

**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>	<b>04/April/2025</b>	<b>Date of Report:</b>	<b>04/April/2025</b>	<b>Certificate No:</b>	<b>QC-25/-CMT-0404-021</b>
<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>CMT WORKSHOP</b>	<b>Job Number:</b>	<b>04042025</b>
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>		<b>Next Proof Load Test Due</b>	
<b>03/11/2024</b>		<b>04/APRIL/2025</b>		<b>03/APRIL/2027</b>	

Serial Number:	QTY	Description	SWL
<b>CMT-3035</b> (B330045-5)	1	<p align="center"><b>SWIVEL HOIST RING</b></p> <p><b>Manufacturer:</b> Heavy Duty  <b>Type:</b> Alloy Steel Heat Treated  <b>Range of Movement:</b> Swivel 360°                      Pivot 180° Under Load  <b>FOS:</b> 5:1</p>	<b>3000 LBS</b>

**Reference Standard:** HALLIBURTON PROCEDURE: ST-GL-HAL-HS-0206 REV. 4, 431.00005 REV. D, 431.00001 REV. G./ ASME B30.26

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	✓
					Was the examination carried out: Within 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**

**\*\* MPI was carried out on the Critical Areas 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>	
<b>ASHRAF ELSAID</b>	<b>MOHAMED ABDALLAH</b>		
<b>Date of Next Through Examination:</b> <b>03/OCT/2025</b>			

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person has attended 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.

