

**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>	<b>11/FEB/2025</b>	<b>Date of Report:</b>	<b>11/FEB/2025</b>	<b>Certificate No:</b>	<b>QC-02-25-HALL-14</b>
<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>Sperry Workshop</b>	<b>Job Number:</b>	<b>040425</b>

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
96271-11/34 96271-11/23 96271-11/53 96271-11/55 96271-11/13	05	<b>FLAT POLYESTER WOVEN WEBBING SLING</b>  <b>Manufacture:</b> UAE <b>Material:</b> Polyester <b>Safety Factor:</b> 7:1 <b>Length:</b> 1 M <b>Width:</b> 1 Inch <b>Color:</b> VIOLET	1 TON	22/12/2022	<b>NEW</b>

<b>Reference Standard:</b>	<b>BS EN 1492-1 /HAL DOC: ST-GL-HAL-HSE-0420</b>
----------------------------	--

Is this the first examination after Installation or assembly at a new site or location?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	N/A					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  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>Signature &amp; Stamp</b>	
<b>ASHRAF ELSAID</b>	<b>M.ABDULLAH</b>		
<b>Date of Next Thorough Examination:</b>	<b>10/AUG/2025</b>		

REV: 02 Dated: 01 NOV 2023

**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.

