

# AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq

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## CERTIFICATE OF THOROUGH EXAMINATION

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

|                                                                                                                                                               |                                            |                                                                                                                                   |                           |                                                                     |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------|-----------------------------------|
| Date of Examination:                                                                                                                                          | 08/05/2024                                 | Date of Report:                                                                                                                   | 08/05/2024                | Certificate No:                                                     | QC-24/-CMT-1002-003               |
| Client Name:                                                                                                                                                  | HALLIBURTON                                | Location:                                                                                                                         | CMT WORKSHOP              | Job Number:                                                         | 08052024                          |
| Last Inspection                                                                                                                                               |                                            | Last Proof Load Test Date                                                                                                         |                           | Next Proof Load Test Due                                            |                                   |
| 10.07.2023                                                                                                                                                    |                                            | 01/ 07/ 2023                                                                                                                      |                           | 30/ 06/ 2025                                                        |                                   |
| Serial Number:                                                                                                                                                | QTY                                        | Description                                                                                                                       | SWL                       | Date of manufacture if known:                                       | Date of last thorough examination |
| CMT-1007                                                                                                                                                      | 01                                         | <p><b>LIFTING BAR</b></p> <p>Manufacturer: CUSTOMS ORGIN</p> <p>DIM: (L) 84 MM X (W) 20 MM X (H) 63 MM.</p> <p>SWL: 3000 LBS.</p> | 3000 lbs.                 | N/A                                                                 | 10/07/2023                        |
| Reference Standard:                                                                                                                                           |                                            | 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 <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 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"/> |                                   |
| 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        |                                            |                                                                                                                                   |                           |                                                                     |                                   |
| ** MPI was carried out on above item 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: |                                                                                                                                   | Client Signature & Stamp: |                                                                     |                                   |
| ASHRAF ELSAID                                                                                                                                                 | AIZAZ FARHAT                               |                                                                                                                                   |                           |                                                                     |                                   |
| Date of Next Through Examination:                                                                                                                             | 07-NOV-2024                                |                                                                                                                                   |                           |                                                                     |                                   |

**THIS IS TO CERTIFY THAT;** a competent person, who attended 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:                                                                                                                                                 | 08/05/2024  | Date of Report:                                                                                                              | 08/05/2024   | Certificate No:                                                                                                                                    | QC-24/-CMT-1002-004               |
| Client Name:                                                                                                                                                         | HALLIBURTON | Location:                                                                                                                    | CMT WORKSHOP | Job Number:                                                                                                                                        | 08052024                          |
| Serial Number:                                                                                                                                                       | QTY         | Description                                                                                                                  | SWL          | Date of manufacture if known:                                                                                                                      | Date of last thorough examination |
| 025<br>3C                                                                                                                                                            | 02          | <u>EYE SAFETY LATCH HOOK</u><br><br><b>Manufacturer:</b> CROSBY<br><br><b>BODY SIZE:</b> 3/8" (10MM)<br><br><b>GRAD:</b> 10. | 4 T          | N/A                                                                                                                                                | 01/07/2023                        |
| 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?                                                                              |             | <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?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                    |                                   |
|                                                                                                                                                                      |             |                                                                                                                              |              | With an interval of 12 months?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                     |                                   |
|                                                                                                                                                                      |             |                                                                                                                              |              | In accordance with an examination scheme?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>          |                                   |
|                                                                                                                                                                      |             |                                                                                                                              |              | After the occurrence of exceptional circumstances?<br><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: | Client Signature & Stamp: |  |
| ASHRAF ELSAID                     | AIZAZ FARHAT                               |                           |  |
| Date of Next Through Examination: | 07-NOV-2024                                |                           |  |

