

**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-0806-024</b>                |
| <b>Client Name:</b>  | <b>HALLIBURTON</b>                                | <b>Location:</b>  | <b>WPS</b>  | <b>Job Number:</b>   | <b>080624</b>                            |
| <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> |
| 76/13A<br>76/13B<br>76/14A<br>76/14B   | 4   | <b>SAFETY PIN BOW SHACKLE</b><br><br><b>GRADE:6</b><br><br><b>SIZE: 5/8"</b><br><br><b>MANUFACTURE: CROSBY</b><br><br><b>S.F: 6:1</b> | 3.25 T  | N/A  | 27/12/2023                               |
| <b>Reference Standard:</b>   |   | <b>BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420</b>   |   |  |  |
| 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:<br>Within an interval of 6 months?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>With an interval of 12 months?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>After the occurrence of exceptional circumstances?<br>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"/>  |   | 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) <b>NONE</b>   |   |   |   |  |  |
| 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)<br><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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| <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><br><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 has examined 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.

