

# 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 visual and thorough examination

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

<b>Date of Examination:</b>	<b>22-04-2024</b>	<b>Date of Report:</b>	<b>22-04-2024</b>	<b>Certificate No:</b>	<b>QC-HALL-2024-0165-23</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>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A9435	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE:</b> 1 1/4"  <b>GRADE:</b> 6  <b>MANUFACTURE:</b> TOYOLIFT  <b>S.F:</b> 6:1	12 TON	N/A	28-10-2023
<b>Reference Standard:</b>		<b>BS EN 13889/ 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"/>		<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)				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) <b>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</b>					
<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>Signature &amp; Stamp:</b>		
AIZAZ FARHAT	ASHRAF ELSAID				
<b>Date of Next Through Examination:</b>	21-10-2024				

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.



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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-24
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
112	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE:</b> 1 1/4" <b>GRADE:</b> 6 <b>MANUFACTURE:</b> CROSBY <b>S.F:</b> 6:1	12 TON	N/A	28-10-2023
Reference Standard:		BS EN 13889/ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 checked="" type="checkbox"/> NO <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	
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"/> NO <input type="checkbox"/> √
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-25
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
C3983	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE:</b> 1 1/4" <b>GRADE:</b> 6 <b>MANUFACTURE:</b> GT <b>S.F:</b> 6:1	12 TON	N/A	28-10-2023
Reference Standard:		BS EN 13889/ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <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	
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"/> NO <input type="checkbox"/> √
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

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<b>Date of Examination:</b>	22-04-2024	<b>Date of Report:</b>	22-04-2024	<b>Certificate No:</b>	QC-HALL-2024-0165-26
<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>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
J6500 K5959/B 1221	03	<b><u>SAFETY PIN BOW SHACKLE</u></b>  SIZE: 1"  GRADE: 6  MANUFACTURE: CROSBY  S.F: 6:1	8.5 TON	N/A	28-10-2023
<b>Reference Standard:</b>		BS EN 13889/ 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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		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) NONE					
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)				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					
<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>		<b>Signature &amp; Stamp:</b>		
AIZAZ FARHAT	ASHRAF ELSAID				
<b>Date of Next Through Examination:</b>	21-10-2024				

REV: 01 Dated: 20 June 2022

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-27
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
D5239	01	<b>SAFETY PIN BOW SHACKLE</b>  <b>SIZE: 1"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: Bash-P</b>  <b>S.F: 6:1</b>	8.5 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <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	
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"/> NO <input type="checkbox"/> √
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-28
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
2701 2702 2704 2705 2711 2709 2708 2700	08	<b>SAFETY PIN BOW SHACKLE</b>  <b>SIZE: 7/8"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: J&amp;L</b>  <b>S.F: 6:1</b>	6.5 TON	N/A	28-10-2023
Reference Standard:		BS EN 13889/ 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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		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:				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)				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) <b>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?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

REV: 01 Dated: 20 June 2022

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-29
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
J514	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 7/8"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: DY</b>  <b>S.F: 6:1</b>	6.5 TON	N/A	28-10-2023
Reference Standard:		BS EN 13889/ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <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	
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"/> NO <input type="checkbox"/> √
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-30
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
L511/1	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 7/8"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: DL</b>  <b>S.F: 6:1</b>	6.5 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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?	
				With 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 type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
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IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-31
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B400B B4000A B4000D	03	<b><u>SAFETY PIN BOW SHACKLE</u></b>  SIZE: 7/8"  GRADE: 6  MANUFACTURE: TOYOLIFT  S.F: 6:1	6.5 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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?	
				With 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 type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <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)				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?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

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.



# AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

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## Certificate of visual and thorough examination

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

Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-32
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
K5964B	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 7/8"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: GT</b>  <b>S.F: 6:1</b>	6.5 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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?	
				With 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 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)				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?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

REV: 01 Dated: 20 June 2022

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## Certificate of visual and thorough examination

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-33
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
J6814A J6811A N46	03	<b><u>SAFETY PIN BOW SHACKLE</u></b>  SIZE: 7/8"  GRADE: 6  MANUFACTURE: CROSBY  S.F: 6:1	6.5 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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?	
				With 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"/> ✓ <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)				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?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

REV: 01 Dated: 20 June 2022

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-34
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
EDL07D	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 3/4"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: GRIPTON</b>  <b>S.F: 6:1</b>	4.75 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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)				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?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

