

**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)

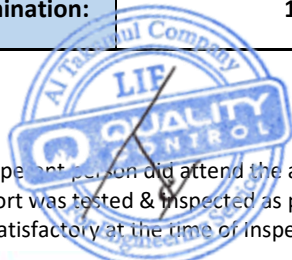


**CERTIFICATE OF THOROUGH EXAMINATION**

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-2007-06                                                  |  |  |  |
| <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>                            |  |  |  |
| SL16-1895                                                                                                                                                     | 1                                                 | <b>16" LIGHT WEIGHT COMPOSITE SHEAVE</b><br><br><b>MANUFACTURER:</b> WIRELINE TECHNOLOGIES<br><b>PART NUMBER:</b> 102274368<br><b>WIRE LINE SIZE:</b> 0.125"<br><b>S.F:</b> 4:1 | 6,000 LBS                                                           | 08-Mar-2018                                                         | 04/10/2023                                                          |  |  |  |
| <b>Reference Standard:</b>                                                                                                                                    | BS EN 13157/ 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:<br>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          |                                                   |                                                                                                                                                                                 |                                                                     |                                                                     |                                                                     |  |  |  |
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>                                                                                                                     |                                                   |                                                                                                                                                                                 |                                                                     | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                     |  |  |  |
| <b>Name of Inspector:</b>                                                                                                                                     | <b>Name of person authenticating this report:</b> |                                                                                                                                                                                 | <b>Client Signature &amp; Stamp:</b>                                |                                                                     |                                                                     |  |  |  |
| ASHRAF ELSAID                                                                                                                                                 | MOHAMED ABDALLAH                                  |                                                                                                                                                                                 | <b>ALI Talib HB48903</b><br><b>Date: 21/07/2024</b>                 |                                                                     |                                                                     |  |  |  |
| <b>Date of Next Through Examination:</b>                                                                                                                      | 19/01/2025                                        |                                                                                                                                                                                 | <b>Signature</b><br><b>Haliburton</b>                               |                                                                     |                                                                     |  |  |  |

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.

