

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
AND PROFESSIONAL SAFETY LIMITED**

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**CERTIFICATE OF THOROUGH EXAMINATION**

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

<b>Date of Examination:</b>	<b>08/06/2024</b>	<b>Date of Report:</b>	<b>08/06/2024</b>	<b>Certificate No:</b>	<b>QC-24-WPS-0806-006</b>
<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>WPS</b>	<b>Job Number:</b>	<b>080624</b>

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
C450	1	<p><b><u>4 LEGS WIRE ROPE SLING</u></b></p> <p><b>MANUFACTURER: SAFETY MARINE</b>  <b>DIM: 4 FT (L) X 13 MM (DIA)</b>  <b>FOS: 5:1</b></p> <p><b>IWRC MECHANICALLY SPLICED WITH ALUMINUM FERRULES C/W MASTERLINK ASSEMBLY FROM THE TOP HARD EYE BOTH ENDS</b></p>	4.4 T	N/A	06/03/2024

<b>Reference Standard:</b>	<b>BS EN 13414-1/ HAL DOC: ST-GL-HAL-HSE-0420</b>
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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"/>
	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 12 months?	YES	<input type="checkbox"/>	NO
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"/>
	YES	<input type="checkbox"/>	NO	<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: 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>Client Signature &amp; Stamp:</b>	
<b>ASHRAF ELSAID</b>	<b>MOHAMED ABDALLAH</b>	<b>Ali Talib HB48903</b> <b>Date: 09/06/2024</b>	
<b>Date of Next Through Examination:</b>	<b>07/12/2024</b>	<b>Signature Haliburton</b>	

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.

