



AMERICAN BUREAU OF SHIPPING STATUTORY INSPECTION REPORT

Stat

X

| | | | |
|------------------|-------------------|-----------------|-------------|
| Vessel Name | DEEPWATER HORIZON | Class Number | 0139290 |
| Attending Office | Morgan City, LA | Report Number | MC330064 |
| First Visit Date | 24-Feb-2003 | Last Visit Date | 27-Feb-2003 |

THIS IS TO CERTIFY that the undersigned surveyor(s) to this Bureau, did at the request of the Owners representative attend the Column Stabilized Unit DEEPWATER HORIZON, of Port Panama, Panama, Class Number 0139290, IMO Number 8764597, on 24-Feb-2003 as the vessel lay afloat, in order to carry out the inspection(s) noted below.

| Report | Survey Description | Status | Outstanding | Checksheets* |
|------------|--|-----------|-------------|--------------|
| MC330064_F | Annual Survey - MODU 2 | Completed | No | Yes |
| MC330064_G | Annual IOPP Annex I Survey 2 | Completed | No | Yes |
| MC330064_H | Rectification of Outstanding Deficiencies | Completed | No | Yes |
| MC330064_I | Annual Load Line Survey 2 | Completed | No | Yes |
| MC330064_J | Cargo Gear - Periodical Survey | Commenced | No | Yes |
| MC330064_K | Other Survey - Statutory - Annual Survey of Four Shipboard Elevators | Completed | No | Yes |

| Certificate Description | Issue Date | Expiry Date | Term | Status |
|---|-------------|-------------|-----------|-----------------------------------|
| International Load Line Certificate | 05-Jun-2001 | 28-Feb-2006 | Full Term | Annual Endorsement On 27-Feb-2003 |
| International Oil Pollution Prevention Certificate (Annex I - HSSC) | 05-Jun-2001 | 28-Feb-2006 | Full Term | Annual Endorsement On 27-Feb-2003 |
| Mobile Offshore Drilling Unit Safety Certificate (1989) | 27-Feb-2003 | 27-Jul-2003 | Interim | Issued |

Surveyor(s) to THE AMERICAN BUREAU OF SHIPPING

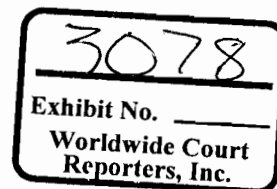
W Haynie
Haynie, William M.

REVIEWED BY

Kurt A Larsen
Larsen, Kurt Alan

Date : 03-Mar-2003

Port : Morgan City Port



*Total Pages Including Checksheets: Page 1 of 64 (internal ABS distribution only)

NOTE : This report evidences that the survey reported herein was carried out in compliance with one or more of the Rules, guides, standards or other criteria of the American Bureau of Shipping and is issued solely for the use of the Bureau, its committees, its clients or other authorized entities. This Report is a representation only that the vessel, structure, item or material equipment, machinery or any other item covered by this Report has been examined for compliance with, or has met one or more of the Rules, guides, standards or other criteria of American Bureau of Shipping. The validity, applicability and interpretation of this Report is governed by the Rules and standards of American Bureau of Shipping who shall remain the sole judge thereof. Nothing contained in this Report or in any notation made in contemplation of this Report shall be deemed to relieve any designer, builder, owner, manufacturer, seller, supplier, repairer, operator or other entity of any warranty express or implied.



AMERICAN BUREAU OF SHIPPING STATUTORY INSPECTION REPORT

| | | | |
|------------------|-------------------|-----------------|-------------|
| Vessel Name | DEEPWATER HORIZON | Class Number | 0139290 |
| Attending Office | Morgan City, LA | Report Number | MC330064 |
| First Visit Date | 24-Feb-2003 | Last Visit Date | 27-Feb-2003 |

Rectification of Outstanding Deficiencies

| | | | | |
|---|------------------|---|-------------|-----------------|
| 3 | Vessel | | | |
| | Opened In Report | NO286098_B | 27-Sep-2002 | New Orleans, LA |
| | Closed In Report | MC330064_H | 27-Feb-2003 | Morgan City, LA |
| | Due By | Renewal MODU Survey 1, 28-Feb-2006 | Major | Closed |
| | Found | | | |
| | Recommendation | IT IS RECOMMENDED THAT THE MODIFICATIONS TO THE QUARTERS, INCLUDING THE OPERATIONS MANUAL AND SAFETY AND FIRE CONTROL PLAN BE REVIEWED AND APPROVED BY ABS OFFSHORE ENGINEERING DEPT. BY 27 FEB 2003 AND PRIOR TO RE-ISSUING A FULL TERM MODU CERT MADE VALID TO 28 FEB 2006. (AGB) | | |
| | Rectification | RECENTLY APPROVED AND UPDATED OPERATION MANUAL AND FIRE AND SAFETY PLANS WERE FOUND ON BOARD APPROVED BY ABS HOUSTON REFLECTING CHANGES IN ROOMS, LIFESAVING EQUIPMENT AND TOTAL COMPLIMENT OF PERSONNEL ALLOWED ON BOARD FROM 130 TO 146 PERSONS. ABS HOUSTON'S LTTR. 13 SEPT. 02 FOR FIRE AND SAFETY PLAN. ABS HOUSTON'S LTTR. FOR OPERATIONS MANUAL UPDATE 08 AUG. 02 AND 13 SEPT. 02. INTERIM MODU CERTIFICATE VALID FOR 5 MONTHS WAS ISSUED PENDING ISSUANCE OF ORIGINAL FULL TERM CERTIFICATE. | | |
| 4 | Vessel | | | |
| | Opened In Report | NO286098_C | 27-Sep-2002 | New Orleans, LA |
| | Closed In Report | MC330064_H | 27-Feb-2003 | Morgan City, LA |
| | Due By | 30-Mar-2005 | Major | Closed |
| | Found | | | |
| | Recommendation | IT IS RECOMMENDED THAT THE MODIFICATIONS TO THE QUARTERS, INCLUDING THE OPERATIONS MANUAL AND SAFETY AND FIRE CONTROL PLAN BE REVIEWED AND APPROVED BY ABS OFFSHORE ENGINEERING DEPT. BY 27 FEB 2003 AND PRIOR TO RE-ISSUING A FULL TERM ILO CERT, REFLECTING THE CHANGES, MADE VALID TO 30 MAR 2005. (AGB) | | |
| | Rectification | RECENTLY APPROVED AND UPDATED OPERATION MANUAL AND FIRE AND SAFETY PLANS WERE FOUND ON BOARD APPROVED BY ABS HOUSTON REFLECTING CHANGES IN ROOMS, LIFESAVING EQUIPMENT AND TOTAL COMPLIMENT OF PERSONNEL ALLOWED ON BOARD FROM 130 TO 146 PERSONS. ABS HOUSTON'S LTTR. 13 SEPT. 02 FOR FIRE AND SAFETY PLAN. ABS HOUSTON'S LTTR. FOR OPERATIONS MANUAL UPDATE 08 AUG. 02 AND 13 SEPT. 02. INTERIM ILO CERTIFICATE VALID FOR 5 MONTHS WAS ISSUED PENDING ISSUANCE OF FULL TERM CERTIFICATE REFLECTING CHANGES. | | |

Cargo Gear - Periodical Survey

| Description | Inspected Type | Inspected by | State |
|-------------------|----------------|--------------|--------------|
| MACHINERY | | | |
| Cargo Gear System | | | |
| Gantry Crane | Annual. Insp. | Class | Satisfactory |
| Pipehandler Crane | Annual. Insp. | Class | Satisfactory |



**AMERICAN BUREAU OF SHIPPING
STATUTORY INSPECTION REPORT**

| | | | |
|------------------|-------------------|-----------------|-------------|
| Vessel Name | DEEPWATER HORIZON | Class Number | 0139290 |
| Attending Office | Morgan City, LA | Report Number | MC330064 |
| First Visit Date | 24-Feb-2003 | Last Visit Date | 27-Feb-2003 |

| | | | |
|-----------------|--------------|-------|--------------|
| Port Crane | Annual Insp. | Class | Satisfactory |
| Starboard Crane | Annual Insp. | Class | Satisfactory |



MOBILE OFFSHORE DRILLING UNIT SAFETY CERTIFICATE (1989)

ISSUED UNDER THE PROVISIONS OF THE

IMO CODE FOR THE CONSTRUCTION AND EQUIPMENT OF
MOBILE OFFSHORE DRILLING UNITS, 1989
AS AMENDED

UNDER THE AUTHORITY OF THE GOVERNMENT OF

THE REPUBLIC OF PANAMA

BY WILLIAM HAYNIE SURVEYOR, AMERICAN BUREAU OF SHIPPING

| Distinctive Identification (name or number) | Type (1.3 of the Code) | Port of Registry |
|--|---------------------------------|------------------|
| Deepwater Horizon | Column Stabilized Drilling Unit | Panama |

Date on which keel was laid or unit was at a similar stage of construction or on which major conversion was commenced 21 March 2000

THIS IS TO CERTIFY:

- That the above-mentioned unit has been duly surveyed in accordance with the applicable provisions of the Code for the Construction and Equipment of Mobile Offshore Drilling Units, 1989.
- That the survey showed that the structure, equipment, fittings, radio station arrangements and materials of the unit and the condition thereof are in all respects satisfactory and that the unit complies with the relevant provisions of the Code.
- That the life-saving appliances provide for a total number of 146 persons and no more as follows:
Four (4) rigid and totally enclosed motor propelled and fire protected survival craft of aggregate capacity for 292 persons
Six (6) survival craft, capable of floating and breaking free in the event of the unit becoming submerged of aggregate capacity for 150 persons
- That, in accordance with 1.4 of the Code, the provisions of the Code are modified in respect of the unit in the following manner:
- That this unit has been issued with an approval for the use of continuous survey techniques under 1.6.1.6 of the Code in lieu of periodical and intermediate surveys.

Hull ☐

Machinery ☐

Signature and Seal of Approving Authority

Date of Continuous Survey Program Approval

This Certificate is valid until the 27 day of July 2003 pending issuance of full term with expiration date of 30 March 2005

Completion date of the survey on which this certificate is based: 27 Feb. 03

Issued at Morgan City, La.
(place of issue of Certificate)



ABS

The undersigned declares that he is duly authorized by the said Government to issue this Certificate.

William Haynie
William Haynie Surveyor, American Bureau of Shipping



ABSDWH003338

INTERIM CERTIFICATE OF INSPECTION OF CREW ACCOMMODATIONS

REPUBLICA DE PANAMA
REPUBLIC OF PANAMA

AUTORIDAD MARITIMA DE PANAMA
PANAMA MARITIME AUTHORITY

DIRECCION GENERAL DE LA GENTE DE MAR
DIRECTORATE GENERAL OF SEAFARERS

ABS ID No.: 0139290
Certificate No.: MC330064-x1

CERTIFICADO DE INSPECCION DE LOS ALOJAMIENTOS DE TRIPULACION CERTIFICATE OF INSPECTION OF CREW ACCOMMODATION

Expedido de acuerdo a la Resolución: No. 614-257-ALCN de 1984
Issued in accordance with Resolution: No. 614-257-ALCN of 1984

| Nombre del Buque Name of Vessel | Tipo Type | Señal Distintiva Call Sign | Número de OMI IMO Number | Puerto de Matrícula Port of Registry | Arqueo Bruto Gross Tonnage | Año de Construcción Year of Construction ¹ |
|------------------------------------|--------------|----------------------------------|--------------------------------|---|-------------------------------------|--|
| Deepwater Horizon | Modu | H3SM | 8764597 | Panama | 29051 | 2000 |

Se certifica que los alojamientos de tripulación y otros espacios asociados del buque arriba citado han sido inspeccionados y encontrados satisfactorios, de acuerdo a los reglamentos en vigor en la República de Panamá, incluyendo las partes aplicables de los Convenios de la O.I.T. números 68 y 92 (o 126, en el caso de buques de pesca).

This is to certify that the crew accommodations and other associated spaces of the above vessel have been inspected and found satisfactory according to the regulations in force in the Republic of Panamá, including the relevant portions of I.L.O. Conventions 68 and 92 (or 126, in case of fishing vessels).

Las instalaciones están aprobadas para un máximo de 146 tripulantes.
The arrangements are approved for a maximum of crew members

OBSERVACIONES - REMARKS:

Increase in manning of 16 persons by modifications to existing staterooms - ABS Houston approval ltr. 23 Sept. 02

Este Certificado será valido hasta el 27 July 03 pending issuance of full term with exp. date of 30 Mar. 05 by ABS Balboa

This Certificate will remain valid until

Expedido en Morgan City, La. On El 27 February 2003
Issued at



ABS

William Haynie Surveyor
American Bureau of Shipping
MORGAN CITY SURVEY

¹ Refer to the year of construction shown in the "Patente" (Certificate of Registry).



