

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

Date of Examination:	04/April/2025	Date of Report:	04/April/2025	Certificate No:	QC-25/-CMT-0404-006
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	04042025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CMT-1006	01	<p align="center">LIFTING BAR</p> <p>Manufacturer: CUSTOMS ORGIN</p> <p>DIM: (L) 84 MM X (W) 20 MM X (H) 63 MM.</p> <p>SWL: 3000 LBS.</p>	3000 lbs.	N/A	18/11/2024
Reference Standard:	ST-GL-HAL-HS-0206 Rev. 4, 431.00005 Rev. D, 431.00001 Rev. G.				

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	✓		
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	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

Name of Inspector:	Name of person authenticating this report:	Client Signature & Stamp:	
ASHRAF ELSAID	MOHAMED ABDALLAH		
Date of Next Through Examination:	03/OCT/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.



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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	04/April/2025	Date of Report:	04/April/2025	Certificate No:	QC-25/-CMT-0404-007
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	04042025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
H2 H3	02	EYE SAFETY LATCH HOOK Body Size: 3/8 " Grade: 10 Manufacture: CROSBY S.F: 4:1	4 T	N/A	18/11/2024
Reference Standard:	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?		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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		 هاليبرتون العالمية المحدودة شارع العميدان السكنية المنطقة 29 غرب الرجعية منطقة الرجعية، شمال غرب البصرة Halliburton WorldWide Limited Oil Operation Street - District 29 Western Bussra, Bussra Area - Basra Iraq		
Date of Next Through Examination:	03/OCT/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.



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Date of Examination:	04/April/2025	Date of Report:	04/April/2025	Certificate No:	QC-25/-CMT-0404-008
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	04042025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
L2 10	02	<u>DOUBLE CLEVIS LINK</u> Manufacturer: CROSBY BODY SIZE: 1/2" GRADE: 10. S.F: 4:1	4.17 T	N/A	18/11/2024
Reference Standard:	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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		 هاليبرتون العالمية المحدودة شارع العميدان المنتزه 19 غرب الرجعية منطقة الرجعية، شمال البصرة CMT Halliburton WorldWide Limited Oil Operation West - District 29 Western Sunrise, Sunrise Area - Basra Iraq		
Date of Next Through Examination:	03/OCT/2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	04/April/2025	Date of Report:	04/April/2025	Certificate No:	QC-25/-CMT-0404-009
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	04042025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
112	01	<u>SAFETY PIN BOW SHACKLE</u> MANUFACTURE: CROSBY SIZE: 3/4" GRADE: 6 S.F: 6:1	4.75 T	N/A	18/11/2024
Reference Standard:		BS EN 13889 / 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"/>	
				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) 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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	03/OCT/2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	04/April/2025	Date of Report:	04/April/2025	Certificate No:	QC-25/-CMT-0404-010
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	04042025

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
D01	01	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURE: KF</p> <p>SIZE: 1 1/8"</p> <p>GRADE: 6</p> <p>S.F: 6:1</p>	8.5 T	N/A	18/11/2024

Reference Standard: BS EN 13889 / 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"/>
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		Was the examination carried out: Within an interval of 12 months?	YES	<input type="checkbox"/>	NO
If the answer to the above question is YES has the equipment been installed correctly?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	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"/>

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

Name of Inspector:	Name of person authenticating this report:	Client Signature & Stamp:	
ASHRAF ELSAID	MOHAMED ABDALLAH		
Date of Next Through Examination:	04/OCT/2025		

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