

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 / 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:	02/02/2024	Date of Report:	02/02/2024	Certificate No:	QC-24/-CMT-0202-09
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	020224
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
20/09/2023		05/04/2023		04/04/2025	
Serial Number:	QTY	Description			SWL
CMT-1000	1	LIFTING BAR Manufacturer: CUSTOMS ORGIN DIM: (L) 84 MM X (W) 20 MM X (H) 63 MM. SWL: 3000 LBS.			3000 LBS
Reference Standard:		Halliburton Procedure: ST-GL-HAL-HS-0206 Rev. 4, 431.00005 Rev. D, 431.00001 Rev. G.			
Is this the first examination after Installation or assembly at a new site or location?		YES ☐ NO ☒		Was the examination carried out: Within an interval of 6 months? YES ☒ NO ☐ With an interval of 12 months? YES ☐ NO ☒ In accordance with an examination scheme? YES ☒ NO ☐ After the occurrence of exceptional circumstances? YES ☐ NO ☒	
If the answer to the above question is YES has the equipment been installed correctly?		YES ☐ NO ☐			
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 ☐ NO ☒	
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					
** MPI was carried out on above item and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES ☒ NO ☐	
Name of Inspector:	Name of person authenticating this report:				
ASHRAF ELSAID	AIZAZ FARHAT Signature & Stamp:				
Latest date by which next thorough examination must be carried out: 01/08/2024					

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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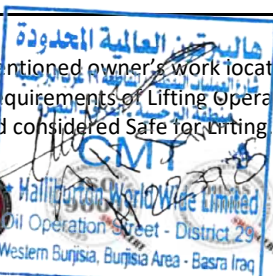


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Date of Examination:	02/02/2024	Date of Report:	02/02/2024	Certificate No:	QC-24/-CMT-0202-10
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	020224
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
0017 100	02	<u>DOUBLE CLEVIS LINK</u> Manufacturer: CANADA BODY SIZE: 1/2" GRAD: 10. F.O.S: 4:1	4.17 T	N/A	20/09/2023
Reference Standard:		BS EN 1677/ 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 ☐ NO ☒		Was the examination carried out: Within an interval of 6 months? YES ☒ NO ☐ With an interval of 12 months? YES ☐ NO ☒ In accordance with an examination scheme? YES ☒ NO ☐ After the occurrence of exceptional circumstances? YES ☐ NO ☒	
If the answer to the above question is YES has the equipment been installed correctly?		YES ☐ NO ☐			
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 ☐ NO ☒	
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 ☒ NO ☐	
Name of Inspector:		Name of person authenticating this report:			
ASHRAF ELSAID		AIZAZ FARHAT			
		Signature & Stamp:			
Latest date by which next thorough examination must be carried out: 01/08/2024					

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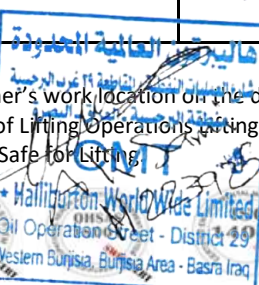


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Date of Examination:	02/02/2024	Date of Report:	02/02/2024	Certificate No:	QC-24/-CMT-0202-11
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	020224
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
201 10F	02	<u>EYE SAFETY LATCH HOOK</u> Manufacturer: CROSBY BODY SIZE: 3/8" (10MM) GRAD: 10. F.O.S: 4:1	4 T	N/A	20/09/2023
Reference Standard:	BS EN 1677-2/ 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 ☒ NO ☐ √		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?		☐ YES ☒ NO ☐ √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				☐ YES ☒ NO ☐ √	
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 ☒ NO ☐ √	
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	
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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 ☒ √ ☐ NO ☐	
Name of Inspector:		Name of person authenticating this report:			
ASHRAF ELSAID		AIZAZ FARHAT			
		Signature & Stamp:			
Latest date by which next thorough examination must be carried out: 01/08/2024					

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Date of Examination:	02/02/2024	Date of Report:	02/02/2024	Certificate No:	QC-24/-CMT-0202-12			
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	200923C			
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination			
BLP-280945-025	01	<u>SAFETY PIN BOW SHACKLES</u> Manufacturer: SKOOKUM BODY SIZE: 1 1/8" GRAD: 8 F.O.S: 6:1	18 T	N/A	20/09/2023			
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 ☐ NO ☒	Was the examination carried out:		YES ☒ NO ☐			
			Within an interval of 6 months?		YES ☐ NO ☒			
			With an interval of 12 months?		YES ☒ NO ☐			
If the answer to the above question is YES has the equipment been installed correctly?		YES ☐ NO ☐	In accordance with an examination scheme?		YES ☒ NO ☐			
			After the occurrence of exceptional circumstances?		YES ☐ NO ☒			
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 ☐ NO ☒			
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Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	020224
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
10A 10B	02	<u>SAFETY PIN BOW SHACKLES</u> Manufacturer: MCKAT BODY SIZE: 3/4" GRAD: 6. F.O.S: 6:1	4.75 T	N/A	20/09/2023
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 ☒ NO ☐ √		Was the examination carried out:	
				Within an interval of 6 months?	
				Within an interval of 12 months?	
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