AMERICAN BUREAU OF SHIPPING
TELEFAX : SURVEY SUMMARY REPORT

To : Classification & Documentation Center - Houston
From : ABS BUREAU US

Telefax : 1-281-877-6011

Date: 03-Mar-2003

| | | | |
|------------------|-------------------|-----------------|-------------|
| Vessel Name | DEEPWATER HORIZON | Class Number | 0139290 |
| Attending Office | Morgan City, LA | Report Number | MC330064 |
| First Visit Date | 24-Feb-2003 | Last Visit Date | 27-Feb-2003 |

| Report | Survey Description | Status | OSR/OSD/OSF |
|--------|--------------------|--------|-------------|
|--------|--------------------|--------|-------------|

Class Surveys

| | | | |
|------------|--|-----------|----|
| MC330064_A | Rectification of Outstanding Recommendations | Completed | No |
| MC330064_B | Annual Survey - Drilling System 2 | Completed | No |
| MC330064_C | Annual Machinery Survey 2 | Completed | No |
| MC330064_D | Annual Hull Survey 2 | Completed | No |
| MC330064_E | Annual Automation Survey 2 | Completed | No |
| MC330064_L | Other Survey - Class - Annual DPS-3 Survey | Completed | No |
| MC330064_M | Modification Survey | Completed | No |

Closing Paragraph

It is recommended that this vessel be retained as classed with this Bureau.

Statutory Surveys

| | | | |
|------------|--|-----------|----|
| MC330064_F | Annual Survey - MODU 2 | Completed | No |
| MC330064_G | Annual IOPP Annex I Survey 2 | Completed | No |
| MC330064_H | Rectification of Outstanding Deficiencies | Completed | No |
| MC330064_I | Annual Load Line Survey 2 | Completed | No |
| MC330064_J | Cargo Gear - Periodical Survey | Commenced | No |
| MC330064_K | Other Survey - Statutory - Annual Survey of Four Shipboard Elevators | Completed | No |

| Certificate Description | Issue Date | Expiry Date | Term | Status |
|--|-------------|-------------|-----------|--------------------------------------|
| Class Certificate | 26-Apr-2001 | 28-Feb-2006 | Full Term | Annual Endorsement On 02-Mar-2003 |
| International Load Line Certificate | 05-Jun-2001 | 28-Feb-2006 | Full Term | Annual Endorsement On 27-Feb-2003 |
| International Oil Pollution Prevention Certificate (Annex I - HSSC) | 05-Jun-2001 | 28-Feb-2006 | Full Term | Annual Endorsement On 27-Feb-2003 |
| Mobile Offshore Drilling Unit Safety Certificate (1989) | 27-Feb-2003 | 27-Jul-2003 | Interim | Issued |

Surveyors(s) to The AMERICAN BUREAU OF SHIPPING



AMERICAN BUREAU OF SHIPPING
TELEFAX : SURVEY SUMMARY REPORT

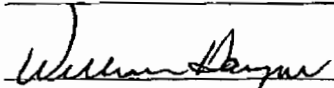
To : Classification & Documentation Center - Houston

Telefax : 1-281-877-6011

From : ABS BUREAU US

Date: 03-Mar-2003

| | | | |
|------------------|-------------------|-----------------|-------------|
| Vessel Name | DEEPWATER HORIZON | Class Number | 0139290 |
| Attending Office | Morgan City, LA | Report Number | MC330064 |
| First Visit Date | 24-Feb-2003 | Last Visit Date | 27-Feb-2003 |



Haynie, William M.

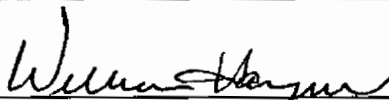
REVIEWED BY _____

AMERICAN BUREAU OF SHIPPING
PROCESS INSTRUCTION CHECKSHEET ON COMPLETION OF SURVEYS

VESSEL DEEPWATER HORIZON ABSID 0139290
 Associated REPORT NO. MC330064 DATE 27 FEBRUARY 2003

| | YES | NO | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| COMPLETION OF OUTSTANDING RECOMMENDATIONS | | | |
| 1. Details of Outstanding Recommendations/ Conditions of Class were obtained from onboard ABSUM A ¹ (vessel's Survey Status) (previous attending port). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Survey of Outstanding Recommendation items was carried out, referencing appropriate Process Instructions. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Details of items examined, and Outstanding Recommendations / Conditions of Class complied with, were reported on form ABSUM A or AB-141 as required, with reference made to the original report number. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Outstanding Recommendations partially complied with. Remaining items noted on ABSUM A | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Certificates endorsed or issued as noted on ABSUM A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| COMPLETION OF <u>Modification</u> | SURVEY¹ | | |
| 1. Details of remaining items of survey were obtained from onboard (ABSUM A) (vessel's Survey Status) (previous attending port). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Survey of remaining items was carried out, referencing appropriate Process Instructions and items examined found in satisfactory condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Details of items examined, were reported on form ABSUM A with reference made to the original report number. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |


 WILLIAM HAYNIE Surveyor

¹ This checksheet may be used for completion of a small number of items remaining to be surveyed. When a substantial amount of survey items remain to be completed, the full process instruction check sheet is to be submitted.



AMERICAN BUREAU OF SHIPPING

ABS Plaza - 16855 Northchase Drive
Houston, TX 77060-6008

Page 1 of 1

Report No.: MC330064

Date: 27 FEBRUARY 2003

Port: MORGAN CITY, LA.

DEEPWATER HORIZON ABSID 0139290

Annual Survey Of Certified Drilling System

This Is To Certify That The Undersigned Surveyor To This Bureau Did Attend The Column Stabilized Drilling Unit "Deepwater Horizon ABSID 0139290 As The Vessel Was Drilling In Green Canyon Block 743 At The Request Of The Owners Representative On 24 February 2003 And Subsequent Dates To Examine And Report Upon The Annual Survey Of The Certified Drilling System As Per The Requirements Contained In The Abs Guide For The Certification Of Drilling Systems 1990 Edition As Follows:

1). Exposed Surfaces Of The Derrick, Derrick Support Structure, Drilling Hoisting Systems, Lifting Devices, Stabbing Boards, Racking Platforms, And Drilling Equipment Foundations Were Examined And Found In Satisfactory Condition. The Inspection Of The Derrick And Related Structural Members Were Examined As Follows"

A). General Condition Of Structure

B). Tightness Of Bolts

C). Condition Of Wire Ropes And Fittings

2). Protective Covers, Insulation Shrouds, And Protective Guards Around Moving Parts Were Examined And Found Satisfactory.

3). Derrick Walkways And Ladders, Drill Floor And Drill System Machinery Spaces Were Examined For Fire And Explosive Hazards And Also It Was Confirmed That The Emergency Escape Routes From These Areas Were Not Blocked

4). External Examination Was Carried Out Of Pressure Vessels And Their Appurtenances, Including Safety Devices, Foundations, Controls, Relieving Gear, Piping Systems, Flexible Hoses, Insulation, Gauges And Found Satisfactory.

5). Safety Shutdown Devices Were Examined And Found Satisfactory.

6). The Calibration Of Gas Detectors Was Verified And Found Satisfactory.

7). A General Examination Of All Electrical And Instrumental Systems Including Protective Devices And Cable Supports Was Carried Out And Found Satisfactory.

8). A General Examination Was Made Of The Vessels Mud And Cement Systems And Found Satisfactory.

9). Bop Test Log And Maintenance Records Were Examined And Found Satisfactory.

The Vessels Empac Preventative Maintenance System Records, Which Consisted Of Certified Drilling Equipment Inspections And Preventative Maintenance Carried Out, Were Examined At This Time And Found Satisfactory.

Certified Drilling Systems Annual Survey Is Considered Complete At This Time.

WILLIAM HAYNIE - SURVEYOR

Note: This Report evidences compliance with one or more of the Rules, guides, standards or other criteria of American Bureau of Shipping and is issued solely for the use of the Bureau, its committees, its clients or other authorized entities. This Report is a representation only that the structure, item of material, equipment, machinery or any other item covered by this Report has met one or more of the Rules, guides, standards or other criteria of American Bureau of Shipping as of the date of issue. Parties are advised to review the Rules for the scope and conditions of classification and to review the survey records for a fuller description of any restrictions or limitation on the vessel's service or surveys. The validity, applicability and interpretation of this Report is governed by the Rules and standards of American Bureau of Shipping who shall remain the sole judge thereof. Nothing contained in this Report or in any notation made in contemplation of this Report shall be deemed to relieve any designer, builder, owner, manufacturer, seller, supplier, repairer, operator or other entity of any warranty express or implied.

AMERICAN BUREAU OF SHIPPING

PROCESS INSTRUCTION CHECK SHEET ON MODIFICATION/ALTERATION SURVEY

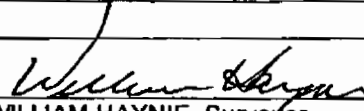
VESSEL DEEPWATER HORIZON ABSID 0139290

Associated REPORT NO. MC330064 DATE 27 FEBRUARY 2003

| | YES | NO | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1. Details of modifications/alterations which may affect Classification or the position of the Load Line have been approved by an ABS Technical Office. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In those instances where plan approval is pending, work has been fully reported, noting plans used and statement made that acceptance of work is pending plan approval. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Yard layout and production processes generally examined, and in particular the material flow, control and identification processes. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Yard quality control system and workmanship standards reviewed and considered satisfactory / requested to be modified to suit the particular project requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. All welding procedures and welder qualifications reviewed/approved. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Alterations were confirmed to be in accordance with approved plans and workmanship satisfactory. In particular: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| scantlings and material | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| welding, NDT, tightness testing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| machinery, installation and testing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| piping, installation and testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| electrical, installation and testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fire protection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were approved materials or components used for the modification/Alteration? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Alterations affecting the data published in the Record are fully reported. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Calibration of equipment used in the process was verified as noted below: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| a. Review of Equipment Calibration Record(s). Location of Calibration Records: _____ | <input type="checkbox"/> | | <input type="checkbox"/> |
| b. Comparison of Multiple Instruments. | <input type="checkbox"/> | | <input type="checkbox"/> |
| c. Review of Vessel's Chief Engineer's Records. | <input type="checkbox"/> | | <input type="checkbox"/> |

NOTE: Any negative responses should be brought to the attention of the Surveyor-in-Charge prior to survey/process being considered complete.

COMMENTS:


WILLIAM HAYNIE Surveyor

AMERICAN BUREAU OF SHIPPING

CHECK SHEET ON ANNUAL SURVEY ISM

VESSEL DEEPWATER HORIZON ABSID 0139290
 Associated REPORT NO. MC330064 DATE 27 FEB. 2003

This checklist to be completed after all other survey items have been carried out

| | Rule | YES | NO | N/A |
|---|------|--------------------------|-------------------------------------|-------------------------------------|
| 1. Technical deficiencies: | | | | |
| Class/Statutory related technical deficiencies are found? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a. Such technical deficiencies, if not corrected, might lead to the suspension of Class and/or withdrawal of statutory certificates? If answer is Yes see Item 6. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Such technical deficiencies were reported to the Company? If answer is No see Item 6. | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Evidence for dealing with such technical deficiencies by the Company exists? If answer is No see Item 6. | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Possible immediate rectification for such technical deficiencies exists? If answer is No see Item 6. | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Serious threat: | | | | |
| Other conditions, which may seriously affect the safety of the ship, personnel, or the environment, are found? If answer is Yes see Item 6. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. Documentary deficiencies: | | | | |
| Class/Statutory related documentary deficiencies are found? If answer is Yes see Item 6. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. Operational failures: | | | | |
| Class/Statutory related operational failures found? If answer is Yes see Item 6. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5. Class/Statutory requirements: | | | | |
| Other Class/Statutory requirements are not observed? If answer is Yes see Item 6. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. Page three (3) of this checksheet is to be filled out and signed by the Ship's Master or Company Representative. | | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |

Note: Page three (3) is required to be filled out only if any of the above questions/answers referred you to item 6

Remarks:

DOC AND SMC ISSUED BY DNV


 WILLIAM HAYNIE Surveyor

AMERICAN BUREAU OF SHIPPING**PROCESS INSTRUCTION CHECK SHEET ON Annual Survey for 1989 MODU Code**VESSEL DEEPWATER HORIZON ABSID 0139290Associated REPORT NO. MC330064 DATE 27 FEBRUARY 2003**GENERAL INSTRUCTIONS**

- A. This Report Form is to be used for Annual Surveys of MODUs, the keel of which is laid or is at a similar stage of construction on or after 1 May 1991 (unless otherwise directed by the Flag Administration) and has been issued a IMO MODU Code Safety Certificate in accordance with IMO Resolution A.649 (16).
- B. Annual Surveys should be carried out within three months before or after each anniversary date of the Initial Survey or last Renewal Survey.
- C. Items answered "no" and "n/a" by the Surveyor are to be explained in "REMARKS" section including any waivers or exemptions granted by the Administration.
- D. In accordance with Amendments to Chapter 10 concerning radio life-saving appliance and Chapter 11 concerning radiocommunication installations of 1989 MODU Code, Regulations III/6.1 and IV/1 of the Amendments to the 1974 SOLAS Convention concerning Radiocommunications for the Global Maritime Distress and Safety System applying to ships, should be applied to MODUs. Accordingly, Surveyor's Report Form SLR/SLM Rev. 10/93 or GMDSS Rev. 10/93 as applicable, should be completed during this survey and the original attached to this report.

Rule YES NO N/A

CHAPTER 1 - GENERAL**1.6 SURVEYS AND CERTIFICATION**

1. Have you confirmed that no significant change has been made in the structure fittings, arrangements, safety equipment, and other equipment without approval, except the direct replacement of such equipment and fittings for the purpose of repair and maintenance?

1.6 ☒ ☐ ☐

Note: If any change has been made, state same in REMARKS.
If no change has been made then answer "yes"

2. Have you confirmed that no significant fire has occurred on board necessitating the operation of the fixed fire extinguishing systems, or the portable fire-extinguishers since the last survey?

