

# 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

Date of Examination:	21-04-2024	Date of Report:	21-04-2024	Certificate No:	QC-HALL-2024-0165-01
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description			Date of last thorough examination
1992042-118 1988547-80 1994280-112 1987669-92 1942113-53 1987669-132 1942118-40 1987669-130	08	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE:</b> WEIR SPM  <b>EFFECTIVE LENGTH:</b> 4 FT  <b>PN:</b> P23626-D			28-10-2023
Reference Standard:	PROCEDURE NO 4524036 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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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"/>			
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					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:				
AIAZ FRAHT	ASHRAF ELSAID				
	Signature & Stamp:				
Latest date by which next thorough examination must be carried out: 20-10-2024					

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.



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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	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE:</b> WEIR SPM  <b>EFFECTIVE LENGTH:</b> 4 FT  <b>PN:</b> P23626-D			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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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"/>			
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>			
AIAZ 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>	<b>21-04-2024</b>	<b>Date of Report:</b>	<b>21-04-2024</b>	<b>Certificate No:</b>	<b>QC-HALL-2024-0165-03</b>
<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>HPS YARD</b>	<b>Job Number:</b>	<b>QC-HALL-2024-0165</b>
<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	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE: WEIR SPM</b>  <b>EFFECTIVE LENGTH: 4 FT</b>  <b>PN: P23626-D</b>			28-10-2023
<b>Reference Standard:</b>		<b>PROCEDURE NO 4S24036 REV 1/ HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>			
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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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"/>			
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>			
<b>AIAZ FRAHT</b>		<b>ASHRAF ELSAID</b>  <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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Date of Examination:	21-04-2024	Date of Report:	21-04-2024	Certificate No:	QC-HALL-2024-0165-04
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description			Date of last thorough examination
1994280-82 1987669-17 1987669-99 1730221-1-62 1730871-1-916 1992042-140 1987669-41 1994280-17	08	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE: WEIR SPM</b>  <b>EFFECTIVE LENGTH: 4 FT</b>  <b>PN: P23626-D</b>			28-10-2023
Reference Standard:	PROCEDURE NO 4524036 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?	
				Within an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:				
AIAZ FRAHT	ASHRAF ELSAID				
	Signature & Stamp:				
Latest date by which next thorough examination must be carried out: 20-10-2024					

REV: 00 Dated: 30 May 2021

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Date of Examination:	21-04-2024	Date of Report:	21-04-2024	Certificate No:	QC-HALL-2024-0165-05
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description			Date of last thorough examination
1987669-36 1987669-18 1987669-87 1994280-84 1987669-112 1994280-115 1987669-146 1987669-114	08	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE: WEIR SPM</b>  <b>EFFECTIVE LENGTH: 4 FT</b>  <b>PN: P23626-D</b>			28-10-2023
Reference Standard:	PROCEDURE NO 4524036 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:	
				<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"/>		Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" 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					
IS THIS EQUIPMENT SAFE TO OPERATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Name of Inspector:	Name of person authenticating this report:				
AIAZ FRAHT	ASHRAF ELSAID				
	Signature & Stamp:				
Latest date by which next thorough examination must be carried out: 20-10-2024					

REV: 00 Dated: 30 May 2021

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Date of Examination:	21-04-2024	Date of Report:	21-04-2024	Certificate No:	QC-HALL-2024-0165-06
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description			Date of last thorough examination
1942118-83 1987669-127 1987669-35 1942118-69 1994280-92 1952040-39 1942118-2 1994280-60	08	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE: WEIR SPM</b>  <b>EFFECTIVE LENGTH: 4 FT</b>  <b>PN: P23626-D</b>			28-10-2023
Reference Standard:	PROCEDURE NO 4524036 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:					
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Name of Inspector:	Name of person authenticating this report:				
AIAZ FRAHT	ASHRAF ELSAID				
	Signature & Stamp:				
Latest date by which next thorough examination must be carried out: 20-10-2024					

