

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

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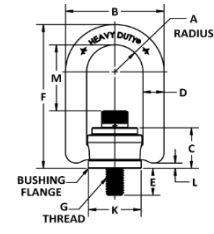
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**CERTIFICATE OF THOROUGH EXAMINATION**

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-0404-025</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>09/11/2024</b>           |                      | <b>04/APRIL/2025</b>             |                      | <b>03/APRIL/2027</b>            |                            |

| Serial Number:                 | QTY | Description   | SWL             |
|--------------------------------|-----|---|-----------------|
| <b>CMT-3004</b><br>(B38011-43) | 1   | <p align="center"><b>SWIVEL HOIST RING</b></p> <p><b>Manufacturer:</b> Heavy Duty<br/> <b>Type:</b> Alloy Steel Heat Treated<br/> <b>Range of Movement:</b> Swivel 360°<br/>                     Pivot 180° Under Load<br/> <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 | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | Was the examination carried out:<br>Within an interval of 6 months?                             | YES  | <input checked="" type="checkbox"/> | NO                       | <input type="checkbox"/>            |
|   | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |   | Was the examination carried out:<br>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?<br>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**

**\*\* 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 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.

