

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
AND PROFESSIONAL SAFETY LIMITED**

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	04/08/2024	Date of Report:	04/08/2024	Certificate No:	QC-2024-0112/01
Client Name:	HALLIBURTON	Location:	FMG	Job Number:	QC-2024-0112
Equipment Serial No:	AT20C70482	SAP No:	12259788	SWL:	6700 KG
Description of Equipment	<u>Diesel Engine Powered Hydraulic System Wheel Loader Forklift Truck.</u>				
	Model: DP70E1				
	Chasses No: AT20C70482				
	Max Capacity : 6700 KG				
	Manufacture : CATERPILLAR				
Max Fork Height : 4560 MM					
Truck Weight : 9634 Kg					
Ref. Standard	BS ISO 2330:2002 / BS ISO 5057:1993				
Date of Last Examination:	09.02.2023		Date of Last Proof Load Test:	10.11.2018	
Examination Type	Pass	Fail	Notes		
Operational (No Load)	✓		Forklift Found Satisfactory For Further Use.		
Performance Test (Rated Capacity)	✓		Forklift found to be acceptable to lift 100 % from SWL .		
Proof Load Test (1.1 x Rated Capacity)	-	-	Proof Load Test Shall Be Done After any Repair/ Modification		
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
		✓			✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	In accordance with an examination scheme? 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)					
In the light of inspection findings subject Forklift was Inspected visually, operationally and performance test was performed where no defects were observed during testing Hence, it was found satisfactory and fit for intended use.					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:			
ASHRAF ELSAID	MOHAMED ABDULLAH				
Date of Next Through Examination:	03/08/2025				

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.



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No	COMPONANT CHECKS	RESULT	COMMENTS
DATA PLATE			
1	Manufacturers data plate	√	
MAST/Boom			
1	Operation	√	
2	Structure and welds	√	
3	Rollers & bearings	√	
4	Main hoist cylinder(s)	√	
5	Load chains	√	
6	Anchor pins	√	
7	Tilt cylinders	√	
8	Hydraulic hoses	√	
9	Side shift	√	
FORKS			
1	Condition	√	
2	Heel wear	√	
3	Locking pins	√	
POWER PACK			
1	Operation	√	
2	Engine/motor	√	
3	Mountings	√	
4	Battery	√	
5	Wiring	√	
6	Hydraulic pump	√	
7	Isolation switches	√	
STEERING AND WHEELS			
1	Operation	√	
2	Steering cylinders	√	
3	Braking system	√	
4	Ball joints	√	
5	Wheel bearings	√	
6	Tire condition	√	

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No	COMPONANT CHECKS	RESULT	COMMENTS
CABIN & CONTROLS			
1	Condition	√	
2	Control levers	√	
3	Control pedals	√	
4	Internal/external lights	√	
5	Gauges	√	
6	Seat and seat belt	√	
7	Horn	√	
8	Windscreen and wipers	N/A	
OTHER			
1	Light Alarm	√	
2	Sound Alarm	√	

Key Category:

1 = Immediate action	2= Action within ...	3= Worn/Serviceable	✓	No Apparent Defects	N/A = Not Applicable
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Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	
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