**THIS IS TO CERTIFY THAT;** a competent person who 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 and 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: | 08/05/2024  | Date of Report: | 08/05/2024   | Certificate No: | QC-24/-CMT-1002-005 |
| Client Name:         | HALLIBURTON | Location:       | CMT WORKSHOP | Job Number:     | 08052024            |

| Serial Number: | QTY | Description                                                                                                        | SWL    | Date of manufacture if known: | Date of last thorough examination |
|----------------|-----|--------------------------------------------------------------------------------------------------------------------|--------|-------------------------------|-----------------------------------|
| 3F<br>3E       | 02  | <b>DOUBLE CLEVIS LINK</b><br><br><b>Manufacturer:</b> CROSBY<br><br><b>BODY SIZE:</b> 1/2"<br><br><b>GRAD:</b> 10. | 4.17 T | N/A                           | 01/07/2023                        |

|                     |                                                                      |
|---------------------|----------------------------------------------------------------------|
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Was the examination carried out:<br>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"/> |
| If the answer to the above question is YES has the equipment been installed correctly?  | YES <input 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: | Client Signature & Stamp:                                                                                   |
| ASHRAF ELSAID                     | AIZAZ FARHAT                               | <br>Halliburton WorldWide Limited<br>Oil Operation Street - District 29<br>Western Surra - Basra date shown |
| Date of Next Through Examination: | 07-NOV-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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|                      |             |                 |              |                 |                     |
|----------------------|-------------|-----------------|--------------|-----------------|---------------------|
| Date of Examination: | 08/05/2024  | Date of Report: | 08/05/2024   | Certificate No: | QC-24/-CMT-1002-006 |
| Client Name:         | HALLIBURTON | Location:       | CMT WORKSHOP | Job Number:     | 08052024            |

| Serial Number: | QTY | Description                                                                                                                        | SWL    | Date of manufacture if known: | Date of last thorough examination |
|----------------|-----|------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------|-----------------------------------|
| C7             | 01  | <p><b><u>SAFETY PIN BOW SHACKLES</u></b></p> <p>Manufacturer: CROSBY</p> <p>BODY SIZE: 3/4"</p> <p>GRADE: 6.</p> <p>F.O.S: 6:1</p> | 4.75 T | N/A                           | 01/07/2023                        |

|                     |                                                                       |
|---------------------|-----------------------------------------------------------------------|
| 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 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) 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 ✓ NO

|                                    |                                            |                           |  |
|------------------------------------|--------------------------------------------|---------------------------|--|
| Name of Inspector:                 | Name of person authenticating this report: | Client Signature & Stamp: |  |
| ASHRAF ELSAID                      | AIZAZ FARHAT                               |                           |  |
| Date of Next Thorough Examination: | 07-NOV-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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|                      |             |                 |              |                 |                     |
|----------------------|-------------|-----------------|--------------|-----------------|---------------------|
| Date of Examination: | 08/05/2024  | Date of Report: | 08/05/2024   | Certificate No: | QC-24/-CMT-1002-007 |
| Client Name:         | HALLIBURTON | Location:       | CMT WORKSHOP | Job Number:     | 08052024            |

| Serial Number: | QTY | Description                                                                                                                   | SWL  | Date of manufacture if known: | Date of last thorough examination |
|----------------|-----|-------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------|-----------------------------------|
| 4A             | 01  | <p><u>SAFETY PIN BOW SHACKLES</u></p> <p>Manufacturer: SKOOKUM</p> <p>BODY SIZE: 1 1/8"</p> <p>GRADE: 8</p> <p>F.O.S: 6:1</p> | 18 T | N/A                           | 01/07/2023                        |

|                     |                                                                       |
|---------------------|-----------------------------------------------------------------------|
| 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 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) 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 ✓ NO

|                                    |                                            |                           |  |
|------------------------------------|--------------------------------------------|---------------------------|--|
| Name of Inspector:                 | Name of person authenticating this report: | Client Signature & Stamp: |  |
| ASHRAF ELSAID                      | AIZAZ FARHAT                               |                           |  |
| Date of Next Thorough Examination: | 07-NOV-2024                                |                           |  |

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