

**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-24-2703-09
<b>Client Name:</b>	Halliburton TSS	<b>Location:</b>	RU-437	<b>Job Number:</b>	270324

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CSCY943	01	<p><b>4 LEGS WIRE ROPE SLING</b></p> <p><b>Dimension: 3 m (L) X 24 MM (Dia)</b></p> <p><b>Manufacture: CARL STAHL</b></p> <p>IWRC, Mechanically Spliced with Steel Ferrule C/W Master Link Assembly at the Top.</p> <p>Hard Eye Both Ends</p> <p><b>F.O.S: 5:1</b></p>	9 T @ 40 DEG	11/2022	<b>01/10/2023</b>

**Reference Standard:** DNV 2.7-1 / 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: 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? After the occurrence of exceptional circumstances?	YES	✓	NO	
					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

**IS THIS EQUIPMENT SAFE TO OPERATE?** YES  NO

<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature &amp; Stamp:</b>	
MOHAMED ABDALLAH	AIZAZ FARHAT		
<b>Date of Next Through Examination:</b>	26/09/2024		

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.

