

**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

<b>Date of Examination:</b>	20/10/2024	<b>Date of Report:</b>	20/10/2024	<b>Certificate No:</b>	QC/24/HALL-2010-021				
<b>Client Name:</b>	Halliburton	<b>Location:</b>	HPS	<b>Job Number:</b>	181024				
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>				
001766	01	<b><u>TWIN TAILED ENERGY ABSORBING LANYARD</u></b>  Manufacture: WORKMEN  MATERIAL: POLYSTER  MODEL: WKPM52	310 LBS	01/2022	21/04/2024				
<b>Reference Standard:</b>		BS EN 355: 2002/ 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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:	
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Within an interval of 6 months?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
				With an interval of 12 months?					
				In accordance with an examination scheme?					
				After the occurrence of exceptional circumstances?					
				YES	<input checked="" type="checkbox"/>				
				NO	<input type="checkbox"/>				
				NO	<input checked="" 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 Sate NONE) NONE									
Is the above a defect which is of immediate danger to persons:				YES	<input 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)				NO	<input checked="" type="checkbox"/>				
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				YES by:					
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>Signature &amp; Stamp:</b>						
ASHRAF ELSAID	MOHAMED ABDALLAH								
<b>Date of Next Through Examination:</b>	19/04/2025								

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.

