





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-05-24-0171
Location:	Rig (DQ -037)	Date of Examination:	29-05-2023	Certificate No:	QC-DQ-05-24-0171-16
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
100163-21/28	01	<p style="text-align: center;"><u>Flat Polyester Woven Webbing Sling</u></p> <p> Manufacture: LIFTEK Date of Manufacture: 15.09.2023 Type: Webbing Sling Material: Polyester Safety Factor : 7:1 Length: 3 M Color: GREEN </p> 	Vertical 2000 Kg Chocker 1600 Kg Basket 4000 Kg	NEW	
Reference Standard:	BS EN 1492-1:2008				
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"/> ✓ <input 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"/> ✓ <input 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"/> ✓ <input 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:
Mahmoud Ali	Mohamed Abdulla		28-11-2024


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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Location:	Rig (DQ -037)	Date of Examination:	29-05-2023	Certificate No:	QC-DQ-05-24-0171-17
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
96962-33/357 96962-33/374 96962-33/320 96962-33/234	04	<p style="text-align: center;"><u>Flat Polyester Woven Webbing Sling</u></p> <p>Manufacture: LIFTEK Date of Manufacture: 13.02.2023 Type: Webbing Sling Material: Polyester Safety Factor : 7:1 Length: 3 M Color: GREEN</p> 	Vertical 2000 Kg Chocker 1600 Kg Basket 4000 Kg	NEW	
Reference Standard:	BS EN 1492-1:2008				
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? YES <input checked="" 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"/>	
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 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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