

**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 visual and thorough examination

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

<b>Date of Examination:</b>	24/05/2024	<b>Date of Report:</b>	24/05/2024	<b>Certificate No:</b>	QC-2024-0192/01
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
1072718	01	<p><b><u>SINGLE LEG WIRE ROPE SLING</u></b></p> <p><b>MANUFACTURER:</b> Shaw's Enterprises  <b>DIMENSION:</b> 5/8" DIA X 397"(L)  <b>FOS:</b> 5:1</p> <p>IWRC, MECHANICALLY SPLICED WITH OPEN SPelter SOCKET AT ONE END BRAZE AND TAPER OTHER END            LOCATION: MAST UNIT WINCH</p>	11280 LBS	06.03.2020	02/10/2023
<b>Reference Standard:</b>		ASME B30.9 / 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	✓	Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO	
	YES	NO			YES		NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	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) <b>NONE</b>								
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 ARHAT		
<b>Date of Next Through Examination:</b>	23/11/2024		

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.



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<b>Date of Examination:</b>	24/05/2024	<b>Date of Report:</b>	24/05/2024	<b>Certificate No:</b>	QC-2024-0192/02
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
MWS01	01	<b><u>SINGLE LEG WIRE ROPE SLING</u></b> <b>DIMENSION:</b> 5 MM DIA X 5M (L) <b>FOS:</b> 5:1 IWRC, MECANICALLY SPLICED WITH ALUMINUM FERRULE C/W SAFETY LATCH HOOK FROM THE TOP HARD EYE X PLAIN END	300 KG	2019	02/10/2023
<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?	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	✓
If the answer to the above question is YES has the equipment been installed correctly?	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) <b>NONE</b>								
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 ARHAT		
<b>Date of Next Through Examination:</b>	23/11/2024		

REV: 01 Dated: 20 June 2022

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**CERTIFICATE OF THOROUGH EXAMINATION**

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<b>Date of Examination:</b>	24/05/2024	<b>Date of Report:</b>	24/05/2024	<b>Certificate No:</b>	QC-2024-0192/03
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524
<b>SERIAL NUMBER:</b>	108060		<b>RATED LINE PUL:</b>	25000 LBS	
<b>Description of Equipment</b>	<p align="center"><b><u>MAIN CARRIAGE WINCH</u></b></p> <p><b>MODEL: M25-7-29-2</b></p> <p><b>MANUFACTURE DATE: 12/07/2019</b></p> <p><b>MANUFACTURE: WAJAX INDUSTRIAL COMPONENTS</b></p> <p><b>C/W WIRE ROPE SLING SN: 1072718</b></p>				
<b>Ref. Standard</b>	ASME B30.7				
<b>Date of Last Examination:</b>	02/10/2023		<b>Date of Last Proof Load Test:</b>	07/2019	
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) <b>NONE</b>					
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)					
In the light of inspection findings subject Mast Truck Winch was Inspected visually & operational Test was performed where no defects were observed during testing Hence, it was found satisfactory and fit for intended use.					
<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 ARHAT				
<b>Date of Next Through Examination:</b>	23/11/2024				

REV: 01 Dated: 20 June 2022

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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Examination Date:</b>	24/05/2024
<b>Manufacturer / Date:</b>	WAJAX INDUSTEIAL COMPONENTS			<b>Rated Line Pull:</b>	25000 LBS
<b>Serial No.:</b>	108060	<b>Model:</b>	M25-7-29-2	<b>Manufacturer Date:</b>	07/2019

No	COMPONANT CHECKS	RESULT	COMMENTS
1	Manufacturers data plate	✓	
1	Space Bars and End Covers	✓	
2	Controls/ Operational Controls	✓	
3	Brakes/ Clutch	✓	
4	Emergency Stop/ Limit Switch	✓	
1	Wire Rope Drum	✓	
2	Wire Rope Guide	✓	
3	Wire Rope	✓	
4	Motor	✓	
5	Electric System	N/A	
6	Air System	✓	
1	Main Gears & Reduction Gears	✓	
2	Drum Guard	✓	
5	Fasteners and Bolts	✓	
6	Main structure and Foundation Welds	✓	
8	Clearance & Obstruction	✓	

