

# AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

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## CERTIFICATE OF THOROUGH EXAMINATION

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

|                                                                                                                                                                                                                                               |                                                   |                                                                                                                                             |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>Date of Examination:</b>                                                                                                                                                                                                                   | 10.05.2024                                        | <b>Date of Report:</b>                                                                                                                      | 10.05.2024                                                                                                                                                                                                                                                   | <b>Certificate No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | QC-HALL-2024-0179/12                     |
| <b>Client Name:</b>                                                                                                                                                                                                                           | HALLIBURTON                                       | <b>Location:</b>                                                                                                                            | WPS                                                                                                                                                                                                                                                          | <b>Job Number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC-HALL-2024-0179                        |
| <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> |
| B0342                                                                                                                                                                                                                                         | 01                                                | SAFETY PIN BOW SHACKLE<br><br>MANUFACTURE: Bash-p<br><br>SIZE: 3/4"<br>S.F: 6:1<br><br>GRADE: 6<br>FITTED WITH LIFTING CAP<br>S/N: L-694638 | 4.75 T                                                                                                                                                                                                                                                       | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 27.05.2022                               |
| <b>Reference Standard:</b>                                                                                                                                                                                                                    |                                                   | BS EN 13889 / HAL DOC: ST-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:<br>Within an interval of 6 months?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>With an interval of 12 months?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>After the occurrence of exceptional circumstances?<br>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)<br>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>                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
| Ashraf Elsaid                                                                                                                                                                                                                                 | Aizaz Farhat                                      |                                                                                                                                             | <br><b>ALI Talib HB48903</b><br>Date: 11-05-2024<br>Signature: <br><b>Haliburton</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
| <b>Date of Next Through Examination:</b>                                                                                                                                                                                                      | 09/11/2024                                        |                                                                                                                                             |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |

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.

