

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

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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-2024-0152/45	
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
AW4059434-1	1	<p align="center">SWIVEL JOINT</p> 	10000 LBS	12000 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? With an interval of 12 months?		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"/>	In accordance with an examination scheme? After the occurrence of exceptional circumstances?		YES <input checked="" type="checkbox"/> NO <input 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, dimensionally & load tested 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					
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.

