

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
AND PROFESSIONAL SAFETY LIMITED**

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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>	22-04-2024	<b>Date of Report:</b>	22-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-18
<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>
1591910-148 1591910-155 1591910-163 1591910-176	04	<b>ENDLESS POLYSTER ROUND SLING FLOW LINE SAFETY RESTRAINTS</b>  <b>MANUFACTURE:</b> WEIR SPM  <b>EFFECTIVE LENGTH:</b> 6 FT  <b>PN:</b> P23625-D			28-10-2023
<b>Reference Standard:</b>		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					
<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> 21-10-2024					

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.

