

**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:	15/04/2024	Date of Report:	15/04/2024	Certificate No:	QC-HALL-2024-0152/44	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	QC-HALL-2024-0152	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
H5	1	<p><u>OVERSHOT ASSEMBLY</u></p> 	10,000 LBS	12,000 LBS	N/A	21.12.2023
Reference Standard:		Tested According To Halliburton Document: 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"/>		YES <input checked="" type="checkbox"/> NO <input 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"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <i>The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory</i>						
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					
Date of Next Through Examination:	14/10/2024					

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.

