

# 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

|   |  |   |   |  |                                   |
|---|--|---|---|--|-----------------------------------|
| Date of Examination:  | 16/05/2024                                 | Date of Report:   | 16/05/2024  | Certificate No:  | QC-24-WPS-1605-013                |
| Client Name:  | HALLIBURTON                                | Location:   | WPS   | Job Number:  | 160524                            |
| Serial Number:  | QTY  | Description   | SWL   | Date of manufacture if known:  | Date of last thorough examination |
| 1872B   | 1  | SAFETY PIN BOW SHACKLE<br><br>GRADE: 6<br><br>SIZE: 7/8"<br><br>MANUFACTURE: CROSBY<br><br>S.F: 6:1 | 6.5 T   | N/A  | 12/11/2023                        |
| Reference Standard:   | 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 |  |   |   |  |                                   |
| 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   | MOHAMED ABDALLAH                           |   | ALI Talib HB48903<br>Date: 17/05/2024<br>Signature Haliburton |  |                                   |
| Date of Next Through Examination:   | 15/11/2024                                 |   |   |  |                                   |

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.

