

**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>	13/08/2025	<b>Date of Report:</b>	13/08/2025	<b>Certificate No:</b>	QC-25/-WPS-1308-082
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS	<b>Job Number:</b>	13082025
<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>
BLP-29646-001	1	<p align="center"><b><u>SINGLE LEG CHAIN SLING</u></b></p> <p>C/W MASTERLINK AT THE TOP &amp; GRAB HOOK AT THE END</p> <p><b>MANUFACTURER:</b> BISHOP LIFTING</p> <p><b>DIM:</b> 1/2" DIA X 20 FT (L)</p> <p><b>FOS:</b> 4:1</p>	15000 LBS	01/24/19	22/02/2025
<b>Reference Standard:</b>	BS EN 818-4/ 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? With an interval of 12 months?	
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? After the occurrence of exceptional circumstances?	
				YES <input checked="" type="checkbox"/> NO <input 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		<p><b>ALi Talib HB48903</b>  <b>Date: 13-08-2025</b>                  Signature <i>[Signature]</i>                  Haliburton</p>		
<b>Date of Next Through Examination:</b>	12/02/2026				

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.

