

AI TAKAMUL COMPANY FOR ENGINEERING TESTS

AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: OP@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:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-01
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
M2444 D0486	02	MASTERLINK PART NO: 45B6 MANUFACTURE: GT WEIGHT: 12.5 KG S.F: 4:1 LOCATION: CTU 7	38.3 T	01/06/2024	
Reference Standard:		BS EN 1677-4 / 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 checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 checked="" 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?				YES	<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

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.



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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
B5636	01	MASTERLINK PART NO: 45B6 MANUFACTURE: GT WEIGHT: 12.5 KG S.F: 4:1 LOCATION: CTU 7	33.3 TON	01/06/2024	
Reference Standard:		BS EN 1677-4 / HAL DOC: ST-GL-HAL-HSE-0420			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
Was the examination carried out:		Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?			
		YES	✓	NO	✓
		YES	✓	NO	✓
		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					
IS THIS EQUIPMENT SAFE TO OPERATE?		YES	✓	NO	
Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:			
ASHRAF ELSAID	MOHAMED ABDALLAH				
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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-03
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
TB03 TB04	02	<u>TURNBUCKLE</u> Rigging Screw Turnbuckles (Jaw & Jaw) MANUFACTURER: CROSBY SIZE: 1 1/2" FOS: 5:1 LOCATION: CTU 7	9.71 TON	01/06/2024	
Reference Standard:	BS 4429:1987/ 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				YES <input checked="" type="checkbox"/> NO <input 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"/>		With an interval of 12 months?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				In accordance with an examination scheme?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				YES <input type="checkbox"/> NO <input checked="" 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"/>	
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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
B6663A B6663B	02	SAFETY PIN BOW SHACKLE MANUFACTURE: TOYOLIFT GRADE: 6 SIZE: 1 1/2" F.O.S: 6:1 LOCATION: CTU 7	17 TON	01/06/2024	
Reference Standard:	BS EN 13889 / 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? 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) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
BS09 M2446	02	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 2" F.O.S: 6:1 LOCATION: CTU 7	35 TON	01/06/2024	
Reference Standard:	BS EN 13889 / 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? 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	
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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-06
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
6828	01	SAFETY PIN BOW SHACKLE MANUFACTURE: MCKAT GRADE: 6 SIZE: 2" F.O.S: 6:1 LOCATION: CTU 7	35 TON	01/06/2024	
Reference Standard:		BS EN 13889 / 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?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
Was the examination carried out:					
Within an interval of 6 months?		YES	NO	✓	
With an interval of 12 months?		YES	NO	✓	
In accordance with an examination scheme?		YES	NO	✓	
After the occurrence of exceptional circumstances?		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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-07
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
N46	01	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 7/8" F.O.S: 6:1 LOCATION: CTU 7	6.5 TON	01/06/2024	
Reference Standard:		BS EN 13889 / 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 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:					
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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				
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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-08
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
B4000D	01	SAFETY PIN BOW SHACKLE MANUFACTURE: TOYOLIFT GRADE: 6 SIZE: 7/8" F.O.S: 6:1 LOCATION: CTU 7	6.5 TON	01/06/2024	
Reference Standard:	BS EN 13889 / 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 6 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			With an interval of 12 months?		YES <input checked="" type="checkbox"/> NO <input 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"/>	In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> NO <input checked="" 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)					
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IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
24524	01	SAFETY PIN BOW SHACKLE MANUFACTURE: MCKAT GRADE: 6 SIZE: 2 1/2" F.O.S: 6:1	55 TON	01/06/2024	
Reference Standard:		BS EN 13889 / 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?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
Was the examination carried out:		Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?			
		YES	✓	NO	
		YES		NO	✓
		YES	✓	NO	
		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	
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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
B908	01	SAFETY PIN BOW SHACKLE MANUFACTURE: LIFMEX GRADE: 6 SIZE: 2 1/2" F.O.S: 6:1 LOCATION : CTU 7	55 TON	01/06/2024	
Reference Standard:		BS EN 13889 / 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?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
Was the examination carried out:					
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With an interval of 12 months?		YES	NO	✓	
In accordance with an examination scheme?		YES	NO	✓	
After the occurrence of exceptional circumstances?		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:					
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Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

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.



