

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
AND PROFESSIONAL SAFETY LIMITED**

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**CERTIFICATE OF THOROUGH EXAMINATION**

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

<b>Date of Examination:</b>	20/02/2025	<b>Date of Report:</b>	20/02/2025	<b>Certificate No:</b>	QC-25-WPS-2002-02A
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS	<b>Job Number:</b>	200225
<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>
10436	1	<p align="center"><b><u>CABLE CLAMP</u></b></p> <p><b>MANUFACTURER:</b> COOPER  <b>MANUFACTURING &amp; SUPPLY INC.</b>  <b>PO:</b> 4507982406  <b>MAT:</b> PO-1745  <b>FOS:</b> 4:1</p>	20000 LBS	N/A	14/05/2024
<b>Reference Standard:</b>	HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	<input type="checkbox"/>	NO	<input checked="" 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"/>
Was the examination carried out: Within an interval of 6 months?		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
Within an interval of 12 months?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
In accordance with an examination scheme?		YES	<input checked="" 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) <b>NONE</b>					
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		<b>ALI Talib HB48903</b> <b>Date: 20-FEB-2025</b> <b>Signature</b> <b>Haliburton</b>		
<b>Date of Next Through Examination:</b>	19/08/2025				

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.

