

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

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**CERTIFICATE OF THOROUGH EXAMINATION**

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

<b>Date of Examination:</b>	17/03/2024	<b>Date of Report:</b>	17/03/2024	<b>Certificate No:</b>	QC-24/HALL--1703-07
<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>
1952039-50 1903272-11 1904660-22 1903272-20 1884507-153	05	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE: WEIR SPM</b></p> <p><b>EFFECTIVE LENGTH: 4 FT</b></p> <p>PN: P23625-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?		<input type="checkbox"/> YES <input 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"/> NO <input type="checkbox"/>	
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"/>		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				<input 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) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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 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>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>		<b>Name of person authenticating this report:</b>			
ASHRAF ELSAID		AIZAZ FARHAT			
		Signature & Stamp:			
<b>Latest date by which next thorough examination must be carried out:</b> 16/09/2024					

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.