**Key Category:**

1 = Immediate action	2= Action within ...	3= Worn/Serviceable	✓	No Apparent Defects	N/A = Not Applicable
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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
14711	01	<b>FALL ARRESTOR</b>  LOT: 19031079 Manufacturer: Sala Length: 85 ft. Model: 3400862	410 LBS	Mar-2019	02/10/2023

<b>Reference Standard:</b>	BS EN 360:2002 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1				
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Is this the first examination after Installation or assembly at a new site or location?	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	✓
If the answer to the above question is YES has the equipment been installed correctly?	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 Sate NONE) <b>NONE</b>											
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) <b>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</b>											

<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES	✓	NO	
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<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature &amp; Stamp:</b>	
ASHRAF ELSAID	AIZAZ ARHAT		
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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
22 23	02	<b>TURNBUCKLE</b> Rigging Screw Turnbuckles (Jaw & Jaw) MANUFACTURER: Crosby SIZE: 2" FOS: 5:1 	37,000 LBS	N/A	02/10/2023

**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		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	✓
If the answer to the above question is YES has the equipment been installed correctly?	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 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:

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 ☐

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ASHRAF ELSAID	AIZAZ ARHAT		
<b>Date of Next Through Examination:</b>	23/11/2024		

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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
J513	01	<b>SAFETY PIN BOW SHACKLE</b>  Manufacture: GT  SIZE: 7/8"  Grade: 6  FOS: 6:1	6.5 T	N/A	02/10/2023

<b>Reference Standard:</b>	BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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Is this the first examination after Installation or assembly at a new site or location?	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	✓
If the answer to the above question is YES has the equipment been installed correctly?	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) <b>NONE</b>										
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 EL SAID	AIZAZ ARHAT		
<b>Date of Next Thorough Examination:</b>	23/11/2024		

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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
A1926582 A1926554 A1926539 A1926555	04	<b>SAFETY PIN BOW SHACKLE</b>  Manufacture: CROSBY  SIZE: 1 1/2"  Grade: 6  FOS: 6:1	17 T	N/A	02/10/2023

<b>Reference Standard:</b>	BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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Is this the first examination after Installation or assembly at a new site or location?	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	✓

If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	✓
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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

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ASHRAF ELSAID	AIZAZ ARHAT		
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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
2706	01	<b>SAFETY PIN BOW SHACKLE</b>  Manufacture: J&L  SIZE: 7/8"  Grade: 6  FOS: 6:1	6.5 T	N/A	02/10/2023

<b>Reference Standard:</b>	BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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Is this the first examination after Installation or assembly at a new site or location?	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	✓
If the answer to the above question is YES has the equipment been installed correctly?	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			
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	✓

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ASHRAF ELSAID	AIZAZ ARHAT		
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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B44427-1	01	<b>SAFETY PIN BOW SHACKLE</b>  Manufacture: CROSBY  SIZE: 7/18"  Grade: 6  FOS: 6:1	1.5 T	N/A	02/10/2023

<b>Reference Standard:</b>	BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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Is this the first examination after Installation or assembly at a new site or location?	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	✓
If the answer to the above question is YES has the equipment been installed correctly?	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) <b>NONE</b>										
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 ARHAT		
<b>Date of Next Through Examination:</b>	23/11/2024		

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.



