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

Date of Examination	:	24/05/2024	Date of Report:	24/	05/2024	Certificate No:	QC-2	2024-0	192/	01
Client Name:		HALLIBURTON	Location:		HPS	Job Number:		2405	24	
Serial Number:	QTY	D	escription		SWL	Date of manufacture if known:	Date of last thorough examination			
1072718	01	MANUFACTURE DIMENSION: 5/8 FOS: 5:1 IWRC, MECANICALL OPEN SPELTER SOC BRAZE AND TAPER	JFACTURER: Shaw's Enterprises NSION: 5/8"DIA X 397'(L) ::1						2023	
Reference Standard: ASME B30.9 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1										
Is this the first examinat Installation or assembly If the answer to the aborequipment been installe	at a new s ve questic d correctl	on is YES has the y?	S NO	Within a With an In accord After the circumst	as the examination carried out: thin an interval of 6 months? th an interval of 12 months? accordance with an examination scheme? ter the occurrence of exceptional cumstances? danger to persons and a description of the			√	NO NO NO	√ √
NONE) NONE Is the above a defect wh				e a dange	er to persons a		e defect:		ne Sati	5
Is the above a defect whe (If YES state the date by	ich is not					N/A	163		NO	V
Particulars of any repair,	renewal				d above:	1				
Particulars of any tests of The subject Items were is satisfactory IS THIS EQUIPMENT SAF	nspected	Visually and dimension			s were observe	<u> </u>	ection an		d NO	
Name of Inspector:			of person authenticating this report: Signati			ıre & Stamp:		13.8)	23	▣
ASHRAF ELSAID	AIZAZ ARI				SPECIAL CONTROL OF THE PROPERTY OF THE PROPERT					
Date of Next Through	24					1938				

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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Date of Examination	:	24/05/2024	Date of Report:	24/	/05/2024	Certificate No:	C	ιC-202	24-0192	2/02	
Client Name:		HALLIBURTON	Location:		HPS	Job Number:		2	40524		
Serial Number:	QTY	De	escription	SWL	Date of manufacture if known:	:	the	e of las orough minatio			
MWS01	01	DIMENSION: 5 MI FOS: 5:1 IWRC, MECANICAI ALUMINUM FERRI C/W SAFETY LATC	C, MECANICALLY SPLICED WITH 300 KG 2019 MINUM FERRULE SAFETY LATCH HOOK FROM THE TOP D EYE X PLAIN END						02/10/2023		
Reference Standard: BS EN 13414-1 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV											
	at a new s ve question d correction	on is YES has the y?	With an interval of 12 months:				YES N) √) √	
NONE) NONE Is the above a defect wh	ich is of ir	nmediate danger to n	ersons:				YES		NO		
Is the above a defect whe	ich is not					N/A	163	<u> </u>	110	<u> </u>	
Particulars of any repair, Particulars of any tests of The subject Items were is satisfactory	renewal arried ou nspected	t as part of the examir Visually and dimensio	ation: (If none state N	NONE)		ed at the time of ins		n and f	ound		
IS THIS EQUIPMENT SAF	E TO OPE	RATE?					YES	√	NO	<u></u>	
Name of Inspector: Signature & Stamp:								鳳			
ASHRAF ELSAID		AIZAZ ARF	AIZAZ ARHAT							繁	
Date of Next Through Examination: 23/11/2024										3	
REV: 01 Dated: 20 June 202	V: 01 Dated: 20 June 2022										





















