



Al Takamul Company for Engineering Services
Quality Control - Iraq



LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION & NDT

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

| | | | |
|-----------------------------|-----------------------------|----------------------------------|-----------------|
| Client: | Aberdeen Technical Services | Certificate no: | QC-YB-240020/09 |
| Location: | ATS Yard | Job Order No: | QC-YB-240020 |
| Date of Examination: | 02/Nov/2024 | Next Inspection Due: | 01/May/2025 |
| Last Inspection | | Last Proof Load Test Date | |
| 24/May/2024 | | By Manufacture | |

| IDENTIFICATION NO | DESCRIPTION | QTY | SWL |
|--------------------|--|-----|----------|
| 0907004 0907007 | Manual Jaw winch Manufacture: TOYO Model: TL-WP054 Wire rope size: 20 mm Rope serial no: 20 Length: 20m | 02 | 5.4 tons |

| | | | | | | | | | |
|---|--------------------------|---|----|---|--|-----|---|----|---|
| Applicable Reference Standard: | BS EN 13157:2004+A1:2009 | | | | | | | | |
| * 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 | | * Within 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 Become a Danger to Persons and a Description of The Defect: **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) | NO | √ | YES | By: |
| Particulars Of Any Repair, Renewal or Alteration Required to Remedy the Defect Identified Above: None | | | | |
| ** Visual And Dimension Check was Carried Out. | | | | |
| Is This Equipment Safe to Operate? | Yes Accept | √ | NO Reject | |

| | | | |
|---|-------------------|------------------------------------|-------------------|
| LEEA & ASNT Level II Inspector Name: | SIGNATURE: | Authenticating This Report: | SIGNATURE: |
| Mohamed Abdullah | | Ashraf El Said | |

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.

