

**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

|   |  |  |            |   |  |
|---|--|--|------------|---|--|
| <b>Date of Examination:</b>   | 27/03/2024   | <b>Date of Report:</b>   | 27/03/2024 | <b>Certificate No:</b>  | QC-24/HALL--2703-06                      |
| <b>Client Name:</b>   | HALLIBURTON  | <b>Location:</b>   | HPS        | <b>Job Number:</b>  | 170324                                   |
| <b>Serial Number:</b>   | QTY  | <b>Description</b>   |            |   | <b>Date of last thorough examination</b> |
| 1884507-49<br>1884507-96<br>1903276-139<br>1884507-115<br>1903272-63  | 05   | <p align="center"><b>ENDLESS POLYSTER ROUND SLING<br/>FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE: WEIR SPM</b></p> <p><b>EFFECTIVE LENGTH: 4 FT</b></p> <p>PN: P23622-D</p> |            |   | N/A                                      |
| <b>Reference Standard:</b>  | PROCEDURE NO 4S24036 REV 1/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1 |  |            |   |  |
| Is this the first examination after Installation or assembly at a new site or location?   | YES  | NO   | ✓          | Was the examination carried out:<br>Within an interval of 6 months? | YES ✓ NO                                 |
|   |  |  |            | With an interval of 12 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?                           | YES ✓ NO                                 |
|   |  |  |            | 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)   |  |  |            |   |  |
| The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory          |  |  |            |   |  |
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>   |  |  |            |   | YES ✓ NO                                 |
| <b>Name of Inspector:</b>   | <b>Name of person authenticating this report:</b>                                    |  |            |   |  |
| ASHRAF ELSAID   | AIZAZ FARHAT<br>Signature & Stamp:   |  |            |   |  |
| <b>Latest date by which next thorough examination must be carried out:</b> 26/09/2024   |  |  |            |   |  |

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.

