

**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>13/08/2025</b>  | <b>Date of Report:</b> | <b>13/08/2025</b> | <b>Certificate No:</b> | <b>QC-25/-WPS-1308-127</b> |
| <b>Client Name:</b>         | <b>HALLIBURTON</b> | <b>Location:</b>       | <b>WPS</b>        | <b>Job Number:</b>     | <b>13082025</b>            |

| Serial Number: | QTY | Description  | SWL        | Date of Manufacture if known: | Date of last thorough examination |
|----------------|-----|--|------------|-------------------------------|-----------------------------------|
| AM1            | 1   | <b><u>SUPPORT PIN</u></b><br><br>SIZE: 31 MM<br><br>FOS: 4:1 | 50,000 LBS | N/A                           | 20/02/2025                        |

|                            |                                    |
|----------------------------|------------------------------------|
| <b>Reference Standard:</b> | <b>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:<br>Within an interval of 6 months?<br>With an interval of 12 months?<br>In accordance with an examination scheme?<br>After the occurrence of exceptional circumstances? | YES                                 | <input checked="" type="checkbox"/> | NO                                  | <input type="checkbox"/> |
|   | YES | <input checked="" type="checkbox"/> | NO | <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?  | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            | YES  | <input checked="" type="checkbox"/> | NO                                  | <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  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

|  |   |   |  |
|--|---|---|--|
| <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><br>Date: 13-08-2025<br>Signature |  |
| <b>Date of Next Through Examination:</b> | <b>12/02/2026</b>                                 |   |  |

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.

