

**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](mailto:OP@qualitycontrol-iraq.com) / [hany.akafi@qualitycontrol-iraq.com](mailto: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>	<b>11/NOV/2024</b>	<b>Date of Report:</b>	<b>11/NOV/2024</b>	<b>Certificate No:</b>	<b>QC-24/-CMT-0311-025</b>
<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>CMT WORKSHOP</b>	<b>Job Number:</b>	<b>03112025</b>
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
<b>CMT-1000</b>	<b>01</b>	<p align="center"><b>LIFTING BAR</b></p> <p><b>Manufacturer:</b> CUSTOMS ORGIN</p> <p><b>DIM:</b> (L) 84 MM X (W) 20 MM X (H) 63 MM.</p> <p><b>SWL:</b> 3000 LBS.</p>	<b>3000 lbs.</b>	<b>N/A</b>	<b>20/09/2023</b>
<b>Reference Standard:</b>	<b>ST-GL-HAL-HS-0206 Rev. 4, 431.00005 Rev. D, 431.00001 Rev. G.</b>				

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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO			
	YES	NO			YES		NO	✓		
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO			YES	✓	NO			
	YES	NO			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) <b>NONE</b>										
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										
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>								YES	✓	NO

<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Client Signature &amp; Stamp:</b>	
<b>ASHRAF ELSAID</b>	<b>MOHAMED ABDALLAH</b>		
<b>Date of Next Through Examination:</b>	<b>10/05/2025</b>		

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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<b>Date of Examination:</b>	11/11/2024	<b>Date of Report:</b>	11/11/2024	<b>Certificate No:</b>	QC-24/-CMT-0311-026								
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	CMT WORKSHOP	<b>Job Number:</b>	03112025								
<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>								
G2 C18	02	<b>EYE SAFETY LATCH HOOK</b>  Body Size: 3/8 "  Grade: 10  Manufacture: CROSBY  S.F: 4:1	4 T	N/A	20/09/2023								
<b>Reference Standard:</b>	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?		<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: Within an interval of 6 months?					
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"/>	With an interval of 12 months?					
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>										
				In accordance with an examination scheme?									
				After the occurrence of exceptional circumstances?									
				<table border="1"> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>	NO	<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) 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)				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													
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/>								
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Client Signature &amp; Stamp:</b>										
ASHRAF ELSAID	MOHAMED ABDALLAH		 هاليبرتون العالمية المحدودة شارع العميدان السكنية المنطقة 29 غرب الرجعية منطقة الرجعية، شمال غرب البصرة CMT • Halliburton WorldWide Limited Oil Operation Street - District 29 Western Bussra, Bussra Area - Basra (Iraq)										
<b>Date of Next Through Examination:</b>	10/05/2025												

REV: 01 Dated: 20 June 2022

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<b>Date of Examination:</b>	11/11/2024	<b>Date of Report:</b>	11/11/2024	<b>Certificate No:</b>	QC-24/-CMT-0311-027
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	CMT WORKSHOP	<b>Job Number:</b>	03112025
<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>
8F 8E	02	<b><u>DOUBLE CLEVIS LINK</u></b>  Manufacturer: CROSBY  BODY SIZE: 1/2"  GRADE: 10.  S.F: 4:1	4.17 T	N/A	20/09/2023
<b>Reference Standard:</b>		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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	After the occurrence of exceptional circumstances? 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) NONE					
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					
<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>Client Signature &amp; Stamp:</b>		
ASHRAF ELSAID	MOHAMED ABDALLAH		 هاليبورتون العالمية المحدودة شارع العميدان المنصور الشافعية 19 غرب الرجسية منطقة الرجسية، شمال البصرة CMT Halliburton WorldWide Limited Oil Operation West - District 29 Western Sunrise - Rumaila Area - Basra Iraq		
<b>Date of Next Through Examination:</b>	10/05/2025				

REV: 01 Dated: 20 June 2022

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<b>Date of Examination:</b>	11/11/2024	<b>Date of Report:</b>	11/11/2024	<b>Certificate No:</b>	QC-24/-CMT-0311-028
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	CMT WORKSHOP	<b>Job Number:</b>	03112026

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
195/9	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURE: CROSBY</b></p> <p><b>SIZE: 3/4"</b></p> <p><b>GRADE: 6</b></p> <p><b>S.F: 6:1</b></p>	4.75 T	N/A	20/09/2023

<b>Reference Standard:</b>	<b>BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>
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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
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO	
					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

<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Client Signature &amp; Stamp:</b>	
ASHRAF ELSAID	MOHAMED ABDALLAH		
<b>Date of Next Through Examination:</b>	10/05/2025		

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Date of Examination:	11/11/2024	Date of Report:	11/11/2024	Certificate No:	QC-24/-CMT-0311-029
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	03112025

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BLP-280945-025	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>MANUFACTURE: SKOOKUM</p> <p>SIZE: 1 1/8"</p> <p>GRADE: 6</p> <p>S.F: 6:1</p>	18T	N/A	20/09/2023

Reference Standard:	BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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					With an interval of 12 months?	YES		NO
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO	
					YES		NO	✓

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