

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

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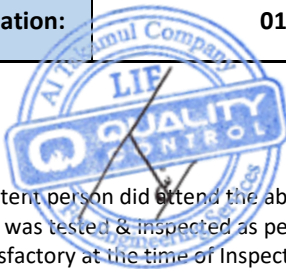


**CERTIFICATE OF THOROUGH EXAMINATION**

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

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>Date of Examination:</b>   | 02/06/2024  | <b>Date of Report:</b>   | 02/06/2024   | <b>Certificate No:</b>  | QC-24/-WPS-0206-001                      |
| <b>Client Name:</b>   | HALLIBURTON                                       | <b>Location:</b>   | WPS  | <b>Job Number:</b>  | 020624                                   |
| <b>Serial Number:</b>   | QTY   | <b>Description</b>   | <b>SWL</b>   | <b>Date of manufacture if known:</b>                                | <b>Date of last thorough examination</b> |
| 351579-1-1  | 01  | <p><b>2 LEGS WIRE ROPE SLING</b><br/> <b>DIM:</b> 1.6 M (L) X 26 MM (DIA)<br/> <b>MANUFACTURE:</b> SAFETY MARINE<br/> <b>FOS:</b> 5:1<br/>                     IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTERLINK AT THE TOP<br/>                     HARD EYE BOTH END</p> | 11 T   | N/A   | 04/10/2023                               |
| <b>Reference Standard:</b>  | BS EN 13414-1/ HAL DOC: ST-GL-HAL-HSE-0420        |  |  |   |  |
| 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? |  |
| If the answer to the above question is YES has the equipment been installed correctly?  |   | YES <input type="checkbox"/>   | NO <input type="checkbox"/>  | With an interval of 12 months?                                      |  |
|   |   | YES <input type="checkbox"/>   | NO <input type="checkbox"/>  | In accordance with an examination scheme?                           |  |
|   |   | YES <input type="checkbox"/>   | NO <input type="checkbox"/>  | After the occurrence of exceptional circumstances?                  |  |
| 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 <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>Client Signature &amp; Stamp:</b>   |   |  |
| ASHRAF ELSAID   | AIZAZ FARAHAT                                     |  | <p><b>ALI Talib HB48903</b><br/> <b>Date: 03/06/2024</b><br/>                     Signature <br/>                     Haliburton</p> |   |  |
| <b>Date of Next Through Examination:</b>  | 01/12/2024  |  |  |   |  |

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.