**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:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-11
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
F311	01	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 3/4" F.O.S: 6:1 LOCATION: CTU 7	4.75 TON	01/06/2024	
Reference Standard:		BS EN 13889 / 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 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:	16.05.2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-12
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
D5864	01	SAFETY PIN BOW SHACKLE MANUFACTURE: GT GRADE: 6 SIZE: 3/4" F.O.S: 6:1 LOCATION: CTU 7	4.75 TON	01/06/2024	
Reference Standard:	BS EN 13889 / 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 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"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-13
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
B6663	01	<u>4 LEGS WIRE ROPE SLING</u> Dimension: One Leg 22 mm (L) X 8 FT Other leg Dim: 22 mm (L) X 7.5 FT Manufacture: Safety Marine IWRC Mechanically Spliced with Steel Ferrules C/W Master Link on Top Hard Eye to Both Ends F.O.S: 5:1 LOCATION : CTU 7	13 TON	01/06/2024	
Reference Standard:		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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? With an interval of 12 months?		YES <input checked="" type="checkbox"/> NO <input 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"/>	In accordance with an examination scheme? After the occurrence of exceptional circumstances?		YES <input checked="" 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) 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:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-14
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
B866	01	Single Leg Wire Rope Sling DIM : 5.2 m (L) X 52 mm (DIA) MANUFACTURE: Safety Marine IWRC MECHANICALLY SPLICED WITH ALUMINUM FERRULES. HARD EYE X HARD EYE FOS: 5 : 1 LOCATION : Store	34.8 TON	01/06/2024	
Reference Standard:		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 checked="" type="checkbox"/> ✓		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓ With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓ In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓ After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO <input checked="" 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 checked="" 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 checked="" type="checkbox"/> ✓	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-15
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
341082-2-3	01	<p><u>Single Leg Wire Rope Sling</u></p> <p>DIM : 0.78 m (L) X 12 mm (DIA)</p> <p>MANUFACTURE: Safety Marine</p> <p>IWRC MECHANICALLY SPLICED WITH ALUMINUM FERRULES.</p> <p>HARD EYE X HARD EYE</p> <p>FOS: 5 : 1</p> <p>LOCATION: Attached With Goose neck CTU 7</p>	1.84 TON	01/06/2024	
Reference Standard:		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 checked="" type="checkbox"/>		Was the examination carried out:	
				<input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
				With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
				In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
				After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" 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 Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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"/> NO <input checked="" type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-16
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
LB07	01	<u>Single Leg Wire Rope Sling</u> DIM : 0.82 m (L) X 16 mm (DIA) MANUFACTURE: Safety Marine IWRC MECHANICALLY SPLICED WITH ALUMINUM FERRULES. HARD EYE X HARD EYE FOS: 5 : 1 LOCATION : Attached With Goose neck CTU 7	3.3 TON	01/06/2024	
Reference Standard:		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?		YES		NO	
		YES		NO	
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO	
		YES		NO	
Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?		YES		NO	
		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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-17
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	Capacity	Date of last thorough examination	
120176	01	<u>Single Leg Wire Rope Sling</u> DIM : 4FT (L) X 10 mm (DIA) MANUFACTURE: SALA IWRC MECHANICALLY SPLICED WITH ALUMINUM FERRULES. HARD EYE X HARD EYE FOS: 5 : 1 LOCATION: Attached With Fall Arrestor No: 187716	1 Person -310 LBS	01/06/2024	
Reference Standard:		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?		YES		NO	
		YES		NO	
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO	
		YES		NO	
Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?		YES		NO	
		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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-18
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	Capacity	Date of last thorough examination	
121214	01	<u>Single Leg Wire Rope Sling</u> DIM : 4FT (L) X 10 mm (DIA) MANUFACTURE: SALA IWRC MECHANICALLY SPLICED WITH ALUMINUM FERRULES. HARD EYE X HARD EYE FOS: 5 : 1 LOCATION: Attached With Fall Arrestor No: 187478	1 Person -310 LBS	01/06/2024	
Reference Standard:		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?		YES		NO	
		YES		NO	
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO	
		YES		NO	
Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?		YES		NO	
		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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-19
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
4424 4423	02	<p style="text-align: center;"><u>SINGLE LEG CHAIN SLING</u></p> <p>DIMENSION : 15 m (L) X 10 mm (DIA)</p> <p>GRADE: 8</p> <p>C/W GRAB HOOK AT THE END</p> <p>FOS: 5 : 1</p> <p>LOCATION: CTU 7</p>	3.15 TON	01/06/2024	
Reference Standard:		BS EN 818-4/ 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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"/>		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 checked="" type="checkbox"/> NO <input 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"/>	
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"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