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## Certificate of visual and thorough examination

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

<b>Date of Examination:</b>	24/05/2024	<b>Date of Report:</b>	24/05/2024	<b>Certificate No:</b>	QC-2024-0192/10
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
HST-057892-001	01	<p><b><u>4 LEGS WIRE ROPE SLING</u></b></p> <p>IWRC Mechanically Spliced with Steel Ferrules C/W Master Link on Top Hard Eye to Both Ends</p> <p><b>Dimension:</b> 28 mm (L) X 3.40 M</p> <p><b>Manufacture:</b> Bishop Lifting</p> <p><b>F.O.S:</b> 5:1</p>	60000 LBS	17/07/2019	02/10/2023
<b>Reference Standard:</b>		ASME B30.9 / 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	✓	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	✓
If the answer to the above question is YES has the equipment been installed correctly?	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 ☐

<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature &amp; Stamp:</b>	
ASHRAF ELSAID	AIZAZ ARHAT		
<b>Date of Next Through Examination:</b>	23/11/2024		

REV: 01 Dated: 20 June 2022

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<b>Date of Examination:</b>	24/05/2024	<b>Date of Report:</b>	24/05/2024	<b>Certificate No:</b>	QC-2024-0192/11
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524
<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>
CA19-4217 CA19-4218	2	<b><u>SINGLE LEG WIRE ROPE SLING</u></b>  <b>MANUFACTURER:</b> CROSBY <b>DIMENSION:</b> 1" DIA X 564" (L) <b>FOS:</b> 5:1  IWRC, MECANICALLY SPLICED WITH OPEN SPELTER SOCKET AT ONE END AND CLOSED SWAGE SOCKET AT OTHER END	23000 LBS	N/A	02/10/2023
<b>Reference Standard:</b>		ASME B30.9 / 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 Sate 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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" 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	AIZAZ ARHAT				
<b>Date of Next Through Examination:</b>	23/11/2024				

REV: 01 Dated: 20 June 2022

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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>	24/05/2024	<b>Date of Report:</b>	24/05/2024	<b>Certificate No:</b>	QC-2024-0192/12
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Job Number:</b>	240524
<b>SERIAL NUMBER:</b>	M21279		<b>SWL:</b>	500 KG	
<b>Description of Equipment</b>	<p align="center"><b><u>MANUAL WINCH</u></b></p> <p><b>MANUFACTURE DATE: 2019</b></p> <p><b>**NOTE: WINCH ISN'T DESIGNED FOR THE PURPOSE OF MOVING OR LIFTING PERSONNAL</b></p> <p><b>C/W WIRE ROPE SLING SN: MWS01</b></p>				
<b>Ref. Standard</b>	ASME B30.7				
<b>Date of Last Examination:</b>	02/10/2023		<b>Date of Last Proof Load Test:</b>	2019	
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		
Within an interval of 12 months?			NO		
In accordance with an examination scheme?			YES		
After the occurrence of exceptional circumstances?			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)				YES by:	
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)					
In the light of inspection findings subject Mast Truck Winch was Inspected visually & operational Test was performed where no defects were observed during testing Hence, it was found satisfactory and fit for intended use.					
<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 ARHAT				
<b>Date of Next Through Examination:</b>	23/11/2024				

REV: 01 Dated: 20 June 2022

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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS	<b>Examination Date:</b>	24/05/2024
<b>Serial No.:</b>	M21279	<b>SWL:</b>	500 KG		
No	COMPONANT CHECKS	RESULT	COMMENTS		
1	Manufacturers data plate	✓			
1	Space Bars and End Covers	✓			
2	Controls/ Operational Controls	✓			
3	Brakes/ Clutch	✓			
4	Emergency Stop/ Limit Switch	N/A			
1	Wire Rope Drum	✓			
2	Wire Rope Guide	✓			
3	Wire Rope	✓			
4	Motor	✓			
5	Electric System	N/A			
6	Air System	N/A			
1	Main Gears & Reduction Gears	✓			
2	Drum Guard	✓			
5	Fasteners and Bolts	✓			
6	Main structure and Foundation Welds	✓			
8	Clearance & Obstruction	✓			

**Key Category:**

1 = Immediate action	2= Action within ...	3= Worn/Serviceable	✓	No Apparent Defects	N/A = Not Applicable
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Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	
ASHRAF ELSAID	AIZAZ ARHAT		
Date of Next Through Examination:	23/11/2024		

REV: 01 Dated: 20 June 2022

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