☒ ☐ ☐

If such a fire has occurred, give details in REMARKS.

CHAPTER 2 - CONSTRUCTION, STRENGTH, AND MATERIALS**2.2 DESIGN LOADS**

3. Has the deck loading plan been inserted in the unit's operating manual?

2.2.10 ☒ ☐ ☐**2.6 SPECIAL CONSIDERATIONS FOR COLUMN-STABILIZED UNITS**

4. Where underwater bracing is normally watertight, has the leak detection system to detect fatigue cracks examined and found satisfactory?

2.6.14 ☒ ☐ ☐**2.9 CONSTRUCTION PORTFOLIO**

5. Has a copy of construction portfolio been placed on board the unit?

☒ ☐ ☐

VESSEL DEEPVIEWER HORIZONBSID 0139290Associated REPORT NO. MC330064DATE 27 FEBRUARY 2003

Rule YES NO N/A

CHAPTER 3 - SUBDIVISION, STABILITY, AND FREEBOARD

3.1 INCLINING TEST

- | | | | | | |
|----|--|-------|-------------------------------------|--------------------------|--------------------------|
| 6. | Has a record of all changes to machinery, structure, outfitting, and equipment that affect the light ship date, been maintained in the operating manual or in a light ship data alterations log and been taken into account in daily operations? | 3.1.4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|-------|-------------------------------------|--------------------------|--------------------------|

3.6 WATERTIGHT INTEGRITY

- | | | | | | |
|-----|--|--|-------------------------------------|--------------------------|--------------------------|
| 7. | Is the condition of the hull and its closing appliances, as far as can be seen, satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Is the condition of watertight doors, hatch covers, windows, side scuttles, and portlights satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Were the watertight doors operational and tested (remotely or locally)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Is the condition of watertight bulkhead penetrations, as far as could be seen, satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CHAPTER 4 - MACHINERY INSTALLATIONS FOR ALL TYPES OF UNITS

4.2 MACHINERY REQUIREMENTS

- | | | | | | |
|-----|---|-------|-------------------------------------|--------------------------|--------------------------|
| 11. | Where overspeed devices are fitted, have they been examined and found satisfactory? | 4.2.3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Where relief valves, blow out protection devices or other means to prevent excessive pressure are fitted, were they examined and found satisfactory? | 4.2.4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Where applicable, have crankcase explosion relief valves been examined and found satisfactory? | 4.2.6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Where automatic shutoff arrangements or alarms are provided, have they been tested and found satisfactory? | 4.2.7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Are means provided to ensure that normal operation of vital systems, such as ballast systems in semi-submersible units, jacking systems in self-elevating units or control of blow-out preventers can be sustained or restored, even through one of the essential auxiliaries becomes inoperable? | 4.2.8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.3 STEAM BOILERS AND BOILER FEED SYSTEM

- | | | | | | |
|-----|--|-------|--------------------------|--------------------------|--------------------------|
| 16. | Have safety valves been examined and found satisfactory? | 4.3.1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Have the safety arrangements and alarms been tested and found satisfactory? | 4.3.2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Have the feed water systems including the feed pumps been examined and found satisfactory? | 4.3.3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Have the means for indicating water level, including direct reading gauge glass, been examined and found satisfactory? | 4.3.5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.4 STEAM PIPING SYSTEM

- | | | | | | |
|-----|---|--|--------------------------|--------------------------|--------------------------|
| 20. | Has the condition of steam piping been examined and found satisfactory? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|---|--|--------------------------|--------------------------|--------------------------|

VESSEL

DEEPWATER HORIZON

BSID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

| | Rule | YES | NO | N/A |
|--|--------|-------------------------------------|--------------------------|-------------------------------------|
| 4.5 MACHINERY CONTROLS | | | | |
| 21. Has the condition of the machinery controls, including manual override been examined and found satisfactory? | 4.5.2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 AIR PRESSURE SYSTEMS | | | | |
| 22. Have the air pressure systems including pressure relieve arrangements, starting air arrangements, and starting air pipes been examined and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 ARRANGEMENTS FOR OIL FUEL, LUBRICATING OIL, AND OTHER FLAMMABLE OIL | | | | |
| 23. Have the oil fuel, lubricating oil, and other flammable oil arrangements been examined and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.8 BILGE PUMPING ARRANGEMENTS | | | | |
| 24. Have the bilge pumping arrangements been examined and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9 BALLAST PUMPING ARRANGEMENTS ON COLUMN-STABILIZED UNITS | | | | |
| 25. Have the ballast pumping arrangements including air pipes, control and indicating system, and internal communications been examined and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.11 ANCHORING ARRANGEMENTS FOR SURFACE AND COLUMN STABILIZED UNITS | | | | |
| 26. Has the condition of anchoring arrangements been examined and found satisfactory? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.12 DYNAMIC POSITIONING SYSTEM | | | | |
| 27. Has the dynamic positioning system examined and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHAPTER 5 - ELECTRICAL INSTALLATIONS FOR ALL TYPES OF UNITS | | | | |
| 5.2 MAIN SOURCE OF ELECTRICAL POWER | | | | |
| 28. Has the main source of electrical power been examined and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 EMERGENCY SOURCE OF ELECTRICAL POWER | | | | |
| 29. Has the emergency source of electrical power been examined and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 STARTING ARRANGEMENTS FOR EMERGENCY GENERATORS | | | | |
| 30. Have the starting arrangements for emergency generators been examined, tested, and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5 PRECAUTIONS AGAINST SHOCK, FIRE, AND OTHER HAZARDS OF ELECTRICAL ORIGIN | | | | |
| 31. Are exposed metal parts of electrical machines or equipment earthed (grounded)? | 5.5.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Are the sides and backs and where necessary, the fronts of switchboards suitably guarded? | 5.5.5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Is each separate circuit protected against short circuit and against overload? | 5.5.13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Are accumulator batteries suitably housed and efficiently ventilated? | 5.5.16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.6 INTERNAL COMMUNICATION | | | | |
| 35. Has the internal means of communication been examined, tested, and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VESSEL

DEEPWATER HORIZON

BSID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

Rule YES NO N/A

CHAPTER 6 - MACHINERY AND ELECTRICAL INSTALLATIONS
IN HAZARDOUS AREAS FOR ALL TYPES OF UNITS

6.4 VENTILATION OF SPACES

36. Has the means of ventilation for the hazardous enclosed spaces been examined and found satisfactory? 6.4.1 ☒ ☐ ☐

6.5 EMERGENCY CONDITIONS DUE TO DRILLING OPERATIONS

37. Have the means for selective disconnection or shutdown of ventilation systems, non-essential equipment, emergency equipment, and generator prime mover been examined and is the risk of unintentional stoppage or inadvertent operation minimized? ☒ ☐ ☐

CHAPTER 7 - MACHINERY AND ELECTRICAL INSTALLATIONS
FOR SELF-PROPELLED UNITS

7.2 MEANS OF GOING ASTERN

38. Have the means of going astern been examined and found satisfactory and is there a record of stopping times, unit headings and distances and trial results available on board? ☒ ☐ ☐

7.3 STEAM BOILERS AND BOILER FEED SYSTEMS

39. Have the high-water-level alarm and the means to prevent overpressure been tested and found satisfactory? ☐ ☐ ☒

7.4 MACHINERY CONTROLS

40. Have the means for operation and control of the propulsion machinery been examined and found satisfactory? ☒ ☐ ☐

7.5 STEERING GEAR

41. Has the steering arrangements including their associated equipment and control systems been examined, tested, and found satisfactory? Z - Drive ☒ ☐ ☐

A. Was full movement of the rudder verified? ☐ ☐ ☒

7.7 COMMUNICATION BETWEEN THE NAVIGATING BRIDGE AND THE ENGINE ROOM

42. Have all independent means for communicating orders from the navigating bridge to machinery space from which the engines are normally controlled been examined and found satisfactory? ☒ ☐ ☐

7.8 ENGINEERS' ALARM

43. Has the engineers' alarm been tested and found satisfactory? ☒ ☐ ☐

CHAPTER 8 - PERIODICALLY UNATTENDED MACHINERY SPACES FOR
ALL TYPES OF UNITS

8.3 FIRE SAFETY

44. Have oil fuel and lubricating oil pipes and daily service oil fuel tanks been examined and found satisfactory? ☒ ☐ ☐

VESSEL DEEPWATER HORIZON ABSID 0139290Associated REPORT NO. MC330064 DATE FEBRUARY 2003

Rule YES NO N/A

8.4 PROTECTION AGAINST FLOODING45. Have the audible and visual alarm for high bilge-water level been tested and found satisfactory? ☒ ☐ ☐**8.5 BRIDGE CONTROL OF PROPULSION MACHINERY**46. Has the bridge control including means for receipt of propulsion machinery orders, indicators, and alarms been examined, tested, and found satisfactory? ☒ ☐ ☐**8.6 COMMUNICATION**47. Has reliable means of vocal communication been tested and found satisfactory? ☒ ☐ ☐**8.7 ALARM SYSTEM**48. Has the alarm system arrangement been examined, tested, and found satisfactory? ☒ ☐ ☐**8.9 SAFETY SYSTEM**49. Has the safety system including automatic shutdown, alarm, and arrangements for overriding the shutdown, if fitted, been examined and found satisfactory? ☒ ☐ ☐**CHAPTER 9 - FIRE SAFETY****9.2 PROTECTION OF ACCOMMODATION SPACES, SERVICE SPACES, AND CONTROL STATIONS**50. Have ducts, fire dampers, windows, and side scuttles facing the drill floor been examined and found satisfactory? ☒ ☐ ☐**9.3 MEANS OF ESCAPE**51. Are the means of escape free of obstruction? ☒ ☐ ☐**9.4 FIRE PUMPS, FIRE MAINS, HYDRANTS, AND HOSES**52. Has condition of fire pumps, fire mains, hydrants, hoses, nozzles, applicators, and tools been examined and found satisfactory? ☒ ☐ ☐53. Is each pump capable of delivering at least one jet simultaneously from each of any two fire hydrants, hoses, and 19mm nozzles while maintaining a minimum pressure of 0.35 newtons per square millimeter at any hydrant? 9.4.5 ☒ ☐ ☐**9.5 FIRE-EXTINGUISHING SYSTEMS IN MACHINERY SPACES AND IN SPACES CONTAINING FIRED PROCESSES**54. Are fixed firefighting system controls, piping, instruction, and markings properly maintained and services? ☒ ☐ ☐Date of last reported system test June 2002**9.6 PORTABLE FIRE EXTINGUISHERS IN ACCOMMODATION, SERVICE, AND WORKING SPACES**55. Are all portable fire extinguishers in their stowed position and fully charged? ☒ ☐ ☐A. Have they been serviced within the past year? ☒ ☐ ☐Last serviced date June 2002

VESSEL DEEPWATER HORIZONSID 0139290Associated REPORT NO. MC330064DATE 27 FEBRUARY 2003

| | Rule | YES | NO | N/A |
|--|---------|-------------------------------------|--------------------------|-------------------------------------|
| 9.7 FIRE DETECTION AND ALARM SYSTEM | | | | |
| 56. Has examination and test, insofar as practicable, of fire detection and alarm system and smoke detectors been carried out and all found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.8 GAS DETECTION AND ALARM SYSTEM | | | | |
| 57. Have fixed gas detection, alarm system, and portable gas monitoring devices been examined, tested, and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9 FIREMEN'S OUTFITS | | | | |
| 58. Are the firemen's outfits complete and in satisfactory condition? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10 ARRANGEMENTS IN MACHINERY AND WORKING SPACES | | | | |
| 59. Have the means for stopping ventilating fans serving machinery, and working spaces for closing all doorways, ventilators, annular spaces around funnels, and other openings to such spaces been examined and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.11 PROVISIONS FOR HELICOPTER FACILITIES | | | | |
| 60. Are fire extinguishing arrangements for the protection of the helicopter operating area found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Have the dry powder extinguishers, foam application system, carbon dioxide extinguishers, dual purpose nozzles and hoses on the helicopter deck examined and found satisfactory? | 9.11.2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the designated area for the storage of fuel tanks been examine and found satisfactory? | 9.11.4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Where portable fuel storage tanks are used, have they been examined and found satisfactory? | 9.11.6 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D. Have electrical fuel pumping units and associated control equipment been examined and found satisfactory? | 9.11.10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have procedures and precautions for refueling operations been posted? | 9.11.12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Is all of the electrical bonding equipment used in refueling operations in good order? | 9.11.13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Is the unit provided with ample "no smoking" signs for use in the appropriate locations? | 9.11.14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12 STORAGE OF GAS CYLINDERS | | | | |
| 61. Have the storage arrangements for gas cylinders been examined and found satisfactory? | 9.12.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Are fire extinguishing arrangements for the protection of areas or spaces which such cylinders are stored satisfactory? | 9.12.2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.13 MISCELLANEOUS ITEMS | | | | |
| 62. Are fire control plans posted? | 9.13.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Are means provided so that fire extinguishing appliances can be kept in good order and be available for immediate use at all times while engaged in drilling operations or in transit? | 9.13.2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VESSEL DEEPWATER HORIZONVBSID 0139290Associated REPORT NO. MC330064DATE 27 FEBRUARY 2003

