

AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
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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:                                                                                                                                                 | 20/07/2024                                 | Date of Report:                                                                                                                               | 20/07/2024                                                                                   | Certificate No:                                                                                                                                    | QC-24/-WPS-2007-17B                                             |
| Client Name:                                                                                                                                                         | HALLIBURTON                                | Location:                                                                                                                                     | WPS                                                                                          | Job Number:                                                                                                                                        | 200724                                                          |
| Serial Number:                                                                                                                                                       | QTY                                        | Description                                                                                                                                   | SWL                                                                                          | Date of manufacture if known:                                                                                                                      | Date of last thorough examination                               |
| 09<br>119                                                                                                                                                            | 02                                         | <b><u>SAFETY PIN BOW SHACKLE</u></b><br><br><b>GRADE: 6</b><br><br><b>SIZE: 1/2"</b><br><br><b>MANUFACTURE: CROSBY</b><br><br><b>S.F: 6:1</b> | 2 T                                                                                          | N/A                                                                                                                                                | 08/09/2023                                                      |
| Reference Standard:                                                                                                                                                  | BS EN 13889/ 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:                                                                                                                   |                                                                 |
|                                                                                                                                                                      |                                            |                                                                                                                                               |                                                                                              | <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"/>                                                             |                                                                                              | Within an interval of 6 months?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    |                                                                 |
|                                                                                                                                                                      |                                            |                                                                                                                                               |                                                                                              | With an interval of 12 months?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                     |                                                                 |
|                                                                                                                                                                      |                                            |                                                                                                                                               |                                                                                              | In accordance with an examination scheme?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>          |                                                                 |
|                                                                                                                                                                      |                                            |                                                                                                                                               |                                                                                              | After the occurrence of exceptional circumstances?<br><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:                                                                                                       |                                            |                                                                                                                                               |                                                                                              | 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: |                                                                                                                                               | Client Signature & Stamp:                                                                    |                                                                                                                                                    |                                                                 |
| ASHRAF ELSAID                                                                                                                                                        | MOHAMED ABDALLAH                           |                                                                                                                                               | <b>ALI Talib HB48903</b><br><b>Date: 21/07/2024</b><br><b>Signature</b><br><b>Haliburton</b> |                                                                                                                                                    |                                                                 |
| Date of Next Through Examination:                                                                                                                                    | 19/01/2025                                 |                                                                                                                                               |                                                                                              |                                                                                                                                                    |                                                                 |

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person has inspected 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.