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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	24/05/2024	Date of Report:	24/05/2	2024	Certificate No	: (QC-202	4-0192	2/03
Client Name:	HALLIBURTON	Location:	HPS	,	Job Number:		24	10524	
SERIAL NUMBER:	10	08060	RATED LIN	E PUL:		25000	LBS		
Description of Equipment	MANUFACTURE		IN CARRI		<u>/INCH</u>				
Ref. Standard	ASME B30.7								
Date of Last Examination:	02/	10/2023	Date o	of Last Pro	oof Load Test:		0	7/2019)
Is this the first examination afte Installation or assembly at a new If the answer to the above ques equipment been installed corre- Identification of any part found NONE) NONE	v site or location? tion is YES has the ctly?	YES NO YES NO ich is or could not become	After the occi	erval of 6 r val of 12 n e with an e urrence of s?	months? nonths? xamination schem exceptional	ne? \\	res res	NO N) \
Is the above a defect which is of						YES		NO	√
Is the above a defect which is no (If YES state the date by when) Particulars of any repair, renew	al or alteration requ	ired to remedy the defec		ove:	N/A				
Particulars of any tests carried of In the light of inspection finding observed during testing Hence,	s subject Mast Truc	Winch was Inspected vi	sually & opera	tional Tes	t was performed v	vhere n	o defec	ts were	
IS THIS EQUIPMENT SAFE TO O	PERATE?					YES	√	NO	
Name of Inspector: Name of person authenticating this report: Signature & Stamp:							製		
ASHRAF ELSAID	AIZAZ	ARHAT							繁
Date of Next Through Exam	ination: 23/11,	2024				T			
REV: 01 Dated: 20 June 2022	: 01 Dated: 20 June 2022								

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647834966105 / +9647834964657

Email: a shraf. said@qualitycontrol-iraq.com/hany. a kafi@qualitycontrol-iraq.com/hany. a kafi@qualitycontrol-iraq.com/hany. a kafi a



CERTIFICATE OF THOROUGH EXAMINATION

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Client Name:	HALLIBURTON	Location:	HPS	Examination Date:	24/05/2024
Manufacturer / Date:	WAJA	(INDUSTEIAL COMPO	NENTS	Rated Line Pull:	25000 LBS
Serial No.:	108060	Model:	M25-7-29-2	Manufacturer Date:	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/Servicea	e ✓ No Apparent Defects N/A = Not Applicable
--	--

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	
ASHRAF ELSAID	AIZAZ ARHAT	A LIP	
Date of Next Through Examination:	23/11/2024		
PEV: 01 Pated: 20 June 2022			

REV: 01 Dated: 20 June 2022



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Date of Examination	1:	24/05/2024		Date of Report:	24,	/05/2024	Certificate No:	: a	(C-202	24-019	92/0	14
Client Name:		HALLIBURTO	V	Location:		HPS	Job Number:		2	40524		
Serial Number:	QTY		Description				Date of manufacture if known:	Date of las thorough examinatio			h	
14711	01	LOT: 190310	acturer: Sala 410 LBS Mar-2019 : 85 ft.						02/	10/20	23	
Reference Standa	ard:	BS EN 360:20	02 / HA	AL DOC: WM-GL-HAL	-HSE-042	OF & WM-GL	HAL-HSE-0420C RE	/ 1				
Is this the first examination after Installation or assembly at a new site or location If the answer to the above question is YES has the			VEC		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			Y	ES	N	10 10 10	√
equipment been installed identification of any part NONE) NONE			which is	s or could not become	circums	tances?	·		ect: (If		IO Sate	√ !
Is the above a defect wh	nich is of ir	nmediate dang	er to pe	ersons:				YES		NC		√
Is the above a defect whe (If YES state the date by		yet but could b	ecome	a danger to persons			N/A					
Particulars of any repair			•			ed above:						
Particulars of any tests of The subject Items were satisfactory						s were observ	red at the time of ins	spection	and f	ound		
IS THIS EQUIPMENT SAI	FE TO OPE	RATE?						YES	√	NC		
Name of Inspector: Name of person authen				rson authenticating	this repo	rt: Signat	ure & Stamp:		밇			
ASHRAF ELSAID		AIZA	AIZAZ ARHAT				(Section 1)		點			
Date of Next Through		ation: 23/1	1/202	4		\mathcal{A}	O T			orre North		Ż.
REV: 01 Dated: 20 June 202	: 01 Dated: 20 June 2022											





















