

**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

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|--|---|--|---|--------------------------------------|---|
| Date of Examination: | 04-JAN-2024 | Date of Report: | 04-JAN-2024 | Certificate No: | QC-24-01/HAL-WPS-04/C5 |
| Client Name: | HALLIBURTON | Location: | WPS YARD | Job Number: | QC-24-01/HAL-WPS-04 |
| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
| W01 W02 | 02 | <u>SAFETY PIN BOW SHACKLE</u> MANUFACTURER: CROSBY SIZE: 5/8" GRADE: 6 FOS: 6:1 | 3.25 TON | N/A | 05-07-2023 |
| Reference Standard: | BS EN 13889/ 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: 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 <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) | | | | | |
| 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: | Signature & Stamp: | | | |
| AIZAZ FARHAT | ASHRAF ELSAID | ALI Talib HB48903 Date: 05-JAN-2024 | | | |
| Date of Next Through Examination: | 03-JULY-2024 | Signature <i>Ali Talib</i> Haliburton | | | |

REV: 00 Dated: 30 May 2021

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.

