



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>SPERRY WORKSHOP</b>	<b>Certificate No:</b>	<b>QC-24-01/HALL-SPY-11/C01</b>
<b>Date of Examination:</b>	<b>11-JAN-2024</b>	<b>Date of Report:</b>	<b>11-JAN-2024</b>	<b>Job Number:</b>	<b>QC-24-01/HALL-SPY-01</b>

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last Thorough Examination
1031030-19	1	<b><u>2-LEGGED BRIDLE NYLON</u></b>  <b>C/W MASTER LINK AT THE TOP &amp; 2 LATCH HOOKS AT THE END</b>  <b>MANUFACTURE: LIFTEX</b>  <b>LENGTH: 3 FT</b>	<b>5350 LBS</b> AT 60° <b>4350 LBS</b> AT 45° <b>3100 LBS</b> AT 30°	N/A	21-06-2021

<b>Reference Standard:</b>	<b>BS EN 1492-1:2000-A1:2008, HAL DOC: ST-GL-HAL-HSE-0420</b>
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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	
	N/A				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

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>Signature &amp; Stamp:</b>	
AIZAZ FARHAT	ASHRAF ELSAID		
<b>Date of Next Through Examination:</b>	<b>10-JULY-2024</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.

