy the	Defect Identified Above:	· ·						
Particulars of Any To	ests Carrie ere Inspec	ed out as Part of the Exeted Visually and Dime	amination: (If None S								
IS THIS EQUIPME	ENT SAF	E TO OPERATE?					YES	<b>√</b>	NO		
			_								

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	<b>■27%58</b> €■
Syed Aamir Ali ASNT LEVEL II VT,MT,PT,UT LEEA I,II	Mohamed Abdullah LEEA Registered Technician:	Numu Congress	
Date of Next Through Examination:	21-Nov-2024	To Jemen of	

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This Certific	DAQING DRILLING Rig & DO 027 / DIJ (10 Contificate No. OC 05 24 01/2 005										
Client Name:	_	NG DRILLING MPANY, Iraq	Rig & Location:	DQ-037 / RU	-610	Certificat	e No:	QC-05	5-24-(	0163-	005
Date of Examina	ation:	22-May-2024	Date of Report	t: 22-May-2	2024	Job Nun	ber:	DQ03 OPS		M-G 10521	
Serial Number:	QTY		Description	:		SWL	Manuf	acture:	T	Date of Last Thorough Examination	
94748-3/1 94748-3/2	02	With C/W	ESTER FLATE V SLING V ( 22mm-TL) Mass Length: 1.75 Dia: 1 in Color: Viole Safety Factor: Location: Basket S	ster Link on To M t 7:1		2 Ton		ftek -2022		Iar-202 Gam	
Reference Stan	dard:	BS EN 1492-1:20	00+A1:2008			l					
Is This the First Examinstallation or Assemble location?  If The Answer to The has The Equipment I	ably at a N	lew Site or Ouestion is YES	YES NO YES V NO	Was The Exa Within an Int With an Inter In Accordance Scheme? After the Occ	erval of 6 val of 12 ee with an	Months? Months? Examination	n	YES YES YES YES	√ √	NO NO NO	√ √
(If None Sate NONE Is the Above a Defec	NONE t Which is	nd to Have a Defect W	r to Persons:			ns and a Des	•	of the De		NO	√
(If YES State the Da	te By Who					YES by:					
Particulars of Any To The Subject Items W At The Time of Inspe	ests Carrie ere Inspec ection and		xamination: (If None	State NONE)		erved		/ES	1	NO I	
Name of 1		Nama	of person auther	Signature & Stamp:  _				NO I	d. D		

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	<b>■2745</b> 0€
Syed Aamir Ali ASNT LEVEL II VT,MT,PT,UT LEEA I,II	Mohamed Abdullah LEEA Registered Technician:	Numu Congress	
Date of Next Through Examination:	21-Nov-2024	To James no de la companya del companya del companya de la company	

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Client Name: DAQING DRILLING Rig & DQ-037 / RU-610 Certificate No: Q							Certificat	-	QC-0			-006
Chene I (unic.	CO	MPANY, Ir	raq	Location:	DQ 0017 Re	010						
Date of Examina	ation:	22-May-2	2024	Date of Report	t: 22-May-	2024	Job Num	ber:	DQ03 OPS		UM-C 40521	
Serial Number:	QTY			Description	:		SWL	Manuf	acture:	Date of Last Thorough Examination		
M 3412	01			ESTER FLATE V SLING ( 22mm-TL) Mas  Length: 1.8 M Dia: 2" in Color: Green Safety Factor: Location: HSE S	ster Link on To M 1 7:1		3 Ton	Ma	fety rine 2024		New	7
Reference Stand	dard:	BS EN 149	2-1:200	00+A1:2008								
Is This the First Exar Installation or Assem location?	bly at a N  Above Q	ew Site or  Question is YES	S Y	TES NO	Was The Exa Within an In With an Inte In Accordance Scheme?	terval of 6 rval of 12 be with an	Months? Months? Examination	n	YES YES YES	√ √	NO NO NO	<b>V</b>
has The Equipment E					After the Occ Circumstanc	es?			YES		NO	√
Identification of Any (If None Sate NONE		nd to Have a D	efect W	hich is or Could Not	Become a Dange	r to Perso	ns and a Des	cription o	of the De	efect:		
Is the Above a Defec Is the Above a Defec (If YES State the Date	t Which is t Which is	s Not Yet but (			ersons:		YES by:	Y	YES		NO	V
Particulars of Any Re Particulars of Any Te The Subject Items W At The Time of Inspe	epair, Renests Carrie ere Inspec ection and	ewal or Altera ed out as Part of ted Visually a Found Satisfa	of the Exa and Dime actory:	amination: (If None	State NONE)		served	Tx	YES	1	NO	
Name of Inspector:  Name of person authenticating this report:  Name of Inspector:  Name of person authenticating this report:  Name of person authenticating this report:					X D							

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	<b>■27%5%</b> ■
Syed Aamir Ali ASNT LEVEL II VT,MT,PT,UT LEEA I,II	Mohamed Abdullah LEEA Registered Technician:	Symul Company	
Date of Next Through Examination:	21-Nov-2024	10 g	

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