Al 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

Date of Examination:	**13/08/2025**	**Date of Report:**	**13/08/2025**	**Certificate No:**	**QC/25/HALL-1308-018**
Client Name:	**HALLIBURTON**	**Location:**	**HPS YARD**	**Job Number:**	**13082025**

Serial Number:	QTY	Description	Date of last thorough examination
2222892-55 2222892-49 2222892-9 2222892-64 2222892-57 2222890-60 2222892-7 2222892-29 2222892-26 2222892-66	10	**ENDLESS POLYSTER ROUND SLING** **FLOW LINE SAFETY RESTRAINTS** **MANUFACTURE:** WEIR SPM **EFFECTIVE LENGTH:** 4 FT **PN:** P23626-D	NEW
Reference Standard:		**PROCEDURE NO 4S24036 REV 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		NO	√	Was the examination carried out: Within an interval of 6 months?	YES	√	NO
					With an interval of 12 months?	YES		NO √
If the answer to the above question is YES has the equipment been installed correctly?	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 Sate 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:	**12/02/2026**	

REV: 00 Dated: 30 May 2021

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.