

# 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:  | 21/06/2024   | Date of Report:   | 21/06/2024         | Certificate No:  | QC/24/HALL-2106-25                |
| Client Name:  | Halliburton  | Location:   | HCT                | Job Number:  | 210624                            |
| Serial Number:  | QTY  | Description   | SWL                | Date of manufacture if known:  | Date of last thorough examination |
| D85B<br>2D  | 02   | SAFETY PIN BOW SHACKLE<br><br>MANUFACTURE: CROSBY<br><br>GRADE: 6<br><br>SIZE: 3/4"<br><br>F.O.S: 6:1 | 4.75 T             | N/A  | 15/03/2023                        |
| Reference Standard:   | BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1 |   |                    |  |                                   |
| Is this the first examination after Installation or assembly at a new site or location?   |  | <input type="checkbox"/> YES <input 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 type="checkbox"/> |                                   |
| If the answer to the above question is YES has the equipment been installed correctly?  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>                     |                    | With an interval of 12 months?   |                                   |
|   |  |   |                    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                   |
|   |  |   |                    | In accordance with an examination scheme?  |                                   |
|   |  |   |                    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                   |
|   |  |   |                    | After the occurrence of exceptional circumstances?   |                                   |
|   |  |   |                    | <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:  |  |   |                    | <input type="checkbox"/> 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          |  |   |                    |  |                                   |
| IS THIS EQUIPMENT SAFE TO OPERATE?  |  |   |                    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                   |
| Name of Inspector:  | Name of person authenticating this report:                             |   | Signature & Stamp: |  |                                   |
| ASHRAF ELSAID   | MOHAMED ABDALLAH   |   |                    |  |                                   |
| Date of Next Through Examination:   | 20/12/2024   |   |                    |  |                                   |
|   |  |   |                    |  |                                   |

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.