Rule YES NO N/A

CHAPTER 10 - LIFE SAVING APPLIANCES AND EQUIPMENT

| 10.1 GENERAL | | | | |
|---|---|-------------------------------------|--------------------------|--------------------------|
| 64. | Are all life-saving appliances complying with Regulation III/30.2 of the 1974 SOLAS Convention and have they been examined and found satisfactory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2 SURVIVAL CRAFT | | | | |
| 65. | Was a general examination of all lifeboats and life rafts and their equipment carried out insofar as practicable and all found satisfactory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. | If practicable, was one of the lifeboats lowered to the water? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. | Were motor lifeboat engines and propulsion tested both in the ahead and astern modes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. | Have inflatable life rafts been serviced during the past 12 months ¹ ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last serviced date <u>12-02-1-03</u> | | | | |
| 10.3 SURVIVAL CRAFT MUSTER AND EMBARKATION ARRANGEMENTS | | | | |
| 69. | Have muster and embarkation arrangements including emergency lights and embarkation ladders been examined, tested, found, and placed in satisfactory condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4 SURVIVAL CRAFT LAUNCHING STATIONS | | | | |
| 70. | Have survival craft launching stations examined and found satisfactory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.5 STOWAGE OF SURVIVAL CRAFT | | | | |
| 71. | Have all survival crafts including rescue boat been stowed in a seaman like manner, fully equipment and ready for immediate use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6 SURVIVAL CRAFT LAUNCHING AND RECOVERY ARRANGEMENTS | | | | |
| 72. | Have launching and recovery arrangements including emergency lighting, for lifeboats and davit launched life rafts been examined, exercised, and found in satisfactory condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. | Have life raft float free arrangements been examined and found satisfactory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7 RESCUE BOAT <u>No. 2 L.B.T.</u> | | | | |
| 74. | Has the rescue boat been examined with all required fittings, equipment, markers, engine tested in operation, been found and placed in a satisfactory condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9 RESCUE BOAT EMBARKATION, LAUNCHING AND RECOVERY ARRANGEMENTS | | | | |
| 75. | Have rescue boat embarkation, launching and recovery arrangements, been examined and found that the rescue boat can be boarded and launched or recovered in the shortest possible time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10 LIFEJACKETS | | | | |
| 76. | Has check for proper stowage of lifejackets and a random examination of condition of lifejackets been carried out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ Inflatable liferafts shall meet the drop height requirements of regulation III/38.1.2 of SOLAS 1974, as amended.

VESSEL

DEEPWATER HORIZON

BSID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

Rule YES NO N/A

10.11 IMMERSION SUITS

77. Have immersion suits been randomly examined, found in satisfactory condition, and properly stowed?
- Exemption code.*

☐ ☐ ☒

10.12 LIFEBUOYS

78. Are lifebuoys in satisfactory condition and are the required number fitted with; self-igniting lights, self-activating smoke signals, and are all properly placed?

☒ ☐ ☐

10.13 RADIO LIFE-SAVING APPLIANCES

Note: UNITS CONSTRUCTED BEFORE 1 FEBRUARY 1992, THESE PARAGRAPHS OF THE AMENDMENTS SHOULD APPLY NO LATER THAN 1 FEBRUARY 1995. UNTIL THIS DATE, UNITS SHOULD COMPLY WITH THE APPLICABLE EXISTING PARAGRAPHS OF THE CODE.

79. Have the two-way VHF Radiotelephone apparatus in the lifeboats and on the unit examined, tested, found satisfactory, and properly stowed?

10.13.1 ☒ ☐ ☐

- A. Have the radar transponders in the lifeboats and on the unit been examined, tested, found satisfactory, and properly placed?

10.13.2 ☒ ☐ ☐

10.14 DISTRESS FLARES

80. Has the unit been provided with at least twelve rocket parachute flares and properly stowed?

☒ ☐ ☐Give expiration date *May-2003*

10.15 LINE-THROWING APPLIANCES

81. Have the line-throwing appliance found in good order?

☒ ☐ ☐Give expiration date: *Sept. 2005*

10.16 EMERGENCY WARNINGS

82. Was an operational test of general alarm system carried out and found satisfactory?

☒ ☐ ☐

10.17 OPERATING INSTRUCTION

83. Have illustrations and instructions been provided on or in the vicinity of survival craft and their launching controls?

☒ ☐ ☐

10.18 OPERATIONAL READINESS, MAINTENANCE, AND INSPECTIONS

84. Are all lifesaving appliances maintained in working order and ready for immediate use?

10.18.1 ☒ ☐ ☐

85. Have the following tests and inspections been carried out weekly and recorded in the log book:

10.18.6 ☒ ☐ ☐

- A. Have all survival crafts, rescue boats, and launching appliances been visually inspected to ensure that they are ready for use?

10.18.6.1 ☒ ☐ ☐

- B. Have all engines in lifeboats and rescue boats been run ahead and astern for a total period of no less than 3 min.?

10.18.6.2 ☒ ☐ ☐

- C. Has the general alarm system been tested?

10.18.6.3 ☒ ☐ ☐

86. Has inspection of the life-saving appliance including lifeboat equipment and emergency lighting been carried out monthly and has a report of the inspection been entered in the log book?

10.18.7 ☒ ☐ ☐

VESSEL DEEPWATER HORIZONSID 0139290Associated REPORT NO. MC330064DATE 27 FEBRUARY 2003

| | Rule | YES | NO | N/A |
|---|----------|-------------------------------------|--------------------------|--------------------------|
| 87. Has every inflatable life raft and inflatable lifejacket been serviced during the past 12 months? | 10.18.8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last serviced date: <u>12-02-1-03</u> | | | | |
| 88. Have the hydrostatic release units been serviced during the past 12 months? | 10.18.10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EFP Last serviced date: <u>06-04-04</u> | | | | |

CHAPTER 11 - RADIOCOMMUNICATION INSTALLATIONS

Note: UNITS CONSTRUCTED BEFORE 1 FEBRUARY 1995, DURING THE PERIOD BETWEEN 1 FEBRUARY 1992 AND 1 FEBRUARY 1999 EITHER SHOULD COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THIS PARAGRAPH OR COMPLY WITH ALL APPLICABLE REQUIREMENTS OF CHAPTER IV OF THE SOLAS 1974 IN FORCE PRIOR TO 1 FEBRUARY 1992 EXCEPT FOR ITEMS MARKED WITH " ". - AFTER 1 FEBRUARY 1999, ALL UNITS ARE TO COMPLY WITH THIS PARAGRAPH.

11.3 SELF-PROPELLED UNITS UNDERWAY

| | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 89. Can the unit, while underway at sea, comply with the applicable provisions concerning radiocommunications for ships prescribed in Chapter IV of the 1988 SOLAS Amendments? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: All requirements of Chapter IV of the 1988 SOLAS Amendments referring to "from the position the ship is normally navigated" should be applied as meaning "from the position the MODU is normally navigated". | | | |

11.4 UNITS WHEN TOWED, SELF-PROPELLED, AND ACCOMPANIED BY ESCORT SHIPS

| | | | | |
|---|--------|-------------------------------------|--------------------------|-------------------------------------|
| 90. In cases where the towing ship complies fully with all applicable requirements concerning radiocommunications for ships prescribed in Chapter IV of the 1988 SOLAS Amendments, does the non self-propelled unit under tow when manned comply with the following: | 11.4.2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A. fitted with VHF facilities as required by regulations IV/7.1.1 and 7.1.2 of the 1988 SOLAS Amendments and with MF facilities as required by regulations IV/9.1.1 and 9.1.2? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. fitted with the satellite EPIRB or EPIRB required by regulation IV/7.1.6, as appropriate, for the area in which the MODU is being towed? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. fitted with equipment for automatic reception of navigational and meteorological warnings in accordance with regulations IV/7.1.4 and IV/7.1.5, as appropriate, of the 1988 SOLAS Amendments? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: All requirements of chapter IV of the 1988 SOLAS Amendments referring to "from the position the ship is normally navigated" should be applied as meaning "from a position which is continuously manned and which is controlling the MODU while under tow". | | | | |
| 91. In cases where the towing ship does not comply fully with the applicable requirements concerning radiocommunications for ships prescribed in Chapter IV of the 1988 SOLAS Amendments, does the unit under tow when manned comply with all the applicable provisions concerning radiocommunications prescribed in Chapter IV of the 1988 SOLAS Amendments? | 11.4.3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: All requirements of chapter IV of the 1988 SOLAS Amendments referring to "from the position the ship is normally navigated" should be applied as meaning "from a position which is continuously manned and which is controlling the MODU while under tow". | | | | |

VESSEL

DEEPWATER HORIZON

SID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

| | Rule | YES | NO | N/A |
|---|--------|-------------------------------------|--------------------------|-------------------------------------|
| 92. In case where self-propelled unit accompanied by one or more escort vessels, does the unit comply with paragraph 11.3? | 11.4.4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 93. While stationary at the site, including when engaged in drilling operations, does the unit comply with all requirements prescribed in chapter IV of the 1988 SOLAS Amendments that are applicable to a ship sailing through the same area? Note: All requirements of chapter IV of the 1988 SOLAS Amendments referring to "from the position at which the ship is normally navigated", should be applied as meaning "from a position (or from the positions), which is continuously manned and which is controlling the MODU while stationary at the site including its drilling operations (i.e. normally the control room)". | 11.5.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. Taking into account the different types of accidents which may occur on the MODU, additional radio equipment should be installed in a room or position, which could be the bridge or an emergency control room, situated as far as practicable from the radio equipment fitted in compliance with section 11.5.1, so that no single accident in any part of the MODU could deprive the MODU of all facilities for radiocommunications? | 11.5.2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. Does the additional radio equipment comply with the following regulations of the 1988 SOLAS Amendment for MODUs drilling in: | | | | |
| A. sea area A1, the equipment prescribed by regulation IV/7.1.1? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. sea area A2, the equipment prescribed by regulations IV/7.1.1 and IV/9.1.1? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. sea area A3, the equipment prescribed by regulations IV/7.1.1 and IV/10.1.1, plus 10.1.2; or alternatively, as required by regulations IV/7.1.1 and 10.2.1? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. sea area A4, the equipment prescribed by regulations IV/7.1.1 and IV/10.2.1? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. Where the acoustic noise level in a room fitted with operating controls for radio equipment is so high or could be so high, during particular operating conditions, that it may disturb or prevent proper use of the radio equipment, has adequate noise protection been provided by mechanical or other means, in association with the operating controls for the radio equipment? | 11.5.3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.6* HELICOPTER COMMUNICATIONS | | | | |
| 97. Where the unit can be serviced by helicopters, is it carrying an aeromobile VHF radiotelephone station complying with the relevant requirements of ICAO? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.7* INTERNAL COMMUNICATIONS | | | | |
| 98. Is the unit fitted with efficient means of communication between the control room, the bridge (if provided) and any position or positions fitted with facilities for operation of radio equipment? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.8 PERFORMANCE STANDARDS | | | | |
| 99. Are all radio equipment of a type approved by the Administration issuing the license? | 11.8.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Equipment installed prior to 1 February 1992 may be exempted from full compliance with the appropriate performance standards at the discretion of the Administration, provided that the equipment is compatible with equipment complying with the performance standards, having due regard to the criteria which the Organization may adopt in connection with such standards. | 11.8.2 | | | |
| 11.9* GAS EXPLOSION DANGER | | | | |
| 100. Is any radio equipment installed in a zone as defined in 6.1 in compliance with Regulation IV/14 of the 1988 SOLAS Amendments? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

VESSEL DEEPWATER HORIZON SSID 0139290Associated REPORT NO. MC330064 DATE 27 FEBRUARY 2003

Rule YES NO N/A

11.10* SURVEY OF THE RADIO STATION

101. Has the radio station been subject to any of the following surveys:

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| A. By the Administration which issues the license or its authorized representative, before the radio station is put into service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has a survey been carried out by another coastal state if the unit has been moved and comes under the administrative control of that state? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Has a survey been carried out in the past 12 months? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Give last date: 20 Jan 03

- | | | | | |
|--|---------|-------------------------------------|--------------------------|--------------------------|
| 102. In every case when an authorized representative of the coastal State carries out past inspection, has a report been issued and kept with the radio documents? | 11.10.3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|---------|-------------------------------------|--------------------------|--------------------------|

ADDITIONALLY, SURVEYOR'S REPORT FORM GMDSS REV. 10/93 OR SLR/SLT REV. 10/93, AS APPLICABLE, SHOULD BE COMPLETED AND ATTACH THE ORIGINAL TO THIS REPORT.