REV: 00 Dated: 30 May 2021

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Date of Examination:	21-04-2024	Date of Report:	21-04-2024	Certificate No:	QC-HALL-2024-0165-07
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description			Date of last thorough examination
1942118-112 1987669-152 1994280-20 1992042-67 1987669-105 1942118-103 1987669-20 1994280-57	08	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE: WEIR SPM</b>  <b>EFFECTIVE LENGTH: 4 FT</b>  <b>PN: P23626-D</b>			28-10-2023
Reference Standard:	PROCEDURE NO 4524036 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:	
				<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"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				<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:					
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Name of Inspector:	Name of person authenticating this report:				
AIAZ FRAHT	ASHRAF ELSAID				
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Latest date by which next thorough examination must be carried out: 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-2024-0165-08
<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	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE:</b> WEIR SPM  <b>EFFECTIVE LENGTH:</b> 4 FT  <b>PN:</b> P23626-D			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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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"/>			
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>			
AIAZ FRAHT		ASHRAF ELSAID			
		Signature & Stamp:			
Latest date by which next thorough examination must be carried out: 20-10-2024					

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.





**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
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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>	<b>21-04-2024</b>	<b>Date of Report:</b>	<b>21-04-2024</b>	<b>Certificate No:</b>	<b>QC-HALL-2024-0165-09</b>
<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>HPS YARD</b>	<b>Job Number:</b>	<b>QC-HALL-2024-0165</b>
<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	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE: WEIR SPM</b>  <b>EFFECTIVE LENGTH: 4 FT</b>  <b>PN: P23626-D</b>			N/A
<b>Reference Standard:</b>		<b>PROCEDURE NO 4S24036 REV 1/ HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>			
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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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"/>			
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>			
<b>AIAZ FRAHT</b>		<b>ASHRAF ELSAID</b>  <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

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## CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	21-04-2024	Date of Report:	21-04-2024	Certificate No:	QC-HALL-2024-0165-10
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description			Date of last thorough examination
1994280-152 1994280-120 1994280-153 1994280-157 1994280-78 1994280-127 1987669-156 1988547-81	08	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE:</b> WEIR SPM  <b>EFFECTIVE LENGTH:</b> 4 FT  <b>PN:</b> P23626-D			28-10-2023
Reference Standard:	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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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"/>			
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					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:				
AIAZ FRAHT	ASHRAF ELSAID				
		Signature & Stamp:			
Latest date by which next thorough examination must be carried out: 20-10-2024					

REV: 00 Dated: 30 May 2021

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

<b>Date of Examination:</b>	<b>21-04-2024</b>	<b>Date of Report:</b>	<b>21-04-2024</b>	<b>Certificate No:</b>	<b>QC-HALL-2024-0165-11</b>
<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>HPS YARD</b>	<b>Job Number:</b>	<b>QC-HALL-2024-0165</b>
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>Date of last thorough examination</b>
1987669-100 1987669-154 1987669-148	03	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE: WEIR SPM</b>  <b>EFFECTIVE LENGTH: 4 FT</b>  <b>PN: P23626-D</b>			N/A
<b>Reference Standard:</b>		<b>PROCEDURE NO 4S24036 REV 1/ HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>			
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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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"/>			
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>			
<b>AIAZ FRAHT</b>		<b>ASHRAF ELSAID</b>  <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

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Date of Examination:	21-04-2024	Date of Report:	21-04-2024	Certificate No:	QC-HALL-2024-0165-12
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description			Date of last thorough examination
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	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE: WIRE SPM</b>  <b>EFFECTIVE LENGTH: 4 FT</b>  <b>PN: P23626-D</b>			28-10-2023
Reference Standard:	PROCEDURE NO 4524036 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?	
				Within an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:				
AIAZ FRAHT	ASHRAF ELSAID				
	Signature & Stamp:				
Latest date by which next thorough examination must be carried out: 20-10-2024					

REV: 00 Dated: 30 May 2021

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