REV: 01 Dated: 20 June 2022

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AI TAKAMUL COMPANY FOR ENGINEERING TESTS

AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-20
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
F001	01	<u>SINGLE LEG CHAIN SLING</u> DIMENSION : 3.0 m (L) X 10 mm (DIA) GRADE: 8 C/W GRAB HOOK AT THE END FOS: 5 : 1 LOCATION: CTU 7	3.15 TON	01/06/2024	
Reference Standard:		BS EN 818-4/ 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?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
Was the examination carried out:					
Within an interval of 6 months?		YES	✓	NO	✓
With an interval of 12 months?		YES	✓	NO	✓
In accordance with an examination scheme?		YES	✓	NO	✓
After the occurrence of exceptional circumstances?		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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	16.05.2025				

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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
187716	02	FALL ARRESTOR Manufacture: SALA Year Of Manufacture: 22/OCT Model : 3400902 Length: 50 FT Location : Injector CTU 7	420 lb / 191 kg	01/06/2024	
Reference Standard:		BS EN 360:2002/ 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 6 months?		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"/>	With an interval of 12 months?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> NO <input checked="" 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)					
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:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
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Date of Examination:	17.11.2024	Date of Report:	17.11.2024	Certificate No:	QC/24/HALL-0106-22
Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
187478	02	<p style="text-align: center;"><u>FALL ARRESTOR</u></p> <p>Manufacture: SALA Year Of Manufacture: 22/OCT Model : 3400902 Length: 50 FT Location : Reel CTU 7</p>	420 lb / 191 kg	01/06/2024	
Reference Standard:		BS EN 360:2002/ 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 checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" 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 Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> ✓	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
D241	02	Flat Polyester Woven Webbing Sling Type: Webbing Sling Material: Polyester Manufacture: Gulf Metal Wires Industry Date of Manufacture: 23.02.2024 Safety Factor: 7:1 Length: 6 M Color: Brown Location: CTU 7 Box	Vertical 6 Ton Chocker 4.8 Ton Basket 12 Ton	01/06/2024	
Reference Standard:		BS EN 1492-1/ 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) 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"/> √	
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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
8508	02	Flat Polyester Woven Webbing Sling Type: Webbing Sling Material: Polyester Manufacture: Delta Plus Date of Manufacture: 07.2023 Safety Factor: 7:1 Length: 4 M Color: Grey Location: CTU 7 Box	Vertical 4 Ton Chocker 3.2 Ton Basket 8 Ton	01/06/2024	
Reference Standard:		BS EN 1492-1/ 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) 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"/> √	
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Client Name:	Halliburton	Location:	HPS	Job Number:	010625
Serial Number:	QTY	Description	SWL	Date of last thorough examination	
5165926	02	BODY HARNESS MATERIAL: POLYESTER MANUAFCTURE: WEB DEVICES MANUAFCTURE DATE : 05.2016 MODEL: LM3611 Location: CTU 7 Box	310 LBS	01/06/2024	
Reference Standard:		EN361:2002 / 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?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
Was the examination carried out:		Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?			
		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 Sate 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:					
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IS THIS EQUIPMENT SAFE TO OPERATE?		YES	✓	NO	
Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:			
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