

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
AND PROFESSIONAL SAFETY LIMITED**

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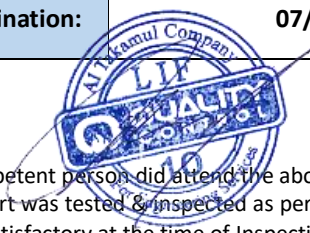


**CERTIFICATE OF THOROUGH EXAMINATION**

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

<b>Date of Examination:</b>	08/05/2025	<b>Date of Report:</b>	08/05/2025	<b>Certificate No:</b>	QC-25-WPS-0805-05
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	080525
<b>Serial Number:</b>	QTY	<b>Description</b>	SWL	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
WLP01	1	<b>SUPPORT PIN</b>  SIZE: 24 MM  FOS: 4:1	35,000 LBS	N/A	08/07/2024
<b>Reference Standard:</b>	HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE					
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Client Signature &amp; Stamp:</b>		
ASHRAF ELSAID	MOHAMED ABDALLAH		<b>Ali Talib HB48903</b> Date: 09/05/2025 Signature		
<b>Date of Next Through Examination:</b>	07/11/2025		<b>Haliburton</b>		

REV: 01 Dated: 20 June 2022



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

