

AI TAKAMUL COMPANY FOR ENGINEERING TESTS
AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq



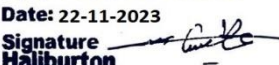
Tel: +9647810009138 / +9647834964657

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



CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

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

Date of Examination:	21/11/2023	Date of Report:	21/11/2023	Certificate No:	QC-23/HALL-2111/13	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	211123	
Serial Number:	QTY	Description	SWL	PROOF LOAD TEST	Date of manufacture if known:	Date of last thorough examination
FT 07	1	<p align="center"><u>BOTTOM SUB</u></p> 	10,000 LBS	12,000 LBS	N/A	23/08/2023
Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	Was the examination carried out: Within an interval of 6 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
			With an interval of 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> <input checked="" type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> <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:					<input type="checkbox"/> YES <input type="checkbox"/> <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?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:				
ASHRAF ELSAID	AIZAZ FARHAT	ALI Talib HB48903 Date: 22-11-2023 Signature  Haliburton				
Date of Next Through Examination:	20/05/2024					

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.

