



**中国石油大庆油田**  
**PETROCHINA DAQING OILFIELD**

## Inspection Service

This Service Presented To

**DAQING**

Inspection Service:

Rig Lifting Gear:

Customer:

**DAQING DRILLING COMPANY, Iraq**

Work Location:

**DQ – 022 / RU – 623**

Inspection Date:

**20 – July – 2024**

Next Inspection Date:

**19 – Jan – 2025**

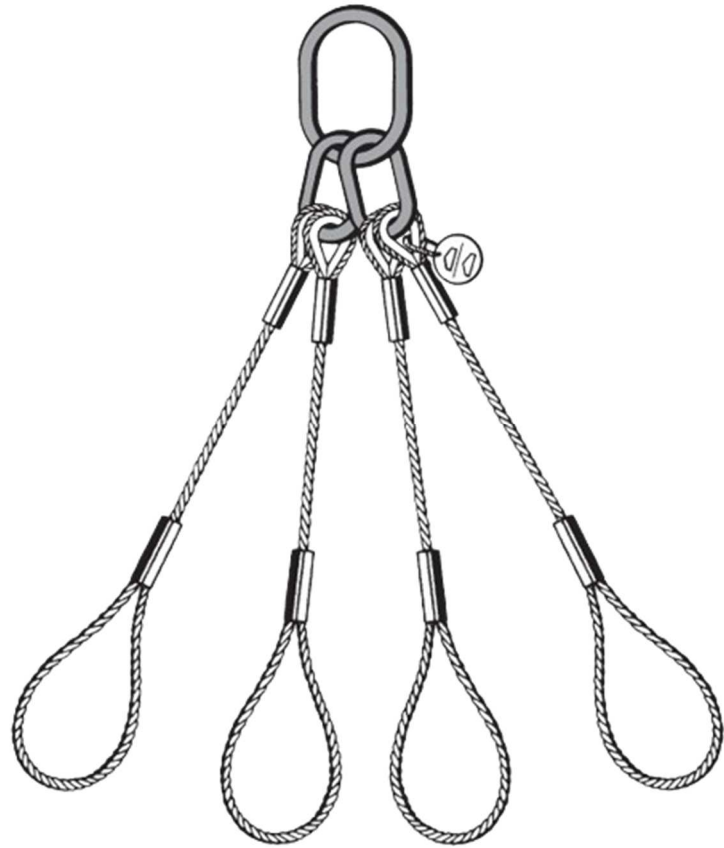
Inspector Name:

**Syed Aamir Ali:**




**Inspection Summary Report**


Report No:	QC-DQ-07-24-0205	Job No:	DQ022-RUM-QC-OPS-2024071702
Customer:	<b>DAQING DRILLING COMPANY, Iraq</b>	Examination date:	20-July-2024
Location:	DQ – 022 / RU – 623	Next Due date:	19-Jan-2025

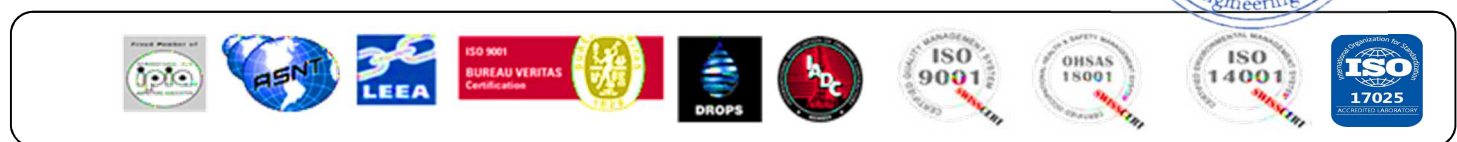

**Equipment Details:**

Name of The Examined Equipment:	4 – Leg Wire Rope Slings:
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**Summary of Procedures:**

Description of Step:	Status	Remark
Visually Check For Any Damage Wear Distortion .....etc.	✓	Pass
Check The Marking of Serial Number:	✓	Pass
Check The Marking of Manufacture:	✓	Pass
Is This Equipment Safe To Operate:	✓	Pass
Is This Equipment Inspected Visually and Dimensionally:	✓	Pass
At The Time Of Inspection Found Satisfactory:	✓	Pass

