

# 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

|                                                                                                                                                                                                                                               |                                            |                                                                                                                                                       |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Date of Examination:                                                                                                                                                                                                                          | 13/08/2025                                 | Date of Report:                                                                                                                                       | 13/08/2025                                         | Certificate No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QC-25/-WPS-1308-125               |
| Client Name:                                                                                                                                                                                                                                  | HALLIBURTON                                | Location:                                                                                                                                             | WPS                                                | Job Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13082025                          |
| Serial Number:                                                                                                                                                                                                                                | QTY                                        | Description                                                                                                                                           | SWL                                                | Date of manufacture if known:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date of last thorough examination |
| 4517255697-002-004                                                                                                                                                                                                                            | 1                                          | SYNTHETIC ENDLESS ROUND SLING<br>C/W MASTER LINK AT BOTH ENDS<br><br>MANUFACTURE: BISHOP<br>WIDTH: 4"<br>LENGTH: 5 FT<br>MODEL: TPXCF3000<br>S.F: 4:1 | 30000 LBS                                          | 12/04/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20/02/2025                        |
| Reference Standard:                                                                                                                                                                                                                           | ASME B30.9/ 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:<br>Within an interval of 6 months?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>With an interval of 12 months?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>After the occurrence of exceptional circumstances?<br>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"/>                                                                                              |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
| 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)<br>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: |                                                                                                                                                       | Client Signature & Stamp:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
| ASHRAF ELSAID                                                                                                                                                                                                                                 | MOHAMED ABDALLAH                           |                                                                                                                                                       | ALI Talib HB48903<br>Date: 13-08-2025<br>Signature |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
| Date of Next Through Examination:                                                                                                                                                                                                             | 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.