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Date of Examination	n:	24/05/2024						2024-	0192/	05
Client Name:		HALLIBURTON	Location:		HPS	Job Number:		240	524	
Serial Number:	QTY	D	Description			Date of manufacture if known:		Date of last thorough examination		
22 23	02	Rigging Screw Tur)2/10,	/2023	
Reference Standa	Reference Standard: BS 4429:1987 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1									
Installation or assembly If the answer to the abo equipment been installe Identification of any par NONE) NONE Is the above a defect who is the above a defect who is the above a defect who is the above and is the above and is the above a defect who							YES YES		NO	√ √ e
satisfactory		·					YES	2/	NO	
Name of Inspector:										
ASHRAF ELSAID		AIZAZ ARI	AIZAZ ARHAT							
Date of Next Through		ation: 23/11/202	23/11/2024					J'n.		2
REV: 01 Dated: 20 June 202	2					or Edgineerioù				





















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Date of Examination	n:	24/05/2024	Date of Report:	24,	/05/2024	Certificate No:	QC-2024-0192/06			
Client Name:		HALLIBURTON	Location:		HPS	Job Number:	240524			
Serial Number:	QTY	D	Description SWL Date of manufacture if known:			manufacture if	Date of last thorough examination			
J513	01	SAFETY P Manufacture: GT SIZE: 7/8" Grade: 6 FOS: 6:1	6.5 T N/A				02/10/2023			
Reference Standard: Is this the first examination after Installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly? Identification of any part found to have a defect v			NO V S NO V	Was the Within a With an In accord After the circumst	examination on in interval of 6 interval of 12 indicates with an interval occurrence of tances?	rarried out: months? months? examination scheme? f exceptional	YES NO √			
Is the above a defect which is of immediate danger to persons: Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when) 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? Name of Inspector: Name			of person authenticating this report: Sig		rt: Signatu	ıre & Stamp:				
ASHRAF ELSAID		AIZAZ AR	нат			STATE OF THE PARTY				
Date of Next Through	Examin	ation: 23/11/20	24	_						

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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Date of Examination	:	24/05/2024	Date of Report:	24/	/05/2024	Certificate No:	QC-2024-0192/07	
Client Name:		HALLIBURTON	Location:		HPS	Job Number:	240524	
Serial Number:	QTY	D	escription		SWL	Date of manufacture if known:	Date of last thorough examination	
A1926582 A1926554 A1926539 A1926555	04	SAFETY P Manufacture: CRO SIZE: 1 1/2" Grade: 6 FOS: 6:1	N BOW SHACKLE DSBY		17 T	N/A	02/10/2023	
Is this the first examinat Installation or assembly If the answer to the abo equipment been installe Identification of any par	Reference Standard: Is this the first examination after Installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly? Identification of any part found to have a defect of the standard of the			Was the Within a With an In accord After the circumst	examination on interval of 6 interval of 12 idance with an eleoccurrence of ances?	months? months? examination scheme? f exceptional	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) 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 foun satisfactory								
Name of Inspector:	of Inspector: Name of person			this repo	rt: Signatu	ıre & Stamp:	日本外が、日	
ASHRAF ELSAID AIZA			IAT	т //				
Date of Next Through	Examina	ation: 23/11/20	24					

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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Date of Examination	:	24/05/2024	Date of Report:	24,	/05/2024	Certificate No:	a	QC-2024-0192/0		' 08
Client Name:		HALLIBURTON	Location:		HPS	Job Number:	b Number:			
Serial Number:	QTY		Description			Date of manufacture if known:		tho	of last rough inatior	
2706	01	SAFETY Manufacture: J& SIZE: 7/8" Grade: 6 FOS: 6:1	PIN BOW SHACKLE		6.5 T	N/A		02/10	0/2023	
Reference Standard: BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C										
Installation or assembly If the answer to the above	Is this the first examination after Installation or assembly at a new site or location If the answer to the above question is YES has the equipment been installed correctly?			Within a With an In accor	e occurrence of	months? months? examination scheme	? YI	ES √ ES ES √	NO NO NO	√ √
Identification of any part	t found to	have a defect whic	h is or could not becom	e a dange	er to persons a	nd a description of t	he def	ect: (If r	none Sat	te
Is the above a defect wh							YES		NO	√
Is the above a defect wh (If YES state the date by		yet but could becor	ne a danger to persons			N/A				
Particulars of any repair,	renewal				ed above:					
Particulars of any tests of The subject Items were is satisfactory					s were observe	ed at the time of insp	oection	n and fo	und	
IS THIS EQUIPMENT SAF	E TO OPE	RATE?					YES	√	NO	
Name of Inspector:			ne of person authenticating this report: Sign		rt: Signatu	Signature & Stamp:			943	
ASHRAF ELSAID AIZ			Z ARHAT			CONTRACTOR OF THE PARTY OF THE				
Date of Next Through	ation: 23/11/2	1/2024							4	