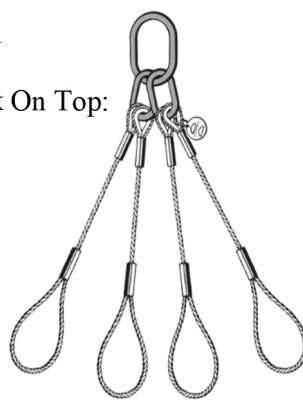
Inspector Name & Qualification: <b>Mohamad Abdullah:</b> ASNT Level II VT,MT,PT,UT, LEEA Level I,II	Signature & Stamp 
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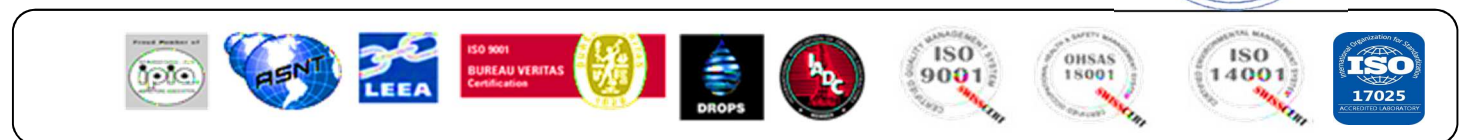
## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Report No:	QC-DQ-07-24-0205-043	Job No:	DQ022-RUM-QC-OPS-2024071702
Customer:	<b>DAQING DRILLING COMPANY, Iraq</b>	Examination date:	20-July-2024
Location:	DQ - 022 / RU - 623	Next Due date:	19-Jan-2025
Serial Number:	QTY	Description:	SWL: Date of Last Thorough Examination:
B 8017	01	<p align="center"><b><u>FOUR LEG WIRE ROPE SLINGE</u></b></p> <p>Const. 6X36, RHO, Galvanized Steel IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link On Top:</p> <p>Hard Eye X Soft Eye: Dim: 22 mm X 8 M FOS: 5:1 Location: Rig Sling Store</p> 	13 Ton Feb-2024
<b>Reference Standard:</b>	BS EN 13414-1+A2:2008		
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? Within an Interval of 12 Months?	YES <input checked="" type="checkbox"/> NO <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?	YES <input checked="" 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"/> 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) <b>NONE</b>			
Is the Above a Defect Which is of Immediate Danger to Persons:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Is the Above an Affect 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) <i>The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:</i>			
Visual and Dimension Checks was Carried Out.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>
<b>Mohamed Abdulla LEEA Registered Technician</b>	<b>Ashraf El Saad LEEA Registered Technician</b>	


REV: 01 Dated: 20 June 2022





## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Report No:	QC-DQ-07-24-0205-044	Job No:	DQ022-RUM-QC-OPS-2024071702
Customer:	<b>DAQING DRILLING COMPANY, Iraq</b>	Examination date:	20-July-2024
Location:	DQ - 022 / RU - 623	Next Due date:	19-Jan-2025
Serial Number:	QTY	Description:	SWL: Date of Last Thorough Examination:
A 7966 A7967 A 7968	03	<p align="center"><b><u>FOUR LEG WIRE ROPE SLINGE</u></b></p> <p>Const. 6X36, RHO, Galvanized Steel IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link On Top:</p> <p>Hard Eye at Both Ends: Dim: 16 mm X 5 M FOS: 5:1 Location: Rig Sling Store</p> 	6.9 Ton Feb-2024
<b>Reference Standard:</b>	BS EN 13414-1+A2:2008		
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? Within an Interval of 12 Months?	YES <input checked="" type="checkbox"/> NO <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?	YES <input checked="" 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"/> 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) <b>NONE</b>			
Is the Above a Defect Which is of Immediate Danger to Persons:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Is the Above an Affect 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) <i>The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:</i>			
Visual and Dimension Checks was Carried Out.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>
<b>Mohamed Abdulla LEEA Registered Technician</b>	<b>Ashraf El Saad LEEA Registered Technician</b>	

