

**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:	06-04-2024	Date of Report:	06-04-2024	Certificate No:	QC-24-04/HAL-TSS-06/C42
Client Name:	Halliburton TSS	Location:	TSS YARD	Job Number:	QC-24-04/HAL-TSS-06
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	
BB164	1	<p><b>FOUR LEG WIRE ROPE SLING</b></p> <p>DIM: 5 Mtr (L) X 24 MM (DIA)</p> <p>IWRC MECHANICALLY SPLICED WITH ALUMINUM FERRULES C/W MASTER LINK ASSEMBLY AT THE TOP</p> <p>HARD EYE BOTH ENDS</p> <p>S.F: 5:1</p>	14.75 TON	N/A	
Reference Standard:		BS EN 13414-1/ HAL DOC: ST-GL-HAL-HSE-0420			
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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES	NO
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	YES	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	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
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:	Signature & Stamp			
Aizaz Farhat	ASHRAF ELSAID				
Date of Next Through Examination:	05-10-2024				

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.

