

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:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-01
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B9010 D0486	02	MASTERLINK PART NO: 45B6 MANUFACTURE: GT WEIGHT: 12.5 KG S.F: 4:1	34.3 T	N/A	11/10/2023
Reference Standard:	BS EN 1677-4 / 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: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? 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) 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:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	30/11/2024				

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.



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Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CTU-5	01	MASTERLINK MANUFACTURE: UK SIZE:16-8 S.F: 4:1	17 T	N/A	11/10/2023
Reference Standard:	BS EN 1677-4 / 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				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?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				In accordance with an examination scheme?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				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					
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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-03
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BS09 M2445	02	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 2" F.O.S: 6:1	35 T	N/A	11/10/2023
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-04
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
5823	01	SAFETY PIN BOW SHACKLE MANUFACTURE: MCKAT GRADE: 6 SIZE: 2" F.O.S: 6:1	35 T	N/A	11/10/2023
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-05
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B6663A B6663B	02	SAFETY PIN BOW SHACKLE MANUFACTURE: TOYO GRADE: 6 SIZE: 1 1/2" F.O.S: 6:1	17 T	N/A	11/10/2023
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? 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"/>			
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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-06
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
H506 F30/8	02	<u>SAFETY PIN BOW SHACKLE</u> Size: 3/4" Manufacture: CROSBY Grade: 6 F.O.S: 6:1	4.75 T	N/A	11/10/2023
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
J6794	01	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 1 1/8" F.O.S: 6:1	9.5 T	N/A	11/10/2023
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:	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> Within an interval of 6 months?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months?	
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"/>		In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-08
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B4000D	01	SAFETY PIN BOW SHACKLE MANUFACTURE: TOYO GRADE: 6 SIZE: 7/8" F.O.S: 6:1	6.5 T	N/A	11/10/2023
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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
A46	01	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 7/8" F.O.S: 6:1	6.5 T	N/A	11/10/2023
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"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>	
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Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
NVD3617	01	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 1" F.O.S: 6:1	8.5 T	N/A	11/10/2023
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? 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) 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:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	30/11/2024				

REV: 01 Dated: 20 June 2022

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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:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-11
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
TB01 TB02	2	<u>TURNBUCKLE</u> Rigging Screw Turnbuckles (Jaw & Jaw) MANUFACTURER: CROSBY SIZE: 1 1/2" FOS: 5:1	9.71 ton	N/A	11/10/2023
Reference Standard:	BS 4429:1987/ 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				With an interval of 12 months?	
				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"/>		In accordance with an examination scheme?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				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:				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?				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:	30/11/2024				

REV: 01 Dated: 20 June 2022



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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-12
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
4423 4424	2	SINGLE LEG CHAIN SLING C/W GRAB HOOK AT THE END Dimension: 15 m (L) x 10 mm (Dia) GRADE: 8 F.O.S: 4:1	3.15 T	N/A	11/10/2023
Reference Standard:		BS EN 818-4/ 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? 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) 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:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	30/11/2024				

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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-13
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
LB07	01	<u>SINGLE LEG WIRE ROPE SLING</u> Manufacturer: SAFETY MARINE DIMENSION: 16 mm X 0.8M FOS: 5:1 IWRC, Mechanically Spliced with Aluminum Ferrule, HARD EYE X HARD EYE	3.3 TON	N/A	11/10/2023
Reference Standard:	BS EN 13414-1 / 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 Thorough Examination:	30/11/2024				

REV: 01 Dated: 20 June 2022

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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-14	
Client Name:	Halliburton	Location:	HPS	Job Number:	010624	
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination	
B6663	01	FOUR LEG WIRE ROPE SLING TOP END C/W MASTER LINK Dim: 22 mm X 8FT (L1, L2) X 7FT 5 INCHES (L3, L4) IWRC, Mechanically Spliced with Aluminum Ferrule, C/W Master link Assembly at The Top MANUFACTURE: SAFETY MARINE F.O.S: 5:1 HARD EYE X HARD EYE	13 T	N/A	11/10/2023	
Reference Standard:	BS EN 13414-1 / 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?		YES	NO	✓		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓		
Was the examination carried out:		YES				
Within an interval of 6 months?		YES				
With an interval of 12 months?		YES				
In accordance with an examination scheme?		YES				
After the occurrence of exceptional circumstances?		YES				
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	
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	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	MOHAMED ABDALLAH					
Date of Next Through Examination:	30/11/2024					

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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-15
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
341082-2-3	01	<u>SINGLE LEG WIRE ROPE SLING</u> DIMENSION: 1/2" DIA X 29" (L) FOS: 5:1 IWRC, Mechanically Spliced with Steel Ferrule, HARD EYE X HARD EYE	2.5 t @ 90 DEG	09-02-2009	11/10/2023
Reference Standard:		BS EN 13414-1 / 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"/> ✓ <input 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"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 Sate 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"/> ✓ <input 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:	30/11/2024				

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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-16
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
355820-5-5	01	<u>SINGLE LEG WIRE ROPE SLING</u> DIMENSION: 19 MM DIA X 160 CM (L) FOS: 5:1 IWRC, Mechanically Spliced with Steel Ferrule, HARD EYE X HARD EYE	4.2 T	N/A	11/10/2023
Reference Standard:	BS EN 13414-1 / 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? 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:					
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IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-17
Client Name:	Halliburton	Location:	HPS	Job Number:	010624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
7176556	1	BODY HARNESS MATERIAL: POLYESTER MANUFACTURE: WEB DEVICES MODEL: H1101203	310 LBS	07/2017	11/10/2023
Reference Standard:		EN361:2002 / 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:				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?				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:	30/11/2024				

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