

AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq

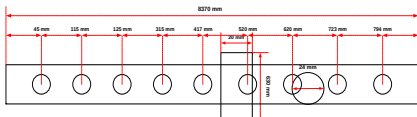
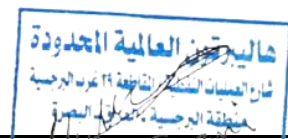
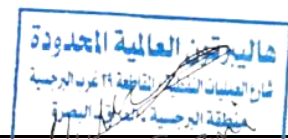
Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	03/09/2024	Date of Report:	03/09/2024	Certificate No:	QC-24/-CMT-0309-001
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	030924
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
10/02/2024		06/07/2023		05/07/2025	
Serial Number:	QTY	Description			SWL
CMT-1004	1	LIFTING BAR Manufacturer: CUSTOMS ORGIN DIM: (L) 84 MM X (W) 20 MM X (H) 63 MM. SWL: 3000 LBS. 			3000 LBS
Reference Standard:		Halliburton Procedure: ST-GL-HAL-HS-0206 Rev. 4, 431.00005 Rev. D, 431.00001 Rev. G.			
Is this the first examination after Installation or assembly at a new site or location?		YES ☐ NO ☒		Was the examination carried out: Within an interval of 6 months? YES ☒ NO ☐ With an interval of 12 months? YES ☐ NO ☒ In accordance with an examination scheme? YES ☒ NO ☐ After the occurrence of exceptional circumstances? YES ☐ NO ☒	
If the answer to the above question is YES has the equipment been installed correctly?		YES ☐ NO ☐			
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 ** MPI was carried out on the Critical Areas and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES ☒ NO ☐	
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	AIZAZ FARHAT		 		
Date of Next Through Examination:	02/03/2025				

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person, on behalf of 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.



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

Date of Examination:	03/09/2024	Date of Report:	03/09/2024	Certificate No:	QC-24/-CMT-0309-002
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	030924
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
05/03/2024		05/04/2023		04/04/2025	
Serial Number:	QTY	Description			SWL
CMT-3004 (38011-43) CMT-3034 (B2331790-13)	2	SWIVEL HOIST RING Manufacturer: Heavy Duty Type: Alloy Steel Heat Treated Range of Movement: Swivel 360° Pivot 180° Under Load FOS: 5:1			3000 LBS
Reference Standard:		HALLIBURTON PROCEDURE: ST-GL-HAL-HS-0206 REV. 4, 431.00005 REV. D, 431.00001 REV. G./ ASME B30.26			
Is this the first examination after Installation or assembly at a new site or location?		YES ☐ NO ☒		Was the examination carried out: Within an interval of 6 months? YES ☒ NO ☐ With an interval of 12 months? YES ☐ NO ☒ In accordance with an examination scheme? YES ☒ NO ☐ After the occurrence of exceptional circumstances? YES ☐ NO ☒	
If the answer to the above question is YES has the equipment been installed correctly?		YES ☐ NO ☐			
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 ** MPI was carried out on the Critical Areas and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES ☒ NO ☐	
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	AIZAZ FARHAT		 		
Date of Next Through Examination	02/03/2025				

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did at 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.



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Date of Examination:	03/09/2024	Date of Report:	03/09/2024	Certificate No:	QC-24/-CMT-0309-003
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	030924
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
J21	01	SAFETY PIN BOW SHACKLE MANUFACTURE: MCKAT GRADE: 6 SIZE: 7/8" F.O.S: 6:1	6.5 T	N/A	10/02/2024
Reference Standard:		BS EN 13889 / 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?		☐ YES ☒ NO ☐ √		Was the examination carried out:	
				☐ YES ☒ √ ☐ NO ☐	
If the answer to the above question is YES has the equipment been installed correctly?		☐ YES ☒ NO ☐		Within an interval of 6 months? ☐ YES ☒ NO ☐ √	
				With an interval of 12 months? ☐ YES ☒ NO ☐ √	
				In accordance with an examination scheme? ☐ YES ☒ NO ☐ √	
				After the occurrence of exceptional circumstances? ☐ YES ☒ NO ☐ √	
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 Sate 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 ☐	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	02/03/2025				

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.



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Date of Examination:	03/09/2024	Date of Report:	03/09/2024	Certificate No:	QC-24/-CMT-0309-004
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	030924
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
4441	01	<u>SAFETY PIN BOW SHACKLE</u> MANUFACTURE: DY SIZE: 1" GRADE: 6 S.F: 6:1	8.5 T	N/A	10/02/2024
Reference Standard:	BS EN 13889 / 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?		☐ YES ☐ NO ☒		Was the examination carried out:	
				Within an interval of 6 months?	
				☐ YES ☒ NO ☐	
If the answer to the above question is YES has the equipment been installed correctly?		☐ YES ☐ NO ☐		With an interval of 12 months?	
				☐ YES ☒ NO ☐	
				In accordance with an examination scheme?	
				☐ YES ☒ NO ☐	
				After the occurrence of exceptional circumstances?	
				☐ YES ☐ NO ☒	
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 ☐	
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	AIZAZ FARHAT				
Date of Next Through Examination:	02/03/2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	03/09/2024	Date of Report:	03/09/2024	Certificate No:	QC-24/-CMT-0309-005
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	030924
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
10F C14	02	<u>EYE SAFETY LATCH HOOK</u> Manufacturer: CROSBY BODY SIZE: 3/8" (10MM) GRAD: 10.	4 T	N/A	10/02/2024
Reference Standard:	BS EN 1677-2/ 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?		☐ YES ☐ NO ☒		Was the examination carried out:	
				☐ YES ☒ NO ☐	
If the answer to the above question is YES has the equipment been installed correctly?		☐ YES ☐ NO ☐		Within an interval of 6 months? ☐ YES ☐ NO ☒	
				With an interval of 12 months? ☐ YES ☒ NO ☐	
				In accordance with an examination scheme? ☐ YES ☒ NO ☐	
				After the occurrence of exceptional circumstances? ☐ YES ☐ NO ☒	
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)				YES by:	
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 ☐	

Name of Inspector:	Name of person authenticating this report:	Client Signature & Stamp:
ASHRAF ELSAID	AIZAZ FARHAT	
Date of Next Through Examination:	02/03/2025	

REV: 01 Dated: 20 June 2022

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Date of Examination:	03/09/2024	Date of Report:	03/09/2024	Certificate No:	QC-24/-CMT-0309-006
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	030924
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
A1 0017	02	<u>DOUBLE CLEVIS LINK</u> Manufacturer: CROSBY BODY SIZE: 1/2" GRADE: 10. S.F: 4:1	4.17 T	N/A	10/02/2024
Reference Standard:	BS EN 1677-4 / 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?		YES ☐ NO ☒		Was the examination carried out: Within an interval of 6 months? YES ☒ NO ☐ With an interval of 12 months? YES ☐ NO ☒ In accordance with an examination scheme? YES ☒ NO ☐ After the occurrence of exceptional circumstances? YES ☐ NO ☒	
If the answer to the above question is YES has the equipment been installed correctly?		YES ☐ NO ☐			
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	
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IS THIS EQUIPMENT SAFE TO OPERATE?				YES ☒ NO ☐	
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	AIZAZ FARHAT				
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