REV: 01 Dated: 20 June 2022





















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Date of Examination	ı:	24/05/2024	Dat	te of Report:	24/05/2024		Certificate No:	Q	QC-2024-0192/		/09	
Client Name:		HALLIBURTON		Location:		HPS	Job Number:		240)524		
Serial Number:	QTY		Description			SWL	Date of manufacture if known:	Date of last f thorough examination				
B44427-1	01	SAFETY Manufacture: C SIZE: 7/18" Grade: 6 FOS: 6:1	Y PIN BOW SHACKLE CROSBY			1.5 T	1.5 T N/A 02/10			.0/2023		
Is this the first examination after Installation or assembly at a new site or location? YES NO ✓ Within an int With an inter In accordance						examination on interval of 6 interval of 12 indexe with an eleoccurrence of cances?	arried out: months? months? examination scheme f exceptional	YE	S √ S √	NO NO NO NO	√ √ te	
NONE) NONE Is the above a defect which is of immediate danger to persons: Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when) 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 repo	rt: Signatu	ire & Stamp:		孎			
ASHRAF ELSAID	AIZAZ A	Z ARHAT										
Date of Next Through	ation: 23/11/2	1/2024				Ĩ	□ 17		1			

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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Date of Examination	n:	24/05/2024	Date of Report:	24/05/2024		Certificate No:	QC-2024-0192/10		
Client Name:		HALLIBURTON	Location:	HPS		Job Number:	240524		
Serial Number:	QTY	De	Description			Date of manufacture if known:	Date of last thorough examination		
HST-057892-001	01	IWRC Mechanically Ferrules C/W Mast Hard Eye to Both E Dimension: 28 mm	ension: 28 mm (L) X 3.40 M ufacture: Bishop Lifting						
Reference Standa	ard:	ASME B30.9 / HAL D	OC: WM-GL-HAL-HS	E-0420F 8	& WM-GL-HAL	-HSE-0420C REV 1			
Installation or assembly If the answer to the abo equipment been installe	Sthis the first examination after YES NO √ 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 ✓ YES YES NO ✓ YES YES NO ✓ YES YES NO ✓ YES YES								
Identification of any par NONE) NONE	t found to	have a defect which is	or could not becom	e a dange	er to persons a	nd a description of th	e defect: (If none Sate		
Is the above a defect wh Is the above a defect wh (If YES state the date by	ich is not					N/A	YES NO √		
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 SAF	E TO OPE	RATE?					YES √ NO		
Name of Inspector:		Name of pe	rson authenticating	this repo	rt: Signatu	ıre & Stamp:			
ASHRAF ELSAID		AIZAZ ARHAT							
Date of Next Through Examination: 23/11/2024									
REV: 01 Dated: 20 June 202	2					or Sameering F			





















Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647834966105 / +9647834964657

Email: a shraf. said@qualitycontrol-iraq.com/hany. a kafi@qualitycontrol-iraq.com/hany. a kafi@qualitycontrol-iraq.com/hany.com/hany.com/hany.com/hany.com/hany.com/hany.com/hany.com/hany.com/han





