

**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>	<b>08/05/2025</b>	<b>Date of Report:</b>	<b>08/05/2025</b>	<b>Certificate No:</b>	<b>QC-25-WPS-0805-08</b>
<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>WPS WORKSHOP</b>	<b>Job Number:</b>	<b>080525</b>
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
<b>F6840</b>	<b>1</b>	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>MANUFACTURER: BASHP</b>  <b>SIZE: 1 1/8"</b>  <b>GRADE: 6</b>  <b>FOS: 6:1</b>	<b>9.5 T</b>	<b>N/A</b>	<b>06/06/2024</b>
<b>Reference Standard:</b>		<b>BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420</b>			
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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input 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) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above 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>			
<b>ASHRAF ELSAID</b>	<b>MOHAMED ABDALLAH</b>	<b>ALi Talib HB48903</b>			
<b>Date of Next Through Examination:</b>	<b>07/11/2025</b>	<b>Date: 09/05/2025</b> <b>Signature</b> <b>Haliburton</b>			

REV: 01 Dated: 20 June 2022



**THIS IS TO CERTIFY THAT;** a competent person, attended 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.