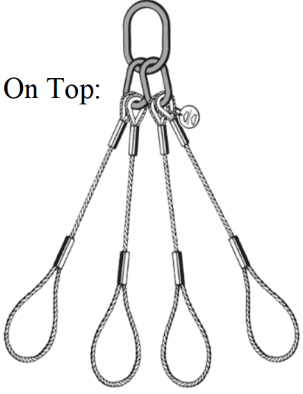
REV: 01 Dated: 20 June 2022





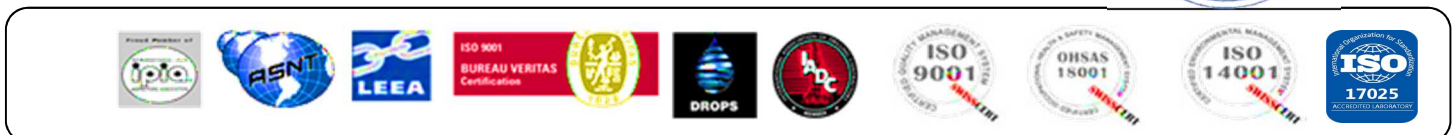
## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Report No:	QC-DQ-07-24-0205-045			Job No:	DQ022-RUM-QC-OPS-2024071702				
Customer:	DAQING DRILLING COMPANY, Iraq			Examination date:	20-July-2024				
Location:	DQ - 022 / RU - 623			Next Due date:	19-Jan-2025				
Serial Number:	QTY	Description:			SWL:	Date of Last Thorough Examination:			
P 7022	01	<p align="center"><b><u>FOUR LEG WIRE ROPE SLING</u></b></p> <p>Const. 6X36, RHO, Galvanized Steel IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link On Top:</p> <p>Hard Eye X Soft Eye: Dim: 16 mm X 8 M FOS: 5:1 Location: Rig Sling Store</p> 			6.3 Ton	Feb-2024			
<b>Reference Standard:</b>	BS EN 13414-1+A2:2008								
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	
					Within 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? After the Occurrence of Exceptional Circumstances?	YES	√	NO	
						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 an Affect 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 Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:									
Visual and Dimension Checks was Carried Out.					YES	√	NO		
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES	√	NO		

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>
Mohamed Abdulla LEEA Registered Technician	Ashraf El Saad LEEA Registered Technician	

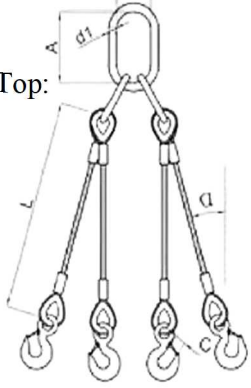
REV: 01 Dated: 20 June 2022





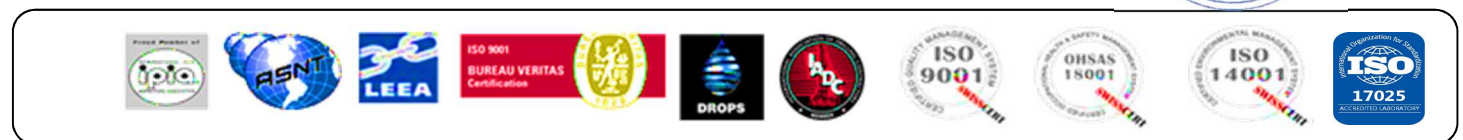
## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Report No:	QC-DQ-07-24-0205-046	Job No:	DQ022-RUM-QC-OPS-2024071702
Customer:	<b>DAQING DRILLING COMPANY, Iraq</b>	Examination date:	20-July-2024
Location:	DQ - 022 / RU - 623	Next Due date:	19-Jan-2025
<b>Serial Number:</b>	<b>QTY</b>	<b>Description:</b>	<b>SWL:</b>
A 5409 A 5398 A 5402	03	<p align="center"><b><u>FOUR LEG WIRE ROPE SLING</u></b></p> <p>Const. 6X36, RHO, Galvanized Steel IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link On Top:</p> <p>Hard Eye at Both Ends with Hook:</p> <p>Dim: 16 mm X 6 M</p> <p>FOS: 5:1</p> <p>Location: Rig Sling Store</p> 	6.3 Ton
<b>Reference Standard:</b>	BS EN 13414-1+A2:2008		
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? Within an Interval of 12 Months?	YES <input checked="" type="checkbox"/> NO <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?	YES <input checked="" 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"/> 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) <b>NONE</b>			
Is the Above a Defect Which is of Immediate Danger to Persons:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Is the Above an Affect 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) <i>The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:</i>			
Visual and Dimension Checks was Carried Out.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>
<b>Mohamed Abdulla LEEA Registered Technician</b>	<b>Ashraf El Saad LEEA Registered Technician</b>	