CHAPTER 12 - LIFTING DEVICES

12.1 CRANES

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 103. Have the cranes been examined and found in good order? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. Has each crane been examined at intervals not exceeding 12 months? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Last examined date: FEB 03

12.2 PERSONNEL LIFTS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 105. Have the personnel lifts been examined and found in good order? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. Has each personnel lift been examined at intervals not exceeding 12 months? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Last examined date: Jan 03

CHAPTER 13 - HELICOPTER FACILITIES

13.2 CONSTRUCTION

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 107. Have the non-skid surface and drainage facilities on the helicopter deck been examined and found in good order? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

13.3 ARRANGEMENTS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 108. Has the helideck safety net been found in good order? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

13.4 VISUAL AIDS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 109. Is the wind direction indicator, deck's marking, and deck lights in good order? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

CHAPTER 14 - OPERATING REQUIREMENTS

14.1 OPERATING MANUAL

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 110. Has the approved Operating Manual been sighted on board? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

14.2 DANGEROUS GOODS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 111. Have the storage arrangements for dangerous goods, explosives, flammable liquids, flammable gases, or radioactive materials been examined and found satisfactory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

VESSEL DEEPWATER HORIZON SID 0139290Associated REPORT NO. MC330064 DATE 27 FEBRUARY 2003

Rule YES NO N/A

14.6 DIVING SYSTEMS112. Were diving systems examined and found satisfactory? ☐ ☐ ☒**14.7 SAFETY OF NAVIGATION**113. Does the unit comply with the requirements of the Convention on the International Regulations for Preventing Collisions at Sea in force? ☒ ☐ ☐**14.8 EMERGENCY PROCEDURES**114. Has a person in charge been designated and is he well aware of the characteristics of the unit and his responsibilities? ☒ ☐ ☐115. Is there a sufficient number of trained and certificated persons on board for manning of survival craft and supervision? ☒ ☐ ☐116. Has a muster list, with all necessary information, been verified on board? ☒ ☐ ☐**14.9 EMERGENCY INSTRUCTIONS**117. Have illustrations and instructions been conspicuously displayed at muster stations, control positions, working spaces, and accommodation spaces to inform all on board? ☒ ☐ ☐**14.10 TRAINING MANUALS**118. Is a training manual complying with Regulation III/51 of the 1974 SOLAS Convention provided, and relevant information made available to each person on board? ☒ ☐ ☐**14.11 PRACTICE MUSTERS AND DRILLS**119. Has one abandon unit drill and one fire drill been conducted every week? 14.11.1 ☒ ☐ ☐120. Have different lifeboats, as far as practicable, been lowered at successive drills? 14.11.3 ☒ ☐ ☐121. Has each lifeboat, as far as practicable, been launched and maneuvered in the water at least once every three months? 14.11.5 ☒ ☐ ☐122. As far as is reasonably practicable, have rescue boats, including lifeboats which are also rescue boat, launched each month with their assigned crew aboard and maneuvered in the water? 14.11.6 ☒ ☐ ☐
Note: In all cases, this requirement should be complied with once every three months.**14.12 ON-BOARD TRAINING AND INSTRUCTIONS**123. Have instructions in the use of unit's lifesaving appliances and in survival at sea been given at the same interval as the drills? 14.12.2 ☒ ☐ ☐124. Has on-board training in the use of davit-launched life rafts, if applicable, been taken place at intervals of no more than four months? 14.12.3 ☒ ☐ ☐

Give last date:

14.13 RECORDS125. Have the date and details of musters, drills, and training been recorded in such log-book as may be prescribed by the Administration? ☒ ☐ ☐

VESSEL

DEEPWATER HORIZON

SID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

REMARKS

Interim Manu CRT issued Reflecting increase
in personnel from 130 to 146.

Manu CRT. Valid until 27 July 2003
pending issuance of tech team

VESSEL

DEEPWATER HORIZON

BSID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

Remarks (Continued)

Lined area for remarks.

VESSEL DEEPWATER HORIZON SID 0139290

Associated REPORT NO. MC330064 DATE 27 FEBRUARY 2003

GENERAL - (COMPLETE "A" WHEN A CONDITIONAL MODU CODE SAFETY
CERTIFICATE IS ISSUED)

A. RECORD OF LIFESAVING APPLIANCES

The lifesaving appliances provide for a total number of 146 persons and no more as follows:

2 Totally enclosed, motor propelled, self-contained air supported, and fire-protected lifeboats *on the starboard side/~~forward~~ capable of accommodating 146 persons. (Reg. 10.2)

2 Totally enclosed, motor propelled, self-contained air supported, and fire-protected lifeboats, *on the port/~~ast~~ side capable of accommodating 146 persons. (Reg. 10.2)

3 Life rafts, capable of floating and breaking free in the event of the unit becoming submerged, *on the starboard side/~~forward~~ and capable of accommodating 25 persons. (Reg. 10.2)

3 Life rafts, capable of floating and breaking free in the event of the unit becoming submerged, *on the port side/~~aft~~ and capable of accommodating 25 persons. (Reg. 10.2)

— Life raft capable of accommodating _____ persons stowed as far *forward/aft in addition to the life rafts provided in the above (Reg. 10.2.3) (surface unit only).

1 Rescue boat 15 included in the total lifeboats shown above. (Reg. 10.7)

195 Lifejackets complying with Regulation III/32.1 or III/32.2 of the 1974 SOLAS Convention. (Reg. 10-10)

— Immersion suits complying with Regulation III/33 of the 1974 SOLAS Convention. (Reg. 10-11)

13 Lifebuoys complying with Regulation III/31 of the 1974 SOLAS Convention. (Reg. 10.12)

EITHER ATTACH OR SKETCH A DIAGRAM OF LSA ARRANGEMENTS

*Delete as appropriate

VESSEL DEEPWATER HORIZON SSID 0139290
Associated REPORT NO. MC330064 DATE 27 FEB. 2003

MODU CODE SAFETY CERTIFICATE STATUS

Interim
B. IMO MODU Code Safety Certificate was endorsed by the undersigned at the port of Morgans City, La

Date: 27 FEB. 2003

Signed William Hargrave
Wm. Hargrave Surveyor
American Bureau of Shipping

Interim
C. Conditional IMO MODU Code Safety Certificate valid until 27 July 2003 (date) pending rectification
of the following deficiencies was issued. Issuance of fresh Term

DEFICIENCIES

N/A

VESSEL DEEPWATER HORIZON

SID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

D. NOTE: Some Administrations have granted exemptions for units not in full compliance with the MODU Code. Please list exemptions, including the Regulation number:

EXEMPTIONS

CERT# RDF 12298 DATED 8 May 01 - Exempt
from Reg. 23 chapter (RDF)

CERT# 6254 IMMERsion suits Exempted, TPA's
Exempted while rig work @ 32N + 32W Latitudes.

Above CERTs issued by Panama

Date: 27 FEB 2003

Signed


Surveyor

American Bureau of Shipping

Stamp



AMERICAN BUREAU OF SHIPPING

CHECK SHEET ON MARPOL ANNEX I, IOPP SURVEYS

VESSEL DEEPWATER HORIZON ABSID 0139290

Associated REPORT NO. MC330064 DATE 27 FEBRUARY 2003

- ☒ MANDATORY ANNUAL SURVEY (MAS) FOR COMPLIANCE WITH MARPOL 73/78, ANNEX I
☐ INTERMEDIATE (INT) SURVEY FOR COMPLIANCE WITH MARPOL 73/78, ANNEX I
☐ PERIODICAL (RENEWAL) SURVEY FOR COMPLIANCE WITH MARPOL 73/78, ANNEX I

"X" Appropriate Survey

REQUIREMENTS FOR MAS

| I. Documentation: | | REFERENCE. ¹ | YES | NO | N/A |
|--|---|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. | Are certificates for type approval of oil pollution equipment, such as oily water separating equipment, oil filtering equipment, process units, oil content meters, oil/water interface detectors on board? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Does the vessel have valid class certificates? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Are all statutory certificates valid? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Is the IOPP Certificate valid and have all required surveys been carried out within their required windows? | 5, 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Is the Supplement (Form A or B) to the IOPP Certificate on board, and was it reviewed to ensure it has been properly completed to reflect the vessel's equipment and arrangements? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Is an oil record book (Part I) of the required format on board and being properly completed (i.e., proper entries being made)? | 20, Appendix III | <input type="checkbox"/> | <input type="checkbox"/> | |
| a. | Cargo/Ballast Operations (Part II) including proper entries? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are the following manuals and instructions on board: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | approved Operation and Equipment Manual (COW)? | 13B(5) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. | approved Dedicated Clean Ballast Tank Manual (CBT)? | 13A(4) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. | approved loading and stability information per Regulation 25(5)? | 25(5) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. | instructions for the operation of the part flow system if fitted, included in the cargo and ballast handling manuals and COW/CBT Manuals, where applicable? | 18, UI Appendix 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. | approved oil discharge monitoring and control system manual? | 15(3)(c) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. | oil-water separating equipment or filtering system manual? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | approved shipboard oil pollution emergency plan (SOPEP)? state approving authority and date: | (26) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II. Equipment for the control of oil discharge from machinery space bilges | | 9, 10, 16 | | | |
| 1. | Were the following systems and arrangements examined and tested ² , including pumps, piping, and fittings, and found to be properly installed and operating in satisfactory condition. | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| a. | oil filtering equipment: | 16(2)(b), 16(2) '92 | | | |
| 1. | oil filtering equipment (15 ppm) for vessels less than 10,000 GRT? (for vessels 400-9999 GRT) | 16(1) 16(4) '92; Res. A.393(X)/MEPC 60(33) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | oil filtering equipment (15 ppm) with alarm and automatic stopping device? (for vessels 10,000 GRT and above) | 16(2), 16(5) '92; Res. A.393(X)/MEPC 60(33) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ If "UI" appears in the reference, then it refers to the corresponding Unified Interpretation of Annex I of MARPOL 73/78.

² Confirmation of satisfactory operation may be achieved by simulation test or equivalent. At MAS and INT Surveys, simulation tests shall be carried out as far as practicable. If tests are unable to be carried out, state the reason in the Remarks Section. At Renewal Surveys, confirmation of satisfactory operation shall be carried out by simulation tests (For INT/Renewal surveys, also complete items 2-4 of INT Survey part of this check sheet).

| | REFERENCE | YES | NO | N/A |
|--|--|-------------------------------------|--------------------------|-------------------------------------|
| b. arrangements of sludge tank: | MEPC/Circ97 | | | |
| 1. arrangement of sludge tank(s) and discharge piping arrangement, including confirmation that piping to and from sludge tank(s) has no direct connection over board other than the standard discharge connection? | 17(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. is standard discharge connection of the required standard dimensions, including 6 bolts and nuts (20mm in diameter) and its gasket of oil-proof material, on board and in satisfactory condition? | 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. was a connection made with the standard discharge connection and the piping and found satisfactory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. any recognized homogenizers, incinerators, etc. for the control of sludge when the size of the sludge tank is approved on the basis of such installation (include test of the equipment)? | 17(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Were the arrangements of the fuel oil and water ballast systems examined and found to be physically separated and in satisfactory condition? | 14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was it confirmed that oil is not carried in a forepeak tank or a tank forward of the collision bulkhead? | 14(4), (5) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III. Requirements for cargo spaces of oil tankers | | | | <input checked="" type="checkbox"/> |
| 1. Was it verified as far as practicable that there was no leakage from those ballast lines passing through cargo tanks and those cargo lines passing through ballast tanks (Applies to SBT and CBT)? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were the CBT pump, pipe, and valve arrangements found in accordance with the approved CBT Operations Manual? | 13A(4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were the CBT examined by sighting and found to contain no oil contamination? | 13A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were SBT pump, pipe, and valve arrangements found in accordance with requirements for SBT systems and having no interconnection with the cargo oil system? | 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Where a portable spool piece is provided for emergency discharge of SBT by 17) cargo pumps, were non-return valves fitted on the SBT connections examined and considered satisfactory, and is the spool piece in satisfactory condition mounted in a conspicuous position in the pump room with a permanent notice restricting its use? | UI 1(17) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were the SBT examined by sighting and found to contain no oil contamination? | 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If the vessel is operating with special ballasting arrangements, are the approved arrangements and operational procedures being complied with? | 13D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ³ Were the oil discharge monitoring and control system, including piping, and its associated equipment examined and tested in operation in accordance with the guidelines developed by IMO and found in satisfactory working condition, including the following: | 15(3)(a); Res. A.496(XII) or (²) Res. A.586(14) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. the manual and automatic means to stop the discharge of effluent? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. the oil discharge monitor, including tests of audible and visual alarms, indicators/meters, recorders, and verifying that spare consumables for the recorders are provided? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. were records for recording devices sighted on board? | | <input type="checkbox"/> | <input type="checkbox"/> | |

³ Operation may be simulated. At MAS/INT Surveys, simulation tests shall be carried out as far as practicable. If simulation tests are unable to be completed, state reason in the Remarks Section. At Renewal Surveys, confirmation of satisfactory operation shall be carried out by simulation test. Refer to Appendix I, the last page of this check sheet, for guidelines on functional test of oil discharge monitoring and control system. The appendix may be used when carrying out simulation tests of the ODMC system and need not be submitted to CDC. However, the Appendix shall be retained by the local office in accordance with common procedure, Storage and Retention of Controlled Documents and Quality Records, UWZ-999-99-P01.

(²) Applicable to all tankers keel laid after 2 October 1986.

