

**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>	30/04/2025	<b>Date of Report:</b>	30/04/2025	<b>Certificate No:</b>	QC-25-TSS-3004-07
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	TSS	<b>Job Number:</b>	300425
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
C4918	01	<p><b>4 LEGS WIRE ROPE SLING</b></p> <p><b>Dimension: 2 m (L) X 22 MM (Dia)</b></p> <p><b>Manufacture: CARL STAHL</b></p> <p>IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly at the Top.</p> <p>Hard Eye Both Ends</p> <p><b>F.O.S: 5:1</b></p>	13T	N/A	28/10/2024
<b>Reference Standard:</b>	BS EN 13414-1 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		Within an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				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>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>		
ASHRAF ELSAID	MOHAMED ABDALLAH				
<b>Date of Next Through Examination:</b>	29/10/2025				



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.

