

**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](mailto:OP@qualitycontrol-iraq.com) / [hany.akafi@qualitycontrol-iraq.com](mailto: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>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-01
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	QTY	<b>Description</b>			<b>Date of last thorough examination</b>
1992042-118 1988547-80 1994280-112 1987669-92 1942113-53 1987669-132 1942118-40 1987669-130	08	<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><b>PN: P23626-D</b></p>			28-10-2023
<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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		Signature & Stamp:			
<b>Latest date by which next thorough examination must be carried out: 20-10-2024</b>					

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.



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<b>Date of Examination:</b>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-02
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1987669-125 1946118-117 1946118-145 1946118-121 1992042-133 1952040-52 1992042-44 1958547-122	08	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE:</b> WEIR SPM</p> <p><b>EFFECTIVE LENGTH:</b> 4 FT</p> <p><b>PN:</b> P23626-D</p>			28-10-2023
<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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		Signature & Stamp:			
<b>Latest date by which next thorough examination must be carried out:</b>				20-10-2024	

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<b>Date of Examination:</b>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-03
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1987669-145 1987669-158 1987669-93 1987669-32 1992042-89 1994280-106 1994280-30 1988547-124	08	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE:</b> WEIR SPM</p> <p><b>EFFECTIVE LENGTH:</b> 4 FT</p> <p><b>PN:</b> P23626-D</p>			28-10-2023
<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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		<b>Signature &amp; Stamp:</b>			
<b>Latest date by which next thorough examination must be carried out:</b> 20-10-2024					

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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1994280-82 1987669-17 1987669-99 1730221-1-62 1730871-1-916 1992042-140 1987669-41 1994280-17	08	<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><b>PN: P23626-D</b></p>			28-10-2023
<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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		<b>Signature &amp; Stamp:</b>			
<b>Latest date by which next thorough examination must be carried out: 20-10-2024</b>					

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<b>Date of Examination:</b>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-05
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	QTY	<b>Description</b>			<b>Date of last thorough examination</b>
1987669-36 1987669-18 1987669-87 1994280-84 1987669-112 1994280-115 1987669-146 1987669-114	08	<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><b>PN: P23626-D</b></p>			28-10-2023
<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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		<b>Signature &amp; Stamp:</b>			
<b>Latest date by which next thorough examination must be carried out: 20-10-2024</b>					

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<b>Date of Examination:</b>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-06
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1942118-83 1987669-127 1987669-35 1942118-69 1994280-92 1952040-39 1942118-2 1994280-60	08	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE:</b> WEIR SPM</p> <p><b>EFFECTIVE LENGTH:</b> 4 FT</p> <p><b>PN:</b> P23626-D</p>			28-10-2023
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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"/>	
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Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES by:	
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)					
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<b>Name of Inspector:</b>		<b>Name of person authenticating this report:</b>			
AIZAZ FRAHT		ASHRAF ELSAID			
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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1942118-112 1987669-152 1994280-20 1992042-67 1987669-105 1942118-103 1987669-20 1994280-57	08	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE:</b> WEIR SPM</p> <p><b>EFFECTIVE LENGTH:</b> 4 FT</p> <p><b>PN:</b> P23626-D</p>			28-10-2023
<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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>				
AIZAZ FRAHT	ASHRAF ELSAID Signature & Stamp:				
<b>Latest date by which next thorough examination must be carried out:</b> 20-10-2024					

REV: 00 Dated: 30 May 2021

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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>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-08
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1992042-152 1987669-174 1987669-101 1994280-111 1987669-8 1987669-85 1942118-158 1987669-1	08	<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><b>PN: P23626-D</b></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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		<b>Signature &amp; Stamp:</b>			
<b>Latest date by which next thorough examination must be carried out: 20-10-2024</b>					

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.



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<b>Date of Examination:</b>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-09
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1994280-119 1942113-141 1987669-131 1994280-107 1994280-46 1942118-84 1987669-19 1994280-103	08	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE:</b> WEIR SPM</p> <p><b>EFFECTIVE LENGTH:</b> 4 FT</p> <p><b>PN:</b> P23626-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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances? 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:				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)				YES by: _____	
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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>				
AIZAZ FRAHT	ASHRAF ELSAID Signature & Stamp:				
<b>Latest date by which next thorough examination must be carried out:</b> 20-10-2024					

REV: 00 Dated: 30 May 2021

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<b>Date of Examination:</b>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-10
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1994280-152 1994280-120 1994280-153 1994280-157 1994280-78 1994280-127 1987669-156 1988547-81	08	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE:</b> WEIR SPM</p> <p><b>EFFECTIVE LENGTH:</b> 4 FT</p> <p><b>PN:</b> P23626-D</p>			28-10-2023
<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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		<b>Signature &amp; Stamp:</b>			
<b>Latest date by which next thorough examination must be carried out:</b> 20-10-2024					

REV: 00 Dated: 30 May 2021

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<b>Date of Examination:</b>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-11
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1987669-100 1987669-154 1987669-148	03	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE:</b> WEIR SPM</p> <p><b>EFFECTIVE LENGTH:</b> 4 FT</p> <p><b>PN:</b> P23626-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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		<b>Signature &amp; Stamp:</b>			
<b>Latest date by which next thorough examination must be carried out:</b> 20-10-2024					

REV: 00 Dated: 30 May 2021

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<b>Date of Examination:</b>	21-04-2024	<b>Date of Report:</b>	21-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-12
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	QC-HALL-2024-0165
<b>Serial Number:</b>	QTY	<b>Description</b>			<b>Date of last thorough examination</b>
1684451-2-116 1730871-1-878 1730871-1-156 1730871-1-134 1684451-2-119 1669322-1-223 1730871-1-73 1730871-1-828	08	<p align="center"><b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b></p> <p><b>MANUFACTURE: WIRE SPM</b></p> <p><b>EFFECTIVE LENGTH: 4 FT</b></p> <p><b>PN: P23626-D</b></p>			28-10-2023
<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)				YES by:	
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>			
AIZAZ FRAHT		ASHRAF ELSAID			
		<b>Signature &amp; Stamp:</b>			
<b>Latest date by which next thorough examination must be carried out: 20-10-2024</b>					

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