REV: 01 Dated: 20 June 2022

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-35
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
R7918	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 3/4"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: Bash-P</b>  <b>S.F: 6:1</b>	4.75 TON	N/A	28-10-2023
Reference Standard:		BS EN 13889/ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 checked="" type="checkbox"/> NO <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	
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"/> NO <input type="checkbox"/> √
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Thorough Examination:	21-10-2024				

REV: 01 Dated: 20 June 2022

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## Certificate of visual and thorough examination

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-36
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
U3732	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 3/4"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: GUNNEBO</b>  <b>S.F: 6:1</b>	4.75 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 checked="" type="checkbox"/> NO <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	
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"/> NO <input type="checkbox"/> √
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

REV: 01 Dated: 20 June 2022

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-37
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B5407A B5407B B5407C B5407D	04	<b>SAFETY PIN BOW SHACKLE</b>  SIZE: 3/4"  GRADE: 6  MANUFACTURE: TOYOLIFT  S.F: 6:1	4.75 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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?	
				With 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 type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <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) NONE					
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)				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?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

REV: 01 Dated: 20 June 2022

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Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-38
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
D9698 CC35 J4304D OS93A 11A7 M2342A	06	<b><u>SAFETY PIN BOW SHACKLE</u></b>  SIZE: 3/4"  GRADE: 6  MANUFACTURE: CROSBY  S.F: 6:1	4.75 TON	N/A	28-10-2023
Reference Standard:	BS EN 13889/ 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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		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) NONE					
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)				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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

REV: 01 Dated: 20 June 2022

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<b>Date of Examination:</b>	<b>22-04-2024</b>	<b>Date of Report:</b>	<b>22-04-2024</b>	<b>Certificate No:</b>	<b>QC-HALL-2024-0165-39</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>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
H1935	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 5/8"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: CROSBY</b>  <b>S.F: 6:1</b>	3.25 TON	N/A	28-10-2023
<b>Reference Standard:</b>		<b>BS EN 13889/ 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"/>		<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)				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					
<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>Signature &amp; Stamp:</b>		
AIZAZ FARHAT	ASHRAF ELSAID				
<b>Date of Next Thorough Examination:</b>	21-10-2024				

REV: 01 Dated: 20 June 2022

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## Certificate of visual and thorough examination

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

Date of Examination:	22-04-2024	Date of Report:	22-04-2024	Certificate No:	QC-HALL-2024-0165-40
Client Name:	HALLIBURTON	Location:	HPS YARD	Job Number:	QC-HALL-2024-0165
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
L6317	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 5/8"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: GT</b>  <b>S.F: 6:1</b>	3.25 TON	N/A	28-10-2023
Reference Standard:		BS EN 13889/ 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 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 checked="" type="checkbox"/> NO <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	
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:		Signature & Stamp:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	21-10-2024				

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.



**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
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## Certificate of visual and thorough examination

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

<b>Date of Examination:</b>	<b>22-04-2024</b>	<b>Date of Report:</b>	<b>22-04-2024</b>	<b>Certificate No:</b>	<b>QC-HALL-2024-0165-41</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>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
D8956A	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>SIZE: 1/2"</b>  <b>GRADE: 6</b>  <b>MANUFACTURE: CROSBY</b>  <b>S.F: 6:1</b>	2 TON	N/A	28-10-2023
<b>Reference Standard:</b>		<b>BS EN 13889/ 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"/>		<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)				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					
<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>Signature &amp; Stamp:</b>		
AIZAZ FARHAT	ASHRAF ELSAID				
<b>Date of Next Through Examination:</b>	21-10-2024				

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.



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## Certificate of visual and thorough examination

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

<b>Date of Examination:</b>	<b>22-04-2024</b>	<b>Date of Report:</b>	<b>22-04-2024</b>	<b>Certificate No:</b>	<b>QC-HALL-2024-0165-42</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>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B6663A B6663B	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>  SIZE: 1 1/2"  GRADE: 6  MANUFACTURE: TOYOLIFT  S.F: 6:1	17 TON	N/A	28-10-2023
<b>Reference Standard:</b>		<b>BS EN 13889/ 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)				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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>		
AIZAZ FARHAT	ASHRAF ELSAID				
<b>Date of Next Through Examination:</b>	21-10-2024				

REV: 01 Dated: 20 June 2022

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