

**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

<b>Date of Examination:</b>	15/04/2024	<b>Date of Report:</b>	15/04/2024	<b>Certificate No:</b>	QC-HALL-2024-0152/50	
<b>Client Name:</b>	HALLIBURTON WPS	<b>Location:</b>	TEST AREA	<b>Job Number:</b>	QC-HALL-2024-0152	
<b>SERIAL NUMBER:</b>	QTY	<b>DESCRIPTION</b>	SWL	<b>PROOF LOAD TEST</b>	<b>DATE OF MANUFACTURE IF KNOWN:</b>	<b>DATE OF LAST THOROUGH EXAMINATION</b>
FT30	1	<p><b><u>SLICKLINE CROSS OVER PIN TO PIN</u></b></p> 	10000 LBS	12000 LBS	N/A	21.12.2023
<b>Reference Standard:</b>		Tested According To Halliburton Document: <b>ST-GL-HAL-HSE-0420</b>				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> v	Was the examination carried out:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> v <input type="checkbox"/> NO <input type="checkbox"/>	
			Within an interval of 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> v	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> v <input type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> v	
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"/> NO <input checked="" type="checkbox"/> v	
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						
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					<input type="checkbox"/> YES <input checked="" type="checkbox"/> v <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>			
AIZAZ FARHAT	ASHRAF ELSAID					
<b>Date of Next Through Examination:</b>	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.

