

# 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:                                                                                                                                                 | 23/07/2024                                                              | Date of Report:                                                                                                                                                                                                                         | 23/07/2024                                                                                                             | Certificate No:                                                                              | QC-24/-CMT-2307-02                |
| Client Name:                                                                                                                                                         | HALLIBURTON                                                             | Location:                                                                                                                                                                                                                               | CMT                                                                                                                    | Job Number:                                                                                  | 230724                            |
| Serial Number:                                                                                                                                                       | QTY                                                                     | Description                                                                                                                                                                                                                             | SWL                                                                                                                    | Date of manufacture if known:                                                                | Date of last thorough examination |
| HB1516                                                                                                                                                               | 01                                                                      | <b>2 LEGS WIRE ROPE SLING</b><br><b>Dimension: 7 FT (L) X 26 MM (Dia)</b><br><b>Manufacture: Safety Marine</b><br>IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link From Top<br>Hard Eye X Soft Eye<br><b>F.O.S: 5:1</b> | 12 T                                                                                                                   | N/A                                                                                          | 20/05/2023                        |
| 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) <b>NONE</b> |                                                                         |                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                              |                                   |
| 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:                              |                                                                                                                                                                                                                                         | Client Signature & Stamp:                                                                                              |                                                                                              |                                   |
| KHALED MAHMOUD                                                                                                                                                       | MOHAMED ABDALLAH                                                        |                                                                                                                                                                                                                                         | <br>Halliburton World Wide Limited<br>Oil Operation Street - District 29<br>Western Surisya, Surisya Area - Basra Iraq |                                                                                              |                                   |
| Date of Next Through Examination:                                                                                                                                    | 22/01/2025                                                              |                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                              |                                   |

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.

