

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

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	04/05/2025	Date of Report:	04/05/2025	Certificate No:	QC/25/HALL-0405-01
Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B6663	01	FOUR LEG WIRE ROPE SLING TOP END C/W MASTER LINK Dim: 22 mm X 8FT (L1, L2) X 7FT 5 INCHES (L3, L4) IWRC, Mechanically Spliced with Steel Ferrule, C/W Master link at The Top MANUFACTURE: SAFETY MARINE F.O.S: 5:1 HARD EYE X HARD EYE	13 T	N/A	29/11/2024
Reference Standard:	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?		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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	03/11/2025				

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.



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Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
LB07	01	<p><u>SINGLE LEG WIRE ROPE SLING</u></p> <p>Manufacturer: SAFETY MARINE DIMENSION: 16 mm X 0.8M FOS: 5:1 IWRC, Mechanically Spliced with Aluminum Ferrule, HARD EYE X HARD EYE</p>	3.3 TON	N/A	29/11/2024
Reference Standard:		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?		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"/>
			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	
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Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
341082-2-3	01	<u>SINGLE LEG WIRE ROPE SLING</u> DIMENSION: 1/2" DIA X 29" (L) FOS: 5:1 IWRC, Mechanically Spliced with Steel Ferrule, HARD EYE X HARD EYE	2.5 t @ 90 DEG	09-02-2009	29/11/2024
Reference Standard:	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?		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"/>
			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	
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Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
4423 4424	2	SINGLE LEG CHAIN SLING C/W GRAB HOOK AT THE END Dimension: 15 m (L) x 10 mm (Dia) GRADE: 8 F.O.S: 4:1	3.15 T	N/A	29/11/2024
Reference Standard:		BS EN 818-4/ 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"/>		With 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) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A	
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Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
M2444 B5636	02	MASTERLINK PART NO: 4586 MANUFACTURE: GT WEIGHT: 12.5 KG S.F: 4:1	34.3 T	05/13	29/11/2024
Reference Standard:		BS EN 1677-4 / 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?	
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?	
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Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
M2443	01	MASTERLINK GRADE: A10 MANUFACTURE: GT DIA: 43mm S.F: 4:1	38.3 TON	N/A	29/11/2024
Reference Standard:		BS EN 1677-4/ 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?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months?	
				In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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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	
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ASHRAF ELSAID	MOHAMED ABDALLAH				
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Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
D0486	01	MASTERLINK PART NO: 45B6 MANUFACTURE: GT WEIGHT: 12.5 KG S.F: 4:1	38.3 T	N/A	29/11/2024
Reference Standard:		BS EN 1677-4 / 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?	
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?	
				In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
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Client Name:	Halliburton	Location:	HPS	Job Number:	040525					
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination					
TB01 TB02	2	<u>TURNBUCKLE</u> Rigging Screw Turnbuckles (Jaw & Jaw) MANUFACTURER: CROSBY SIZE: 1 1/2" FOS: 5:1	9.71 ton	N/A	29/11/2024					
Reference Standard:	BS 4429:1987/ 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?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES	✓	NO			
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		With an interval of 12 months?	YES		NO	✓		
				In accordance with an examination scheme?	YES	✓	NO			
				After the occurrence of exceptional circumstances?	YES		NO	✓		
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		NO	✓
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			
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IS THIS EQUIPMENT SAFE TO OPERATE?							YES	✓	NO	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:							
ASHRAF ELSAID	MOHAMED ABDALLAH									
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Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
A46	01	<p>SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURE: CROSBY</p> <p>GRADE: 6</p> <p>SIZE: 7/8"</p> <p>F.O.S: 5:1</p>	6.5 T	N/A	29/11/2024
Reference Standard:		BS EN 13889 / 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?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
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Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
F30/8	01	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>Size: 3/4"</p> <p>Manufacture: CROSBY</p> <p>Grade: 6</p> <p>F.O.S: 5:1</p>	4.75 T	N/A	29/11/2024
Reference Standard:	BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1				
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				After the occurrence of exceptional circumstances?	
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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	03/11/2025				

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.



**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
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CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	04/05/2025	Date of Report:	04/05/2025	Certificate No:	QC/25/HALL-0405-11
Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B4000D	01	<p>SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURE: TOYO</p> <p>GRADE: 6</p> <p>SIZE: 7/8"</p> <p>F.O.S: 5:1</p>	6.5 T	N/A	29/11/2024
Reference Standard:		BS EN 13889 / 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"/>	With an interval of 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	03/11/2025				

REV: 01 Dated: 20 June 2022

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Certificate of visual and thorough examination

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

Date of Examination:	04/05/2025	Date of Report:	04/05/2025	Certificate No:	QC/25/HALL-0405-12				
Client Name:	Halliburton	Location:	HPS	Job Number:	040525				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
DC018353 S013 H11	03	SAFETY PIN BOW SHACKLE Manufacture: DC SIZE: 1" Grade: 8 FOS: 5:1	12.5 T	N/A	29/11/2024				
Reference Standard:		ISO2415 / 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?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">✓</td> <td style="width: 25%;"></td> </tr> </table>		YES	NO	✓		Was the examination carried out: Within an interval of 6 months?	
YES	NO	✓							
				With an interval of 12 months?					
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>		YES	NO			In accordance with an examination scheme?	
YES	NO								
				After the occurrence of exceptional circumstances?					
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	NO				
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									
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO				
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:						
ASHRAF ELSAID	MOHAMED ABDALLAH								
Date of Next Through Examination:	03/11/2025								

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	04/05/2025	Date of Report:	04/05/2025	Certificate No:	QC/25/HALL-0405-13
Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
D5864	01	SAFETY PIN BOW SHACKLE MANUFACTURE: GT GRADE: 6 SIZE: 3/4" F.O.S: 5:1	4.75 T	N/A	29/11/2024
Reference Standard:	BS EN 13889 / 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?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months?	
				In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	03/11/2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	04/05/2025	Date of Report:	04/05/2025	Certificate No:	QC/25/HALL-0405-14
Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B6663A B6663B	02	SAFETY PIN BOW SHACKLE MANUFACTURE: TOYO GRADE: 6 SIZE: 1 1/2" F.O.S: 5:1	17 T	N/A	29/11/2024
Reference Standard:	BS EN 13889 / 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"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		With an interval of 12 months?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				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					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	03/11/2025				



REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	04/05/2025	Date of Report:	04/05/2025	Certificate No:	QC/25/HALL-0405-15
Client Name:	Halliburton	Location:	HPS	Job Number:	040525
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BS09 M2445	02	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 2" F.O.S: 5:1	35 T	N/A	29/11/2024
Reference Standard:		BS EN 13889 / 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?		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"/>	
				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 Sate 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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	03/11/2025				

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