

# 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:                                                                                                                                                 | 06/06/2024                                 | Date of Report:                                                                                           | 06/06/2024                                                | Certificate No:                                                                                           | QC-24-WPS-0624-11                                                            |
| Client Name:                                                                                                                                                         | HALLIBURTON                                | Location:                                                                                                 | WPS WORKSHOP                                              | Job Number:                                                                                               | 060624                                                                       |
| Serial Number:                                                                                                                                                       | QTY                                        | Description                                                                                               | SWL                                                       | Date of manufacture if known:                                                                             | Date of last thorough examination                                            |
| 002A                                                                                                                                                                 | 1                                          | <b><u>SUPPORT PIN</u></b><br><br>SIZE: 31 MM<br><br>FOS: 4:1                                              | 50000 LBS                                                 | N/A                                                                                                       | 24/11/2023                                                                   |
| Reference Standard:                                                                                                                                                  | 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?                                                                           |                                                                              |
|                                                                                                                                                                      |                                            |                                                                                                           |                                                           | <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"/> ✓ |                                                           | 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 state NONE) <b>NONE</b> |                                            |                                                                                                           |                                                           |                                                                                                           |                                                                              |
| 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: |                                                                                                           | Client Signature & Stamp:                                 |                                                                                                           |                                                                              |
| ASHRAF ELSAID                                                                                                                                                        | MOHAMED ABDALLAH                           |                                                                                                           | <b>ALI Talib HB48903</b><br>Date: 07/06/2024<br>Signature |                                                                                                           |                                                                              |
| Date of Next Through Examination:                                                                                                                                    | 05/12/2024                                 |                                                                                                           |                                                           |                                                                                                           |                                                                              |

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.

