




Certificate of Thorough Examination & NDT of Lifting Equipment

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

Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-B-03-25-0127
Date of Examination:	14-03-2025	Date of Report:	14-03-2025	Certificate No:	QC-B-03-25-0127-14-01
Serial Number:	QTY	Description	MBL	Date of manufacture if known:	Date of last thorough examination
2023-J218-1 2023-J218-2	02	<u>Rising Line Wire Rope</u> Diameter: 80 MM Length: 57.36 M Safety Factor: 5:1 6 × 84 WSNS-FC-1770 IWRC, Mechanically Spliced with Open Spelter Socket At Both Ends. Location: Mast	1846 KN	04-2023	17-10-2024
Reference Standard:		BS EN 13414-1/2			
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?	
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"/> √		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
				Was the examination carried out? Within 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"/> √	
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"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				NO	<input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				YES by:	
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected visually and dimensionally and no signs of defects were observed at the time of inspection and were 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:		
Mahmoud Ali	Mohamed Abdullah				
Date of Next Through Examination:	13-09-2025				

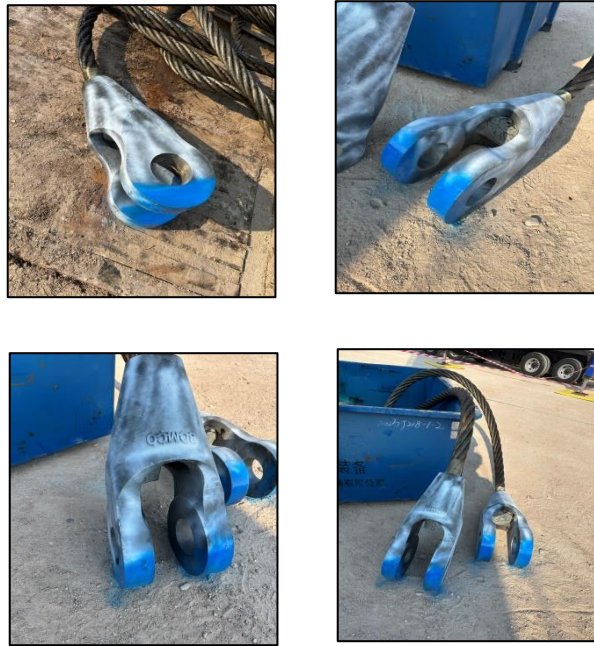
THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



Visual & Magnetic Particles Examination Report


Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-B-03-25-0127
Date of Examination:	14-03-2025	Date of Report:	14-03-2025	Certificate No:	QC-B-03-25-0127-14-01A

Unit Serial Number	Description of the examined equipment	Result
2023-J218-1 2023-J218-2	RISING LINE WIRE ROPE	Pass



NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	11. May.2025
White Contrast	WCP-2	Batch No:	220602	Due Date	April.2026
Black Ink	7HF	Batch No:	220605	Due Date	Jun.2026

NDT procedure
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection
Identification of any part found to have a defect and a description of the defect:
None
Particulars of any repair, renewal or alteration required to remedy the defect identified above:
None

ASNT Level II Inspector Name:	Name of person authenticating:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdullah		13-09-2025

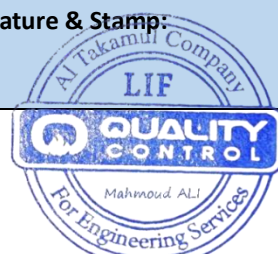
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Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-B-03-25-0127
Date of Examination:	14-03-2025	Date of Report:	14-03-2025	Certificate No:	QC-B-03-25-0127-14-02
Serial Number:	QTY	Description	MBL	Date of manufacture if known:	Date of last thorough examination
99436-1/1	01	<u>Hang Off Line Wire Rope</u> Diameter: 56 MM Length: 36 M Safety Factor: 5:1 EIPS, Mechanically Spliced With Open Spelter Socket At Both Ends. Location : Mast	238.7 MT	08-2023	N/A
Reference Standard:		BS EN 13414-1/2			
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"/>
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"/>	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"/> ✓
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"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp: 		
Mahmoud Ali	Mohamed Abdullah				
Date of Next Through Examination:	13-09-2025				

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Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-B-03-25-0127
Date of Examination:	14-03-2025	Date of Report:	14-03-2025	Certificate No:	QC-B-03-25-0127-14-02A
Unit Serial Number	Description of the examined equipment				Result
99436-1/1	Hang Off Line Wire Rope				Pass



NDT Equipment Details

Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	11. May.2025
White Contrast	WCP-2	Batch No:	220602	Due Date	April.2026
Black Ink	7HF	Batch No:	220605	Due Date	Jun.2026

NDT procedure


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Identification of any part found to have a defect and a description of the defect:

None

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

None

ASNT Level II Inspector Name:	Name of person authenticating:	Signature & Stamp:	Date of Next Through Examination:
Mahmoud Ali	Mohamed Abdullah		13-09-2025

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Contact Us: +9647810009138 +9647834964660

Email: / Admin@qualitycontrol-iraq.com

QC-QA-MT-013 Rev.02Date SEP-2024

