

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

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CERTIFICATE OF VISUAL & THOROUGH EXAMINATION

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

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|--|---|--|-------------------------------|---|--|
| Date of Examination: | 12-03-2023 | Date of Report: | 12-03-2023 | Certificate No: | QC-23-03-HALL-SPY-C50 |
| Client Name: | Halliburton | Location: | Sperry Workshop | Job Number: | QC-23-03-HALL-SPY-12 |
| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
| GL69187/2 | 01 | <p>TWO LEG WIRE ROPE SLING Dimension: 0.65 m (L) x 11 mm (Dia)</p> <p>IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly. Hard Eye Both Ends F.O.S: 5:1</p> | 02 TON | N/A | N/A |
| Reference Standard: | | BS EN 13414-1 / HAL DOC: WM-GL-HAL-HSE-0420 | | | |
| 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"/> | |
| If the answer to the above question is YES has the equipment been installed correctly? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | With an interval of 12 months? | |
| | | | | YES <input checked="" 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) 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) | | | | 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? | | | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Name of Inspector: | Name of person authenticating this report: | | Signature & Stamp: | | |
| AIZAZ FARAHT | ASHRAF ELSAID | | | | |
| Date of Next Through Examination: | 11-09-2023 | | | | |

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.

