

# 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: | 25/06/2024  | Date of Report: | 25/06/2024   | Certificate No: | QC-24/WPS-2506-13 |
| Client Name:         | HALLIBURTON | Location:       | WPS WORKSHOP | Job Number:     | 250624            |

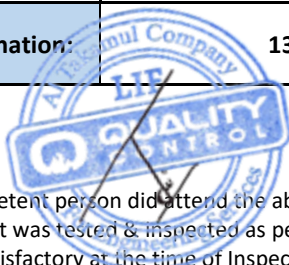
| Serial Number: | QTY | Description                                                                                                                  | SWL | Date of Manufacture if known: | Date of last thorough examination |
|----------------|-----|------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------|-----------------------------------|
| 01155473       | 1   | <b>17" SHEAVE WHEEL ASSEMBLY</b><br><br>Part NO: 8016535<br><br>Wire Line Size: 5/16"<br><br>Weight: 100 lbs<br><br>S.F: 4:1 | 6 T | N/A                           | 11/08/2022                        |

|                     |                             |
|---------------------|-----------------------------|
| Reference Standard: | 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?<br>With an interval of 12 months?<br>In accordance with an examination scheme?<br>After the occurrence of exceptional circumstances? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>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 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) <b>NONE</b>                                                                          |                                                                     |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                          |
| 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)<br>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: | Client Signature & Stamp:                                 |  |
| ASHRAF ELSAID                     | MOHAMED ABDALLAH                           | <b>ALI Talib HB48903</b><br>Date: 26/06/2024<br>Signature |  |
| Date of Next Through Examination: | 13/11/2024                                 | Signature Haliburton                                      |  |

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.

