



CERTIFICATE OF THOROUGH EXAMINATION

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

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

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
96701-6/127 96701-6/24	02	<p style="text-align: center;"><u>POLYESTER FLATE WOVEN WEBBING SLING</u></p> <p>Length: 3 Mtr. Dia: 3" Safety Factor: 7:1 Manufacturer: LIFTEK</p>	<p>Vertical 3000 kg</p> <p>Chocker 2400 Kg</p> <p>Basket 6000 kg</p>	25-01-2023	NEW

Reference Standard:	BS EN 1492-1:2000-A1:2008, HAL DOC: ST-GL-HAL-HSE-0420
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Is this the first examination after Installation or assembly at a new site or location?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
			With an interval of 12 months?	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"/>	In accordance with an examination scheme?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	N/A		After the occurrence of exceptional circumstances?	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

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	
AIZAZ FARHAT	ASHRAF ELSAID		
Date of Next Thorough Examination:	30-JUNE-2024		

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.

