

**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](mailto:OP@qualitycontrol-iraq.com) / [hany.akafi@qualitycontrol-iraq.com](mailto:hany.akafi@qualitycontrol-iraq.com)



**CERTIFICATE OF THOROUGH EXAMINATION**

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

|                                                                                                                                                                                                          |                                                   |                                                                                                                                                                                                                   |                                                                                                                   |                                      |                                          |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------|--|--|
| <b>Date of Examination:</b>                                                                                                                                                                              | 20/07/2024                                        | <b>Date of Report:</b>                                                                                                                                                                                            | 20/07/2024                                                                                                        | <b>Certificate No:</b>               | QC-24/-WPS-2007-01                       |  |  |
| <b>Client Name:</b>                                                                                                                                                                                      | HALLIBURTON                                       | <b>Location:</b>                                                                                                                                                                                                  | WPS                                                                                                               | <b>Job Number:</b>                   | 200724                                   |  |  |
| <b>Serial Number:</b>                                                                                                                                                                                    | <b>QTY</b>                                        | <b>Description</b>                                                                                                                                                                                                | <b>SWL</b>                                                                                                        | <b>Date of manufacture if known:</b> | <b>Date of last thorough examination</b> |  |  |
| 040523                                                                                                                                                                                                   | 1                                                 | <p><b><u>SINGLE LEG CHAIN SLING</u></b></p> <p>C/W MASTERLINK AT THE TOP &amp; GRAB HOOK AT THE END</p> <p><b>MANUFACTURER:</b> BISHOP LIFTING</p> <p><b>DIM:</b> 1/2" DIA X 20 FT (L)</p> <p><b>FOS:</b> 4:1</p> | 15000 LBS                                                                                                         | N/A                                  | 04/10/2023                               |  |  |
| <b>Reference Standard:</b>                                                                                                                                                                               | BS EN 818-4/ HAL DOC: ST-GL-HAL-HSE-0420          |                                                                                                                                                                                                                   |                                                                                                                   |                                      |                                          |  |  |
| 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                                                                                                                | ✓                                    |                                          |  |  |
|                                                                                                                                                                                                          |                                                   | YES                                                                                                                                                                                                               | NO                                                                                                                | ✓                                    |                                          |  |  |
|                                                                                                                                                                                                          |                                                   | YES                                                                                                                                                                                                               | NO                                                                                                                | ✓                                    |                                          |  |  |
| Was the examination carried out:<br>Within an interval of 6 months?<br>With an interval of 12 months?<br>In accordance with an examination scheme?<br>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                                  | 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                                       |  |  |
| <b>Name of Inspector:</b>                                                                                                                                                                                | <b>Name of person authenticating this report:</b> |                                                                                                                                                                                                                   | <b>Client Signature &amp; Stamp:</b>                                                                              |                                      |                                          |  |  |
| ASHRAF ELSAID                                                                                                                                                                                            | MOHAMED ABDALLAH                                  |                                                                                                                                                                                                                   | <p><b>ALI Talib HB48903</b></p> <p><b>Date: 21/07/2024</b></p> <p><b>Signature</b> </p> <p><b>Halliburton</b></p> |                                      |                                          |  |  |
| <b>Date of Next Through Examination:</b>                                                                                                                                                                 | 19/01/2025                                        |                                                                                                                                                                                                                   |                                                                                                                   |                                      |                                          |  |  |

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.

