

# 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>	30/06/2024	<b>Date of Report:</b>	30/06/2024	<b>Certificate No:</b>	QC-2024-0192/19
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	30064
<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>
LW7755	01	<b><u>SINGLE LEG WIRE ROPE SLING</u></b>  <b>Dim: 36 mm X 2.0 m (L)</b>  <b>IWRC, Mechanically Spliced with Steel Ferrule C/W Master Link at the Top.</b>  <b>HARD EYE X HARD EYE</b>  <b>S.F: 5:1</b>	15 TON	N/A	05/04/2023
<b>Reference Standard:</b>		BS EN 13414-1/ 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 checked="" type="checkbox"/> NO <input 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) <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)				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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input 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	MOHAMED ABDALLAH				
<b>Date of Next Through Examination:</b>	29/12/2024				

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.