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Date of Examination	n:	24/05/2024	Date of Report:	24/	/05/2024	Certificate No:	Q	QC-2024-0192		11
Client Name:		HALLIBURTON	Location:		HPS	Job Number:		240	524	
Serial Number:	QTY	De	Description			Date of manufacture if known:	Date of last f thorough examination			
CA19-4217 CA19-4218	2	MANUFACTURER: DIMENSION: 1" DI FOS: 5:1 IWRC, MECANICAL SPELTER SOCKET A	NGLE LEG WIRE ROPE SLING UFACTURER: CROSBY NSION: 1" DIA X 564" (L) 5:1 MECANICALLY SPLICED WITH OPEN ER SOCKET AT ONE END AND CLOSED GE SOCKET AT OTHER END			N/A		02/10	/2023	
Reference Standa	Reference Standard: 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? If the answer to the above question is YES has the equipment been installed correctly? 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 not yet but could become a danger to persons (If YES state the date by when) Was the examination carried out: Within an interval of 6 months? YES NO V YES NO V After the occurrence of exceptional circumstances? YES NO V YES NO V YES NO V NO V								√		
satisfactory IS THIS EQUIPMENT SAI	E TO OPE	RATE?					YES	√	NO	
Name of Inspector: Name of person authenticating this report: Signature & Stamp:						1.83				
ASHRAF ELSAID		AIZAZ ARH	AT				经			
Date of Next Through Examination: 23/11/2024)			4	
REV: 01 Dated: 20 June 202	V: 01 Dated: 20 June 2022									





















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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	24/05/2024	Date of Report:	24/05/2	2024	Certificate No:		QC-2024-0192/12			
Client Name:	HALLIBURTON	Location:	HPS	,	Job Number:	Job Number: 240524				
SERIAL NUMBER:	М	M21279 SWL: 500 KG								
		MANUAL WINCH								
	MANUFACTURE	FACTURE DATE: 2019								
Description of Equipment	**NOTE: WINCH	ISN'T DESIGNED FOR	THE PURPOS	E OF MO	VING OR LIFTING	G PER	SONNA	L		
C/W WIRE ROPE SLING SN: MWS01										
Ref. Standard	ASME B30.7									
Date of Last Examination: 02/10/2023 Date of Last Proof Load Test:							2019			
Is this the first examination afte	r		Was the examination carried out: Within an interval of 6 months? YES							
Installation or assembly at a new	-	YES		Vithin an interval of 6 months? Vith an interval of 12 months?				NO		
		YES √ NO	In accordance with an examination scheme?				YES Y	NO NO	√	
If the answer to the above quest equipment been installed correct		125 1 110	After the occurrence of exceptional circumstances?						√	
Identification of any part found NONE) NONE	to have a defect whi	ch is or could not becom	e a danger to	persons ar	nd a description of	the de	efect: (If	none Sat	te	
Is the above a defect which is of						YES		NO	V	
Is the above a defect which is no (If YES state the date by when)	ot yet but could beco	me a danger to persons			YES by:					
Particulars of any repair, renewa	al or alteration requi	red to remedy the defec	t identified abo	ove:						
Particulars of any tests carried of										
In the light of inspection finding observed during testing Hence,				tional Tes	t was performed w	/here i	no defec	ts were		
IS THIS EQUIPMENT SAFE TO O		tory and ne for intended	use.			YES	√	NO		
Name of Inspector:	Name o	e of person authenticating this report: Sign			re & Stamp:					
ASHRAF ELSAID AIZA		Z ARHAT						聚		
Date of Next Through Exami	nation: 23/11/	3/11/2024 EH-4-3-4-4								
REV: 01 Dated: 20 June 2022					To Ligineering	/				

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647834966105 / +9647834964657

Email: ashraf.said@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com





CERTIFICATE OF THOROUGH EXAMINATION

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

	Client Name:	HALLIBURTON	Location:		HPS	Examination Date:	24/05/2024			
	Serial No.:	M21279	SWL:		500 KG					
No	o COMPONANT CHECKS				RESULT	COMMENTS				
1	Manufacturers data p	olate			✓					
1	Space Bars and End (Covers			✓					
2	Controls/ Operationa	al Controls			✓					
3	Brakes/ Clutch				✓					
4	Emergency Stop/ Lin	nit 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 & Reduc	ction Gears			·					
2	Drum Guard			✓						
5	Fasteners and Bolts			✓						
6	Main structure and	Foundation Welds			✓					
8	Clearance & Obstruc	ction			✓					
	Key Category:		,							

Key Category:

1 = Immediate action 2= A	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	C. LIP	
Date of Next Through Examination:	23/11/2024		
REV: 01 Dated: 20 June 2022			