VESSEL

DE WATER HORIZON

ABSID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

REFERENCE YES NO N/A

| | | | | | |
|------------------|---|--------------|--------------------------|--------------------------|--------------------------|
| d. | the starting interlock? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Was the slop tank(s) arrangement, including associated piping, externally examined and found satisfactory, including verification that no unauthorized discharge bypass is fitted? | 15(2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Were the oil/water interface detectors of approved type and in satisfactory condition? | 15(3)(b) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | Were the following pumping, piping, and discharge arrangements examined and found satisfactory: | 18 | <input type="checkbox"/> | <input type="checkbox"/> | |
| a. | dirty ballast discharge piping? | 18(1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. | oil contaminated water discharge piping? | 18(2) | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. | means of draining cargo pumps and lines? | 18(4)(b) | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. | the stripping device and the connections for pumping to the slop tanks, cargo tanks, or ashore? | 18(4)(b) | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. | the communication system between the contaminated water observation position and discharge control position (including a test of the system), or the means to stop the discharge from a position on the upper deck if a communication system is not provided? | 18(3) | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. | the part flow system, where fitted? | 18(6)(e)(ii) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. ⁴ | Was the COW system as far as could be seen, arranged as outlined in the Operations and Equipment Manual ⁵ , and in particular, were the following verified: | 13B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | were Inert Gas System Surveys up-to-date? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. | were the piping, pumps, valves, and deck machines examined for signs of leakage and found satisfactory? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. | were COW branch lines, anchoring devices and flexible connections examined and found intact and secure? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. | when the drive units are not integral with the tank cleaning machines, are there sufficient operational drive units on board as specified in the Operational and Equipment Manual? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | was it checked that, when fitted, steam heaters for water washing can be properly isolated during crude oil washing operations, either by double shut-off valves or clearly identifiable blanks? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | were the prescribed means of communication between the deck watchkeeper and the cargo control position checked to ensure it is operational and in satisfactory condition? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| g. | was it confirmed that an over pressure relief device (or other approved arrangement) is fitted to the pumps supplying the crude oil washing system and that this device is in satisfactory condition? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| h. | were flexible hoses for use in COW on combination carriers an approved type, properly stored, and in good condition/properly marked? | | <input type="checkbox"/> | <input type="checkbox"/> | |

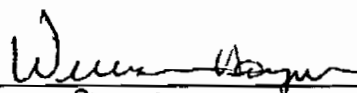
⁴ For IOPP Renewal surveys, complete item 3 of the renewal survey instead of item III.11 of the MAS.

⁵ If an alteration has been made that affects the COW system, the Operations and Equipment Manual shall be revised accordingly.

⁶ If upon examination there is any doubt as to the condition of the COW piping, hydrostatic testing at working pressure shall be required. Particular attention shall be paid to any repairs such as welded doublers.

VESSEL DEEPWATER HORIZON ABSID 0139290
 Associated REPORT NO. MC330064 DATE FEBRUARY 2003

| | REFERENCE | YES | NO | N/A |
|---|-----------|-------------------------------------|--------------------------|-------------------------------------|
| 12. ⁷ Was the effectiveness of the COW system verified, as far as practicable, and in particular were the following verified: ⁸ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. were crude oil washing machines checked, as far as practicable, to ensure they are operable? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. when the survey is carried out during crude oil washing operations, was the proper operation of the washing machines observed by means of the movement indicators and/or sound patterns or other approved methods? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. was the effectiveness of the stripping system in appropriate cargo tanks checked, as far as practicable by observing the monitoring equipment and by hand-dipping or other approved means? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Was the IOPP Certificate endorsed? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Was it confirmed that no unproved modifications have been made to the ship or its equipment? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were any changes noted to have been made on board that would affect the IOPP Certificate Supplement since its initial issuance? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| a. If yes, was the supplement reissued if necessary? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. If no, was the following proviso listed on the reissued certificate: "Certificate is only valid when Supplement Form A(B) issued at _____ on _____ is attached"? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Was Master advised to retain new or previous Supplement and to keep it attached to the new certificate? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If major/minor outstanding deficiencies were found, was survey procedure, Statutory Surveys, SWZ-002-02-P02, referred to for special instructions? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |


 Surveyor

⁷ For INT Surveys, also complete item 5 of the INT Survey part of this check sheet. For IOPP Renewal surveys, complete item 3 of the Renewal Survey instead of item III.12 of the MAS.

⁸ If any items cannot be examined or tested, the surveyor shall indicate the reason why in the remarks section.

VESSEL DE WATER HORIZON ABSID 0139290Associated REPORT NO. MC330064 DATE 27 FEBRUARY 2003

REFERENCE YES NO N/A

ADDITIONAL REQUIREMENTS FOR INTERMEDIATE SURVEY

☒

| | | | | | |
|-----------------|---|------------|--------------------------|--------------------------|--------------------------|
| 1. | Were the requirements for the IOPP MAS satisfactorily completed? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Was the oily-water separating equipment or oil filtering equipment or process unit, where fitted, including associated pumps, piping, and fittings examined for wear and corrosion and found satisfactory? | 9, 10, 16 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Was the oil content meter (15 ppm alarm and bilge monitor) checked for obvious defects, deterioration or damage and found satisfactory? | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | For the oil content meter, was the record of calibration checked against the manufacturer's operation and instruction manual? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ⁹ | For crude oil washing systems, did the survey also include the following (In addition to items III.11 and 12 of the MAS): | 13B | | | <input type="checkbox"/> |
| a. | was crude oil washing piping outside the cargo tanks examined and found satisfactory? ¹⁰ | | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. | were the isolation valves for steam heaters for water washing, when fitted, tested to ensure they are operating satisfactorily? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | were at least two selected cargo tanks examined for the express purpose of verifying the continued effectiveness of the COW and stripping systems and found satisfactory? ¹¹ | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | In addition to item III.7 of the MAS, was the oil discharge monitoring and control system and oil content meter for cargo spaces examined for obvious defects, deterioration, or damage and found satisfactory? | 15(3)(a) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Was the manual and/or remote operation of the individual tank valves (or other similar devices) that are required to be kept closed at sea in accordance with Regulation 24 tested and found satisfactory? | 24(5), (6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Was the satisfactory operation of the oil/water interface detectors confirmed? | 15(3)(b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Was the IOPP Certificate endorsed? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Was it confirmed that no unproved modifications have been made to the ship or its equipment? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If major/minor outstanding deficiencies were found, was survey procedure, Statutory Surveys, SWZ-002-02-P02, referred to for special instructions? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Surveyor⁹ For IOPP Renewal Surveys, complete item 3 of the Renewal survey instead of item 5 of the INT Survey.¹⁰ If there is any doubt as to the condition of the COW piping, hydrostatic testing at working pressure shall be required. Particular attention shall be paid to any repairs such as welded doublers.¹¹ The scope or particulars of this examination need not be in accordance with paragraph 4.2.10(a) of the Revised COW Specifications (resolution A.446(XI)).

ADDITIONAL REQUIREMENTS FOR RENEWAL SURVEY

| | | | | | |
|----|---|------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Were the applicable requirements for the MAS satisfactorily completed? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Were the applicable requirements for the INT Survey satisfactorily completed? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Instead of items III. 11 and 12 of the MAS and item 5 of the INT Survey for COW : systems, were the following verified | 13B | | | <input type="checkbox"/> |
| a. | were the COW piping, pumps, valves, and deck mounted washing machines examined for signs of leakage and found satisfactory? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. | were all anchoring devices for COW piping examined to ensure they are intact and secure? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. | was COW piping pressure tested to at least the working pressure and found satisfactory? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. | was it confirmed in those cases where drive units are not integral with the tank washing machines, that the number of operational drive units as specified in the COW Manual are on board? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | was it confirmed, by completing internal tank inspection, that the internal equipment and arrangements remain satisfactory? ¹² | | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. | were steam heaters for water washing, when fitted, checked to ensure they can be properly isolated during COW operations, either by double shut-off valves or by clearly identifiable blanks and found satisfactory? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | when isolation valves are fitted, were they disassembled, internally examined, and found satisfactory? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | was the prescribed means of communications between the deck watch keeper and the cargo control position checked to confirm it is operational? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | was it confirmed that an overpressure relief device is fitted to the pumps supplying the COW system and in satisfactory condition? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| j. | was it confirmed that the flexible hoses for supply of oil to the washing machines on combination carriers are of an approved type, are properly stored, and are in satisfactory condition? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | was it confirmed that the COW system is installed in accordance with the Revised Specifications for the Design, Operation and Control of COW and was it verified that no unapproved modifications have been made? | Res. A.446(XI) & Res. A.497(XII) | <input type="checkbox"/> | <input type="checkbox"/> | |
| l. | was the effectiveness of the COW system verified in accordance with paragraph 4.2.10 of the Revised COW Specifications and found satisfactory. In particular, were the following verified if possible and practicable ¹³ : | Res. A.446(XI) and Res. A.497(XII) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1. | checked the system to confirm the COW machines are operable and to observe the proper operation of the washing machines by means of the movement indicators and/or sound patterns or other approved means? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | was the efficiency of the stripping system confirmed by: | | | | |
| a. | observing the monitoring equipment; and | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | observing the hand dipping of the tanks? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹² This inspection may be made in conjunction with the internal examination of cargo tanks for class purposes or for SLC surveys completed within 6 months prior to or after the date of the renewal survey.

¹³ The discharge of ballast through an ODMC, which has been surveyed to confirm its satisfactory operation, or analysis of ballast water samples are acceptable alternatives to the internal examination of cargo tanks.

VESSEL

D WATER HORIZON

ABSID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

REFERENCE YES NO N/A

3. was a measurement of oil on top of departure ballast made, and was the ratio of the volume of oil to the tank volumes below 0.00085?

☐ ☐ ☐

4. was the arrival ballast discharged through an approved monitoring system, and was the concentration of oil in the arrival ballast not in excess of 15 ppm?

☐ ☐ ☐

5. were at least two cargo tanks internally examined after crude oil washing to confirm that the installation and operational procedures laid down in the Operations and Equipment Manual are satisfactory?¹⁴

☐ ☐ ☐

CARRIAGE AND DISCHARGE OF OIL-LIKE SUBSTANCES FALLING UNDER CATEGORY C OR D CARRIED ON OIL TANKER AS DEFINED IN ANNEX I¹⁵

☐

1. Does the vessel comply with the provisions of Annex I of the present Convention as applicable to product carriers as defined in that Annex?

☐ ☐ ☐

2. Does the ship carry a valid International Oil pollution Certificate and its Supplement B?

☐ ☐ ☐

3. For Category C does the ship comply with the ship type 3 damage stability requirements of:

a. the International Bulk Chemical Code for ships constructed on or after 1 July 1986; or

☐ ☐ ☐

b. the Bulk Chemical Code as applicable under Regulation 13 of this Annex, in the case of a ship constructed before 1 July 1986?

☐ ☐ ☐

4. Is the oil content meter in the oil discharge monitoring and control system of the ship approved by the Administration for use in monitoring the oil-like substances?

☐ ☐ ☐

IOPP CERTIFICATE: ENDORSED / INTERIM / CONDITIONAL ISSUED UNTIL

PENDING

Was it confirmed that no unproved modifications have been made to the ship or its equipment?

☐ ☐ ☐

If major or minor outstanding deficiencies were found, did the surveyor refer to survey procedure, Statutory Surveys, SWZ-002-02-P02 for proper instructions?

☐ ☐ ☐

Remarks Section:

Surveyor

¹⁴ The scope or particulars of this examination need not be in accordance with paragraph 4.2.10(a) of the Revised COW Specifications (A.446(XI)).

¹⁵ To be completed at MAS, INT, and Renewal Surveys, if applicable.

Appendix I¹⁶**GUIDELINES FOR FUNCTIONAL TEST OF THE OIL DISCHARGE MONITORING AND CONTROL (ODMC) SYSTEM**

The functional test referred to in paragraphs 8.1.8 and 11 of IMO Resolution A.586 (14) should include all the following tests when the monitoring system is operating on water (Indicate YES, NO, N/A)

| | REFERENCE | YES | NO | N/A |
|--|-----------|--------------------------|--------------------------|--------------------------|
| 1. Checking correct running of the pumps, absence of leakage in the sample pumping and piping system, correct functioning of remote controlled sampling valves, etc. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Checking, by flow rates or pressure drops, that the system operates under correct flow conditions. This test should be repeated separately for each sampling point | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Checking that alarms function correctly when a malfunction occurs external to the monitoring system such as no sample flow, no flow meter signal, power failure, etc. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Checking the recordings for correct values and timing by varying the simulated input signals manually; checking proper recordings by varying the manual input signals until alarm conditions are obtained; and for category A monitoring system, ascertain that the overboard discharge control is activating, and check that the action is being recorded. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Checking that normal operating condition can be reset when the value of instantaneous rate of discharge is reduced below 30 liters per nautical mile. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Checking that a recording is made when the manual override control is activated; and that for a category A monitoring system, the overboard discharge control can be operated. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Turning off the system, and for a category A monitoring system, checking that the overboard discharge control cannot be operated. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Starting up the system, and checking the zero gain setting for the oil content meter in accordance with the manufacturer's operations and technical manual. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Checking the accuracy of any installed flow meter, for example, by pumping water in a loop where the flow rate may be calculated from the level change in a tank. The check should be made at a flow rate of about 50% of the rated flow of the flow meter. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹⁶ This appendix may be used when completing functional tests of ODMC systems. It need not be submitted to CDC along with the check sheet for IOPP Surveys. However, it shall be retained by the local office in accordance with common procedure, Storage and Retention of Controlled Documents and Quality Records, UWZ-999-99-P01.

CERTIFICATE OF ANNUAL THOROUGH EXAMINATION OF GEAR THAT DOES NOT REQUIRE TO BE PERIODICALLY HEAT-TREATED, AND FOR ANNUAL INSPECTION OF CARGO GEAR OR CRANES.

This Certificate when properly executed by a competent person is accepted by the Government of the United States of America as being in accordance with the requirements of 46 CFR Part 91, Subchapter I-A and 29 CFR 1918.11.