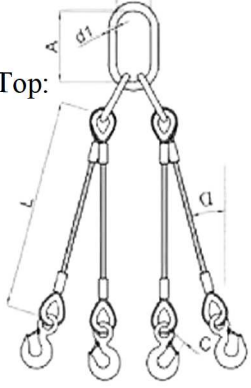
REV: 01 Dated: 20 June 2022





## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Report No:	QC-DQ-07-24-0205-047	Job No:	DQ022-RUM-QC-OPS-2024071702
Customer:	<b>DAQING DRILLING COMPANY, Iraq</b>	Examination date:	20-July-2024
Location:	DQ - 022 / RU - 623	Next Due date:	19-Jan-2025
<b>Serial Number:</b>	<b>QTY</b>	<b>Description:</b>	<b>SWL:</b>
B 7032	01	<p align="center"><b><u>FOUR LEG WIRE ROPE SLINGE</u></b></p> <p>Const. 6X36, RHO, Galvanized Steel IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link On Top:</p> <p>Hard Eye at Both Ends with Hook:</p> <p>Dim: 22 mm X 8 M</p> <p>FOS: 5:1</p> <p>Location: Rig Sling Store</p> 	11.8 Ton
<b>Reference Standard:</b>	BS EN 13414-1+A2:2008		
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? Within an Interval of 12 Months?	YES <input checked="" type="checkbox"/> NO <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?	YES <input checked="" 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"/> 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) <b>NONE</b>			
Is the Above a Defect Which is of Immediate Danger to Persons:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Is the Above an Affect 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) <i>The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:</i>			
Visual and Dimension Checks was Carried Out.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>
<b>Mohamed Abdulla LEEA Registered Technician</b>	<b>Ashraf El Saad LEEA Registered Technician</b>	

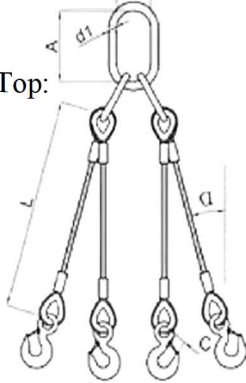
REV: 01 Dated: 20 June 2022





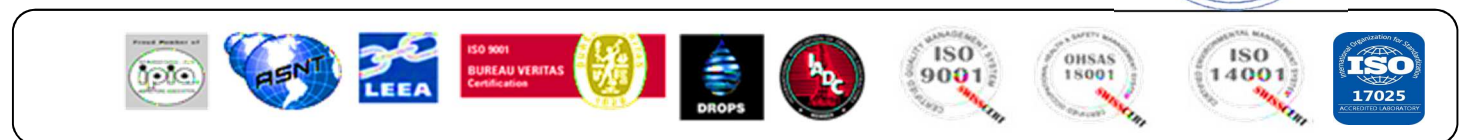
## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Report No:	QC-DQ-07-24-0205-048	Job No:	DQ022-RUM-QC-OPS-2024071702
Customer:	<b>DAQING DRILLING COMPANY, Iraq</b>	Examination date:	20-July-2024
Location:	DQ - 022 / RU - 623	Next Due date:	19-Jan-2025
<b>Serial Number:</b>	<b>QTY</b>	<b>Description:</b>	<b>SWL:</b>
L 3195 C 3194	02	<p align="center"><b><u>FOUR LEG WIRE ROPE SLING</u></b></p> <p>Const. 6X36, RHO, Galvanized Steel IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link On Top:</p> <p>Hard Eye at Both Ends with Hook:</p> <p>Dim: 18 mm X 6 M</p> <p>FOS: 5:1</p> <p>Location: Rig Sling Store</p> 	6.3 Ton
<b>Reference Standard:</b>	BS EN 13414-1+A2:2008		
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? Within an Interval of 12 Months?	YES <input checked="" type="checkbox"/> NO <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?	YES <input checked="" 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"/> 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) <b>NONE</b>			
Is the Above a Defect Which is of Immediate Danger to Persons:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Is the Above an Affect 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) <i>The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:</i>			
Visual and Dimension Checks was Carried Out.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>
<b>Mohamed Abdulla LEEA Registered Technician</b>	<b>Ashraf El Saad LEEA Registered Technician</b>	

REV: 01 Dated: 20 June 2022





## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Report No:	QC-DQ-07-24-0205-049	Job No:	DQ022-RUM-QC-OPS-2024071702
Customer:	<b>DAQING DRILLING COMPANY, Iraq</b>	Examination date:	20-July-2024
Location:	DQ - 022 / RU - 623	Next Due date:	19-Jan-2025
Serial Number:	QTY	Description:	SWL: / Date of Last Thorough Examination:
N 3077	01	<p align="center"><b><u>FOUR LEG WIRE ROPE SLING</u></b></p> <p>Const. 6X36, RHO, Galvanized Steel IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link On Top:</p> <p>Hard Eye at Both Ends with Hook:</p> <p>Dim: 12 mm X 2 M</p> <p>FOS: 5:1</p> <p>Location: Rig Sling Store</p>	4.15 Ton / Feb-2024
<b>Reference Standard:</b>		BS EN 13414-1+A2:2008	
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"/>
		Within 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 checked="" 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"/>
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) <b>NONE</b>			
Is the Above a Defect Which is of Immediate Danger to Persons:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Is the Above an Affect 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) <i>The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:</i>			
Visual and Dimension Checks was Carried Out.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>
<b>Mohamed Abdulla LEEA Registered Technician</b>	<b>Ashraf El Saad LEEA Registered Technician</b>	

REV: 01 Dated: 20 June 2022

