

**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:	25-APRIL-2024	Date of Report:	25-APRIL-2024	Certificate No:	QC-24/HALL-TSS-2024-002
Client Name:	HALLIBURTON	Location:	TSS WORKSHOP	Job Number:	25042024

Serial Number:	QTY	Description	Manufacture date:												
3931 3974 3933 3947 3956 3927 3928 3930 3969 3951 3935	11	<p>ENDLESS POLYESTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</p> <p>MANUFACTURE: DELTAPLUS REF(WALTRS050600M SIZE:TRS 5T x 6M EWL(Circ. 12m) type: tubular round sling Colour: RED SWL: 5000 KG</p> <p>SAFTEY FACTOR (7:1)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Safe Working Load(in Kg)</th> </tr> <tr> <th>5000</th> <th>10000</th> <th>4000</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Brand: DELTAPLUS</td> </tr> </tbody> </table>	Safe Working Load(in Kg)			5000	10000	4000				Brand: DELTAPLUS			APRIL-2023
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Reference Standard:	BS EN 1492-2
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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 Sate 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

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	
ASHRAF ELSAID	AIZAZ FARHAT		
Date of Next Through Examination:	24-OCT-2024		

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 Operation and Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



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REV: 01 Dated: 20 June 2022

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