Name of unit or vessel on which lifting appliance is fitted

DEEPWATER HORIZON

Class Number 0139290

| (1) Distinguishing number, marks or location | (2) Description of gear* | (3) Number & Date of Certificate of Test and Examination | (4) Condition found and Repairs effected |
|---|--|--|--|
| One (1) Liebherr Marine Crane Located Port Side. Serial no. 170159 | Diesel Driven Hydraulically Powered Pedestal Mounted Marine Crane With 48 Meter Reach | UL-10865-CHG. 23 FEBRUARY 2001 | SATISFACTORY |
| One (1) Liebherr Marine Crane Located Stbd. Side. Serial no. 170160 | Diesel Driven Hydraulically Powered Pedestal Mounted Marine Crane With 48 Meter Reach | UL-10865-CHG. 23 FEBRUARY 2001 | SATISFACTORY |
| One Palfinger PKM 700 T Pipehandler Located Main Deck Fr. 28 Serial No. 9891187 | Electro Hydraulic Pedestal Mounted Pipehandler Revolving Knuckle Boom Crane | UL-10865-CHG. | SATISFACTORY |
| One (1) Hydralift Gantry Crane Located Aft. Serial No. T2087 | Electro Hyd. Transversely Traveling Riser Pipe Gantry Crane | UL-11921-CHG. | SATISFACTORY |
| Cargo Gear Register Booklet UL- 10865-Chg Issued In Ulsan, Korea On 23 Feb. 2001 Was Endorsed At This Time | Crane Hooks Were Examined With The Use Of Liquid Dye Penetrant Examination And Found Satisfactory | | |

- Cranes were examined in accordance with the current "ABS Guide for Certification of Cranes" and in accordance with the American Petroleum Institute (API) "Recommended Practice for operation and Maintenance of Offshore Cranes" API RP 2D Fourth Edition 1999.

* In regard to gear not required to be periodically heat treated, the dimensions of the gear, the type of material of which it is made, and the heat treatment received in manufacture should be stated.

5. Name and address of association making the examination: American Bureau of Shipping.

Port of Survey Morgan City, La.

6. Position of signatory in association: Surveyor to American Bureau of Shipping.

I certify that on the 27th day of February 2003, the above lifting appliance(s) was/were thoroughly examined by a competent person and that no defects affecting its/their safe working condition were found other than those indicated and corrected as noted in Column 4.

(Date) 27 February 2003

NOTE: For list of gear not required to be treated and definition of thorough examination, see reverse side.

For the purpose of this certificate a competent person is defined as a Surveyor of a Classification Society or other recognized certifying agency.

In substantial agreement with I.L.O. Part II

William Haynie

 WILLIAM HAYNIE, Surveyor
 MORGAN CITY SURVEYOR

INSTRUCTIONS

Gear not required to be heat treated, but required to be thoroughly examined by a competent person once at least in every twelve months:

Plate-link chains.

Pitched chains.

Rings, hooks, shackles, and swivels permanently attached to pitched chains, pulley blocks or weighing machines.

Hooks and swivels having ball bearings or other case-hardened parts.

Bordeaux connections.

Gear constructed of steel.

NOTE: "Thorough examination" refers to a visual examination, supplemented (if necessary) by other means, such as a hammer test, carried out as carefully as conditions permit in order to arrive at a reliable conclusion as to the safety of the parts examined; if necessary for the purposes, parts of the machines or gear must be dismantled.

For additional requirements of the American Bureau of Shipping see "Requirements for Certification of Construction and Survey of Cargo Gear on Merchant Vessels" and "Guide for Certification of Cranes".

NOTE: This Certificate evidences compliance with one or more of the Rules, guides, standards or other criteria of American Bureau of Shipping and is issued solely for the use of the Bureau, its committees, its clients or other authorized entities. This Certificate is a representation only that the structure, item of material, equipment, machinery or any other item covered by this Certificate has met one or more of the Rules, guides, standards or other criteria of American Bureau of Shipping. The validity, applicability and interpretation of this Certificate is governed by the Rules and standards of American Bureau of Shipping who shall remain the sole judge thereof. Nothing contained in this Certificate or in any Report issued in contemplation of this Certificate shall be deemed to relieve any designer, builder, owner, manufacturer, seller, supplier, repairer, operator or other entity of any warranty express or implied.

AMERICAN BUREAU OF SHIPPING

CARGO GEAR ANNUAL AND RETESTING SURVEY CHECK SHEET

VESSEL DEEPWATER HORIZON

ABSID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

YES NO N/A

ANNUAL CARGO GEAR SURVEY

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1. All gear as noted in the Cargo Gear Register was examined as follows and found satisfactory: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. CRANES: Visually inspected the crane structure, and crane hooks for deformation, excessive wear, corrosion, and damage or fractures. For Drilling Units crane hooks were non-destructive tested. Externally examined and operational tested as applicable, the crane machinery, safety protective and limiting devices, and wire rope and end attachment. Carried out functional tests. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. BOOMS: All structural parts, including winches, booms, stayed masts, pins and connections, wire ropes, chains, rings, hooks, links, swivels, and blocks were visually examined. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Endorsed Cargo Gear Register and issued CHG-7 Certificate. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

CARGO GEAR RETESTING SURVEY

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 3. (All of the)(Part of) cargo gear load tested. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Post test examination of all gear carried out as follows and found satisfactory. | | | |
| a. CRANES: Examined each crane, together with all critical accessories, including foundation, sheaves and rope guides, wire ropes including end connections, hoist machinery, brakes and clutches, hooks, slewing assembly and bolting arrangements for permanent deformation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. BOOMS: Examined all cargo gear, with the whole of the gear accessory thereto, all chains, rings, hooks, links, shackles, swivels, pulley blocks or other loose gear for permanent deformation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Calibration of test equipment used in the process was verified as noted below: | <input type="checkbox"/> | | <input type="checkbox"/> |
| a. Review of Equipment Calibration Record(s). | <input type="checkbox"/> | | <input type="checkbox"/> |
| b. Other: _____ | | | |
| 6. Annual Cargo Gear Survey was carried out. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Endorsed Cargo Gear Register and issued appropriate Certificate. | <input type="checkbox"/> | <input type="checkbox"/> | |

Additional Requirements for NIS Lifting Gear Certificate

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 8. Examination carried out as noted above, on all gear noted on NIS Lifting Gear Certificate. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| a. Annual Survey carried out and Certificate endorsed. | <input type="checkbox"/> | | <input type="checkbox"/> |
| b. Retesting Survey carried out and NIS Lifting Gear Certificate issued. | <input type="checkbox"/> | | <input type="checkbox"/> |

Additional Requirements for Hellenic Lifting Appliances Certification

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 9. Has the process instruction been referred to and has due consideration been given to the Attachments (as applicable) referenced in the process instruction? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Have logbook entries of the periodical [three (3) month] inspections of the lifting appliances by the vessel's crew, as required by the administration, reviewed and records considered satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If not, has the vessel's master been advised accordingly and relevant remark noted in the survey report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If the vessel is provided with a shipboard elevator installation. | | | <input type="checkbox"/> |
| a. Have the requirements of Periodical Annual Elevator Survey satisfactorily carried out as noted on the attached CG-Elevator-Greece check sheet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. At owners request, the elevator installation has been satisfactorily decommissioned as noted on (form A.B. Sum B)(corresponding Narrative Report). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Requires an annual cargo gear survey be carried out.

Should all gear not be tested, survey not to be considered complete. Gear tested/remaining to be tested to be noted on form A.B. Sum B.

Cargo Gear

Cargo Gear, Lifting Gear, and Elevator Surveys, SWZ-002-02-P03-W051

Check Sheet A - Rev. 6

Page 1 of 2

ABSDWH003373

DHCIT_TPY-0010748

AMERICAN BUREAU OF SHIPPING
PROCESS INSTRUCTION CHECKSHEET ON COMPLETION OF SURVEYS

VESSEL DEEPWATER HORIZON ABSID 0139290

Associated REPORT NO. MC330064

DATE 27 FEBRUARY 2003

YES NO N/A

COMPLETION OF OUTSTANDING DEFICIENCIES

1. Details of outstanding deficiencies were obtained from onboard (AB SUM B) (vessel's Survey Status) (previous attending port).

☒

2. Survey of outstanding deficiencies items was carried out, referencing appropriate Process Instructions.

☒

3. Details of items examined, and outstanding deficiencies complied with, were reported on form AB SUM B or AB 141 as required, with reference made to the original report number.

☒

☐

4. Outstanding deficiencies partially complied with. Remaining items noted on AB SUM B

☐

☒

5. Certificates endorsed or issued as noted on AB SUM B

☒

☐

COMPLETION OF

Modification

SURVEY¹

☐

1. Details of remaining items of survey were obtained from onboard (AB SUM B) (vessel's Survey Status) (previous attending port).

☒

2. Survey of remaining items was carried out, referencing appropriate Process Instructions and items examined found in satisfactory condition.

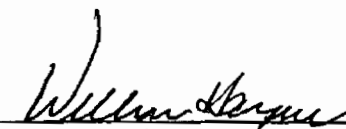
☒

☐

3. Details of items examined, were reported on form AB SUM B with reference made to the original report number.

☒

☐


WILLIAM HAYNIE Surveyor

¹ This checksheet may be used for completion of a small number of items remaining to be surveyed. When a substantial amount of survey items remain to be completed, the full process instruction check sheet is to be submitted.



Radio Holland USA Inc.
5515C Pepsi St.
Harahan, LA 70123
e-mail : rhneworleans@radiohollandusa.com

Fax : 504-733-4027
Tel : 504-733-4024
© Copyright Radio Holland Group

Annual testing of 406 MHz SATELLITE EPIRB

REF CIRC MSC 1040 (75)

Ship's name : Deepwater Horizon
Call sign : H3SM
MMSI number : 352776000
Make and Type EPIRB : Jotron 40S Serial nr.: 01973

| | VERIFIED | COMMENTS |
|--|-------------------------------------|--------------------------------|
| 1.a Checked location : | <input checked="" type="checkbox"/> | |
| 1.b Checked float free mounting : | <input checked="" type="checkbox"/> | |
| 2.a Checked presence of lanyard | <input checked="" type="checkbox"/> | |
| 2.b Checked neatly stowage of lanyard : | <input checked="" type="checkbox"/> | |
| 2.c Checked lanyard not fastened to bracket or vessel : | <input checked="" type="checkbox"/> | |
| 3. Visual inspection for defects : | <input checked="" type="checkbox"/> | |
| 4. Carrying out the self-test routine : | <input checked="" type="checkbox"/> | <u>ACQ9C7153403401</u> |
| 5. Checking of markings, | | |
| 5a. Correct labelling of decoded EPIRB Identification nr. <input checked="" type="checkbox"/> 15 HEX ID | | |
| <input checked="" type="checkbox"/> MMSI : <u>352776000</u> or <input type="checkbox"/> CALL SIGN : _____ or <input type="checkbox"/> SERIALISED : _____ | | |
| 5.b Brief operating instructions : | <input checked="" type="checkbox"/> | |
| 5.c | | |
| (8) Expiry date of battery : | <input checked="" type="checkbox"/> | Expiry Date : <u>DEC. 2005</u> |
| 5.d EPIRB serial number : | <input checked="" type="checkbox"/> | |
| 5.e Checked maintained by SBM provider, at intervals | | |
| (12) required by the Administration | <input checked="" type="checkbox"/> | <u>DEC 2005</u> |
| 5.f Due date service SBM provider : | <input checked="" type="checkbox"/> | <u>DEC - 2005</u> |
| 6. Checked decoded signal corresponds with marking : | <input checked="" type="checkbox"/> | |
| 7. Checked registration of decoded signal by | | |
| documentation of flag state authority : | <input checked="" type="checkbox"/> | |
| 9. Checking of expiry date of Hydrostatic release : | <input checked="" type="checkbox"/> | Expiry Date : <u>SEPT. 03</u> |
| 10. Checking emission in the 406 MHz band using the | | |
| self-test mode or appropriate device to avoid | <input checked="" type="checkbox"/> | |
| transmission of a distress signal to the satellites : | | |
| 11. If possible checking emission in the 121.5 MHz band | | |
| using the self-test mode or an appropriate device to | <input checked="" type="checkbox"/> | |
| avoid activating the satellite system : | | |
| 13. After test, remounting EPIRB in its bracket, checking | <input checked="" type="checkbox"/> | |
| that no transmission has been started : | | |
| 14. Verifying the presence of operation manual : | <input checked="" type="checkbox"/> | |

Port : New Orleans Technician / Surveyor
Date : 20 Jan. 2003 Name : Larry Morales

RADIO HOLLAND U.S.A. NOLA

LARRY J. MORALES

FCC #DB-CB-0132057

ABSDWH003375

AMERICAN BUREAU OF SHIPPING
PROCESS INSTRUCTION CHECKSHEET OF SOLAS SURVEY - R-GMDSS

VESSEL DEEPWATER HORIZON ABSID 0139290

Associated REPORT NO. MC 330064 DATE 20 JAN 2003

SLR-GMDSS INITIAL/RENEWAL SURVEY

NAT TONNAGE 32,588 DATE KEEL LAID 21 MAR 2000

PORT OF REGISTRY PANAMA

CALL SIGN H3SM MMSI NUMBER: 352776000

IMO NUMBER 8764597 OFFICIAL NUMBER 29273-PEXT

TELEX ID NUMBER (NBDP) 7600 INMARSAT ID NUMBERS 435277610

ADDITIONAL NUMBERS _____

SEA AREA IN WHICH VESSEL IS CERTIFIED TO OPERATE:⁽¹⁾ A1 ☒ A2 ☒ A3 ☒ A4 ☐

1. Ship's Radio Station License No.: 29762-CH Expiration Date: 12 NOV 05

Issued by: REPUBLIC OF PANAMA

2.⁽¹⁾ Radio Personnel's Certificate of Competency:

No. 1

No. 2

No. 3

Name: DANIEL KNIGHT RUDOLPH SEAN P KELLY

Class of Certificate: G.O.C.

