

# 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-2024-0179/21                     |  |  |
| <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> |  |  |
| E518                                                                                                                                                          | 1                                                 | 4 LEG WIRE ROPE SLING<br><br>DIM: 3 M (L) X 19 MM (DIA)<br>MANUFACTURER: ELMAR NOV<br>FOS: 5:1<br>IWRC MECHANICALLY SPLICED WITH ALUMINUM FERRULES C/W MASTER LINK ASSEMBLY AT THE TOP<br><br>HARD EYE BOTH ENDS | 9.6 T      | N/A                                                                                                                                                                                                      | 27.05.2022                               |  |  |
| <b>Reference Standard:</b>                                                                                                                                    | BS EN 13414-1/ HAL DOC: ST-GL-HAL-HSE-0420        |                                                                                                                                                                                                                  |            |                                                                                                                                                                                                          |                                          |  |  |
| Is this the first examination after Installation or assembly at a new site or location?                                                                       |                                                   | YES                                                                                                                                                                                                              | NO         | Was the examination carried out:<br>Within an interval of 6 months?<br>With an interval of 12 months?<br>In accordance with an examination scheme?<br>After the occurrence of exceptional circumstances? |                                          |  |  |
|                                                                                                                                                               |                                                   |                                                                                                                                                                                                                  |            |                                                                                                                                                                                                          |                                          |  |  |
| If the answer to the above question is YES has the equipment been installed correctly?                                                                        |                                                   | 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                                                                                                                                                                                                      | NO                                       |  |  |
| 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>                                                                                                                     |                                                   |                                                                                                                                                                                                                  |            | YES                                                                                                                                                                                                      | NO                                       |  |  |
| <b>Name of Inspector:</b>                                                                                                                                     | <b>Name of person authenticating this report:</b> | <b>Signature &amp; Stamp:</b>                                                                                                                                                                                    |            |                                                                                                                                                                                                          |                                          |  |  |
| Ashraf Elsaid                                                                                                                                                 | Aizaz Farhat                                      |                                                                                                                                                                                                                  |            |                                                                                                                                                                                                          |                                          |  |  |
| <b>Date of Next Thorough Examination:</b>                                                                                                                     | 09/11/2024                                        |                                                                                                                                                                                                                  |            |                                                                                                                                                                                                          |                                          |  |  |
|                                                                                                                                                               |                                                   | ALI Talib HB48903<br>Date: 11-05-2024<br>Signature Haliburton                                                                                                                                                    |            |                                                                                                                                                                                                          |                                          |  |  |

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.

