

**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	38.3 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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		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?									
				After the occurrence of exceptional circumstances?									
				<table border="1"> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>	NO	<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"/>								
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				NO	<input checked="" type="checkbox"/>								
				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	<p>MASTERLINK</p> <p>MANUFACTURE: UK</p> <p>SIZE:16-8</p> <p>S.F: 4:1</p>	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?		<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 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"/>
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	
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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				
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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:	
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If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Within an interval of 6 months?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
				With an interval of 12 months?					
				In accordance with an examination scheme?					
				After the occurrence of exceptional circumstances?					
				YES	<input checked="" type="checkbox"/>				
				NO	<input type="checkbox"/>				
				NO	<input checked="" 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									
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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
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	NO	✓	Was the examination carried out: Within an interval of 6 months?
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	With an interval of 12 months?
		YES	NO	✓	In accordance with an examination scheme?
		YES	NO	✓	After the occurrence of exceptional circumstances?
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Is the above a defect which is of immediate danger to persons:				YES	NO
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	
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IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
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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				
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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:	
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
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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:				YES	<input 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)				NO	<input checked="" type="checkbox"/>				
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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:						
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-0106-06				
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?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>√</td> </tr> </table>		YES		NO	√	Was the examination carried out:	
YES		NO	√						
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES		NO		Within an interval of 6 months?	
YES		NO							
				Within an interval of 12 months?					
				In accordance with an examination scheme?					
				After the occurrence of exceptional circumstances?					
				YES	√				
				NO					
				YES	√				
				NO					
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:				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				
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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							
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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	<p>SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURE: CROSBY</p> <p>GRADE: 6</p> <p>SIZE: 1 1/8"</p> <p>F.O.S: 6:1</p>	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: 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 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"/>
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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
B4000D	01	<p>SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURE: TOYO</p> <p>GRADE: 6</p> <p>SIZE: 7/8"</p> <p>F.O.S: 6:1</p>	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"/>
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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-09
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	<p>SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURE: CROSBY</p> <p>GRADE: 6</p> <p>SIZE: 7/8"</p> <p>F.O.S: 6:1</p>	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?		YES	NO	✓	Was the examination carried out: Within an interval of 6 months?
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	With an interval of 12 months?
		YES	NO	✓	In accordance with an examination scheme?
		YES	NO	✓	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 Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	NO
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	NO
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.



**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

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Date of Examination:	01/06/2024	Date of Report:	01/06/2024	Certificate No:	QC/24/HALL-0106-10
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	<p>SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURE: CROSBY</p> <p>GRADE: 6</p> <p>SIZE: 1"</p> <p>F.O.S: 6:1</p>	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	NO	√	Was the examination carried out: Within an interval of 6 months?
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	√	With an interval of 12 months?
		YES	NO	√	In accordance with an examination scheme?
		YES	NO	√	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 Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	NO
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	NO
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-0106-11
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"/>	
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 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"/>	
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 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-0106-12				
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?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>		YES		NO	✓	Was the examination carried out:	
YES		NO	✓						
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES		NO		Within an interval of 6 months?	
YES		NO							
				With an interval of 12 months?					
				In accordance with an examination scheme?					
				After the occurrence of exceptional circumstances?					
				YES	✓				
				NO	✓				
				YES	✓				
				NO	✓				
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:				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:						
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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
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?		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?		YES <input 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"/>	
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-0106-14
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 Steel Ferrule, C/W Master link 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 <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?		YES <input 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"/>	
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:		
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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:	
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Within an interval of 6 months?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
				Within an interval of 12 months?					
				In accordance with an examination scheme?					
				After the occurrence of exceptional circumstances?					
				YES	<input checked="" type="checkbox"/>				
				NO	<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:				YES	<input 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)				NO	<input checked="" type="checkbox"/>				
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				N/A					
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-0106-16				
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	SINGLE LEG WIRE ROPE SLING 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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:	
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
				Within an interval of 6 months?					
				Within an interval of 12 months?					
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		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?					
				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:				YES	<input 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	<input checked="" type="checkbox"/>				
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"/>				
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	<p align="center">BODY HARNESS</p> <p>MATERIAL: POLYESTER</p> <p>MANUFACTURE: WEB DEVICES</p> <p>MODEL: H1101203</p>	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"/> ✓ <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 type="checkbox"/> NO <input checked="" type="checkbox"/> ✓
		<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"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>
		<input type="checkbox"/> YES <input 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:					
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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				
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