Primary Responsible ☒ ☐ ☐

Date of Issuance: 5 NOV 2002 7 NOV 2000

Date of Expiration: 26 MAR 2007 7 NOV 2005

Administration: REPUBLIC OF PANAMA REPUBLIC OF PANAMA

LR # 996783 LR # CT 30898

REFERENCE YES NO N/A

3. Are radio log entries in accordance with radio requirements, SOLAS and Administration requirements? 19 ☒ ☐ ☐

4. Has the vessel been exempted by the Administration from meeting the requirements of the Convention? ☐ ☒

a. Administration: _____

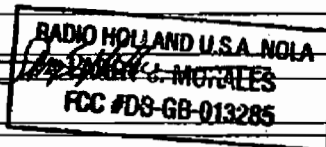
b. Reference number: _____

Valid until: _____

c. Details: _____

5. Radio Technician's name: LARRY J. MORALES

Organization: RADIO HOLLAND



6. Radio Technician has been accepted by ABS as an external specialist. ☒ ☐

⁽¹⁾ Check all that apply.

⁽¹⁾ Per Regulation IV/6 of the GMDSS Amendments any one of the radio personnel shall be designated to have primary responsibility for radio communicative during distress incidents. If additional space is needed for other radio personnel, attach sheet including information indicated in item 2 above.

VESSEL Deepwater HorizonASSID 0139290Associated REPORT NO. MC 330064DATE 22 Jan 03

| | YES | NO | N/A |
|---|-------------------------------------|--------------------------|-----|
| f. Checked operation of the VHF control unit(s) of portable VHF equipment provided for navigational safety from bridge wings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| g. Checked for correct operation by on-air contact with a coast station or other ship. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| h. Checked that correct DSC number is programmed into the unit. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| i. Checked that DSC distress procedure and DSC number are clearly displayed near the unit. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| j. Checked compliance with IMO performance standards. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. VHF DSC controller and Channel 70 DSC watch receiver. | | | |
| Make/model: <u>SAILOR RT 4822</u> | | | |
| Make/model: _____ | | | |
| a. Performed an off-air check confirming the correct Maritime Mobile Service Identity is programmed in the equipment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Checked for correct transmission by means of a routine or test call to a coast station, other ship, on board duplicate equipment or special test equipment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Checked for correct reception by means of a routine or test call from a coast station, other ship, on board duplicate equipment, or special test equipment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| d. Checked the audibility of the VHF/DSC alarm. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| e. Checked that the equipment operates from the main, emergency (if provided) and reserve sources of energy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| f. Checked for compliance with IMO performance standards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| g. Checked DSC alerting available from conning position. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10. MF/HF radiotelephone equipment. | | | |
| Make/model: <u>SAILOR RE2100/T2130</u> | | | |
| Make/model: _____ | | | |
| a. Checked that the equipment operates from the main, emergency (if provided), and reserve sources of energy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Checked antenna tuning in all appropriate bands. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Checked that equipment is within frequency tolerance on all appropriate bands (10 KHz). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| d. Checked for correct operation by contact with a coast station and/or measure RF power output and VSWR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| e. Checked receiver performance by monitoring known stations on all appropriate bands. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| f. Checked that the control unit on the bridge has first priority for the purpose of initiating distress alerts, if control units are provided outside the navigational bridge. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| g. ⁴ Checked for correct operation of the radiotelephone alarm generating device on a frequency other than 2182 KHz by means of a dummy load. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| h. Checked for compliance with IMO performance standards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11. MF/HF radio telex equipment | | | |
| Make/Model: <u>RM 2151/H2098 (SAILOR)</u> | | | |
| a. Checked that the equipment operates from the main, emergency (if provided), and reserve sources of energy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Confirmed that the correct selective calling number is programmed in the equipment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Checked correct operation by inspection of recent hard copy or by a test with a coast radio station. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

⁴ Required until 1 February 1999

VESSEL DeepWaterABSID 0139280Associated REPORT NO. ME 330064DATE 20 Jan 03

YES NO N/A

d. Checked for compliance with IMO performance standards.

☒ ☐

12. MF/HF DSC controller(s).

Make/model:

SAILOR RM 2150 2151

a. Checked that equipment operates from the main, emergency (if provided), and reserve sources of energy.

☒ ☐

b. Confirmed that the correct Maritime Mobile Service Identity is programmed in the equipment.

☒ ☐

c. Checked the off air self test program.

☒ ☐

d. Checked operation by means of a test call on MF and/or HF to a coast radio station if the rules of the berth permit the use of MF/HF transmissions.

☒ ☐

e. Checked the audibility of the MF/HF DSC alarm.

☒ ☐

f. Checked for compliance with IMO performance standards.

☒ ☐

g. Checked DSC alerting from conning position available.

☒ ☐

13. MF/HF DSC watch receiver(s)

Make/model:

SAILOR RM 2150

a. Confirmed that only DSC channels indicated in Regulations IV/9, 10, 11, and 12 are being monitored.

☒ ☐

b. Checked that a continuous watch is being maintained while keying MF/HF radio transmitters.

☒ ☐

c. Checked for correct operation by means of a test call from a coast station or other ship.

☒ ☐

14. Radiotelephone distress frequency watch receiver.

Make/Model:

N/AN/A

a. Checked the operation of the mute/demute.

☐ ☐

b. Checked the sensitivity of the receiver.

☐ ☐

c. Checked the audibility of the loudspeaker.

☐ ☐

15. INMARSAT Ship Earth Station(s)

| | NR 1 | NR 2 | NR 3 |
|-------------|----------------------|------|------|
| Make/Model: | <u>SAILOR H2095B</u> | | |

Specify Type: A ☐ B ☐ C ☒Specify Basic or Duplication: DUPLICATION

a. Checked that the equipment operates from the main, emergency (if provided), and reserve sources of energy, and that where an uninterrupted supply of information from the ship's navigational or other equipment is required ensuring such information remains available in the event of failure of the ship's main or emergency source of electrical power.

☒ ☐

b. Checked the distress function by means of an approved test procedure, where possible.

☒ ☐

c. Checked for correct operation by inspection of recent hard copy of test call by telex or telephone.

☒ ☐

d. Checked distress function only if permitted to carry out test by the coast earth station.

☒ ☐

e. Checked for compliance with IMO performance standards.

☒ ☐

16. NAVTEX equipment.

Make/model:

FURUNO NX-500

a. Checked for correct operation by monitoring incoming messages or inspecting recent hard copy.

☒ ☐⁵ Required until 1 February 1999.

VESSEL Deepwater Horizon ABSID 0139280
 Associated REPORT NO. MC 330064 DATE 20 Jan 03

| | YES | NO | N/A |
|--|-------------------------------------|--------------------------|-----|
| b. Performed test run of the self-test program, if provided. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Checked for compliance with IMO performance standards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

17. Enhanced Group Call.

Make/model: _____

| | | | |
|--|-------------------------------------|--------------------------|--|
| a. Checked for correct operation and area by monitoring incoming messages or by inspecting recent hard copy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Performed test run of the self-test program, if provided. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Checked for compliance with IMO performance standards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

18. Float free satellite EPIRB.

Make/model: JOTRON TRON 40SI

| | | | |
|---|-------------------------------------|--------------------------|--|
| a. Checked position and mounting for float free operation. Location: <u>FWD LIFE BOATS</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Carried out visual inspection for defects. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Carried out the self-test routine. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| d. Checked that the EPIRB ID is clearly marked on the outside of the equipment, decoding the EPIRB identity number confirming it is correct. Identity number: <u>40907133703401</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| e. Battery expiry date: <u>NOV. - 2005</u> | | | |
| f. Checked hydrostatic release and its expire date: <u>SEPT-2003</u> | | | |
| g. Checked call sign of ship is marked clearly on the EPIRB. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| h. Frequencies: <u>406.025 MHz 121.5 MHz</u> (some administrations require satellite EPIRBs to also operate on 121.5/243 MHz in addition to 406 MHz). See IMO performance resolution. | | | |
| i. The date system last replaced or overhauled: <u>DEC - 2000</u> | | | |
| j. Checked for compliance with IMO standards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

19. Type of secondary means of alerting: 406.025 EPIRB

20. Two-way VHF radiotelephone apparatus for survival craft.

| | Make / Model | Battery Expiration Date |
|---|--|-------------------------------|
| 1 | <u>SAILOR SP3110 (4) SAILOR SP3110</u> | <u>1) DEC 2004 4 DEC 2004</u> |
| 2 | <u>SAILOR SP3110 (6) SAILOR SP3110</u> | <u>2) DEC 2004 5 DEC 2004</u> |
| 3 | <u>SAILOR SP3110 (6) SAILOR SP3110</u> | <u>3) DEC 2004 6 DEC 2004</u> |

| | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| a. Checked for correct operation on Channel 16 and one other by testing with another fixed or portable VHF installation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Checked the battery charging arrangements where rechargeable batteries are used. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Checked that available channels are in compliance with requirements of flag administration. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Checked the battery expiry dates if primary cells are used. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Checked any fixed installation provided in a survival craft, where appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Checked they are clearly marked with ship's call sign (fixed). | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Checked for compliance with IMO performance standards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

VESSEL Deepwater HorizonABSID 0139280Associated REPORT NO. MC33006YDATE 20 JUL 03

YES NO N/A

21.⁶ Radar transponders.

| | Make / Model: |
|---|--|
| 1 | JOTRON TRON SART 3) JOTRON TRON SART 5) JOTRON TRON SART |
| 2 | JOTRON TRON SART 4) JOTRON TRON SART 6) JOTRON TRON SART |

a. Checked for satisfactory functional test using on board 9 GHz radar, if possible. ☒ ☐ ☐

b. Checked for satisfactory stowage. ☒ ☐

c. Checked for operating instructions. ☒ ☐

d. Checked for sufficient battery capacity for stand-by condition and to provide transmissions. ☒ ☐

e. Checked for clear markings with ship's call sign. ☒ ☐

f. Battery expiration date:

1) JUN 03 3) JUN 03 5) JUN 03

2) JUN 03 4) JUN 03 6) JUN 03

g. Operating frequencies: 9 GHz

h. Checked for compliance with IMO performance standards. ☒ ☐

22. Checked test equipment and spares carried to ensure carriage is adequate in accordance with the sea areas in which the ship trades and the declared options for maintaining availability of the functional requirements. ☒ ☐

23. Radar(s).

| | Make / Model: |
|---|--------------------------------|
| 1 | KELVIN HUGHES NUCLEUS 2 6000 A |
| 2 | KELVIN HUGHES NUCLEUS 2 6000 A |

a. Checked for satisfactory functioning of equipment. ☒ ☐

b. Checked capability to be operated individually and simultaneously, where two radars are required to be carried (for radars installed on or after 1 September 1984). ☒ ☐

c. Checked radar(s) connected to emergency generator (for radars installed on or after 1 September 1984). ☒ ☐

d.⁷ Checked capability to operate on 9 GHz frequency. ☒ ☐ ☐

e. Compliance with IMO performance standards. ☐ ☐

24. ARPA.

| | Make/model: |
|--|--------------------------------|
| | KELVIN HUGHES NUCLEUS 2 6000 A |

a. Checked for satisfactory functioning of equipment. ☒ ☐

b. Checked radar facilities operational (if ARPA integral part of radar). ☒ ☐ ☐

c. Checked acquisition, if test means is provided.

1. Manual. ☒ ☐ ☐

2. Automatic. ☒ ☐ ☐

⁶ For vessels built before 1 February 1992 and equipped fully with GMDSS equipment, only one radar transponder is required until 1 February 1995.

⁷ Per regulation V/12(g) and (h) of the GMDSS Amendments, for ships that are required to be fitted with radar installation(s), at least one radar installation shall be capable of operating in the 9 GHz frequency band from 1 February 1995.

GMDSS-TECH

SOLAS Surveys - Guidance for Completing SOLAS

Check Sheet I - Revision 7

1974 Report Forms & Check Sheets, SWZ-002-05-P01-W001

Page 6 of 7

ABSDWH003380

DHCIT_TPY-0010755

VESSEL Deputy Harbor ABSID 0139290Associated REPORT NO. MO333064 DATE 20 Jan 23

YES NO N/A

- | | | | |
|--|-------------------------------------|--------------------------|--|
| d. Checked audible/visual operational warnings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| e. According to GMDSS all equipment needs to be type approved. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| f. Checked for compliance with IMO performance standards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

25. Radio Direction Finder.

- a. Date of last calibration: N/A
- b. Date of most recent check bearings:
(check of calibration curve during the last 12 months must be completed)
- c. Equipment provided with the capability to take bearings on the radio-telephone distress frequency
(2182 KHz) within and arc of 30° on either side of the bow.
(applicable to vessels with keel laid on or after 24 May 1980).
- | | | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|--------------------------|-------------------------------------|

Larry J. Morales
Radio Technician

RADIO HOLLAND

Company

20 JAN 2003

Date

Radio Technician's Remarks:

