

**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

Date of Examination:	27/08/2024	Date of Report:	27/08/2024	Certificate No:	QC-24-WPS-2708-03
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	270824
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
2304-1433 2304-1431 2304-1437 2304-1427 2304-1430	05	SHOCK ABSORBING LANYARD MNUFACTURER: KURT YEAR OF MFG: 04/2023 MODEL: KT-SH001 MATERIAL: POLYIMIDE	310 LBS	N/A	27/03/2024
Reference Standard:		BS EN 55:2002 / HAL DOC: ST-GL-HAL-HSE-0420			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out: Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input 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"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input type="checkbox"/> √ <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input type="checkbox"/> √ <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 Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	<input 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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
Name of Inspector:		Name of person authenticating this report:		Signature & Stamp:	
ASHRAF ELSAID		MOHAMED ABDALLAH		ALi Talib HB48903 Date: 27-AUG-2024 Signature	
Date of Next Through Examination:		26/02/2025			

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.

