

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-0404-029
Client Name:	HALLIBURTON	Location:	CMT WORKSHOP	Job Number:	04042025
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
29/11/2024		04/APRIL/2025		03/APRIL/2027	

Serial Number:	QTY	Description	SWL
CMT-3034 B36700-95	1	<p align="center">SWIVEL HOIST RING</p> <p>Manufacturer: Heavy Duty Type: Alloy Steel Heat Treated Range of Movement: Swivel 360° Pivot 180° Under Load FOS: 5:1</p>	3000 LBS

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: 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: 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 checked="" 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 checked="" 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

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.

