

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

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647834966105 / +9647834964657

Email: ashraf.said@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: | 01/06/2024 | Date of Report: | 01/06/2024 | Certificate No: | QC-24-SP-0106-03 |
| Client Name: | HALLIBURTON | Location: | SPERRY | Job Number: | 01062024 |
| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
| C3561 L689 S3908 S3901 | 04 | Flat Polyester Webbing sling MANUFACTURER: safety marine LENGTH: 3 M COLOR: YELLOW FOS: 7:1 | 3 TON | N/A | 02-2024 |
| Reference Standard: | | BS EN 1492-1 /HAL DOC: ST-GL-HAL-HSE-0420 | | | |
| 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: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓ With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓ In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓ After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/> ✓ | | | |
| 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: | | | | <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) | | | | 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? | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓ | |
| Name of Inspector: | Name of person authenticating this report: | | Signature & Stamp: | | |
| ASHRAF ELSAID | MOHAMED ABDALLAH | | | | |
| Date of Next Through Examination: | 30/11/2024 | | | | |

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.

