

# 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

|                                                                                                                                                                                                                                               |                                            |                                                                     |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Date of Examination:                                                                                                                                                                                                                          | 06/06/2024                                 | Date of Report:                                                     | 06/06/2024                                         | Certificate No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QC-24-WPS-0624-19                 |
| Client Name:                                                                                                                                                                                                                                  | HALLIBURTON                                | Location:                                                           | WPS WORKSHOP                                       | Job Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 060624                            |
| Serial Number:                                                                                                                                                                                                                                | QTY                                        | Description                                                         | SWL                                                | Date of manufacture if known:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date of last thorough examination |
| AW3837151-1                                                                                                                                                                                                                                   | 01                                         | <b>T CLAMP</b><br><br>PART NO: 101459195<br><br>FOS: 4:1            | 30000 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?                                                                                                                                                       |                                            | 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"/>            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
| 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)<br>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 type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |
| Name of Inspector:                                                                                                                                                                                                                            | Name of person authenticating this report: |                                                                     | Client Signature & Stamp:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
| ASHRAF ELSAID                                                                                                                                                                                                                                 | MOHAMED ABDALLAH                           |                                                                     | ALI Talib HB48903<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 attended 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.

