



Al Takamul Company for Engineering Services  
Quality Control – Iraq



## Lifting Accessories of Visual and Thorough Examination

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

Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/08
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
MOD70/DL/ F465 MOD70/EU/ F449 MOD70/S1/ F411 MOD70/S2/ F432 MOD70/S0.5/ F240 MOD70/EU/ F450 MOD70/DL/ F466	Modular Spreader Beam  Modular 70 Spreader Beam with 4.5 m Span consisting of: 2meter Struts- 1 pc (F432) 1meter Struts- 1 pc (F411) 0.5meter Struts- 1 pc (F240) End Unite / 0.5 meter – 2 pcs (F449& F450) Drop Links 2 pcs (F465 & F466) Manufacturer: Modulift MODEL: MOD 70 EC Declaration of Conformity Dated: 04.09.2014	01 X 7 pcs	70 Ton @ 4.5 m Span

Reference Standard:	BS EN 13155:2020
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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 6 months? With an interval of 12 months? By 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"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		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 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

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdulla		Ashraf ElSaid	

**THIS IS TO CERTIFY THAT:** a competent person did attend the owner mentioner'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.

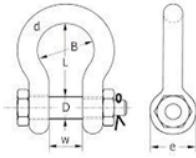




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Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/09
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
VC207 VC208	<p>Safety Pin Bow Shackles</p> <p>Size: 2 1/2"</p> <p>Grade: 6</p> <p>Manufacturer: LIFTINGEAR</p> <p>Safety Factor 6:1</p> <p>Fitted with Modular Spreader Beam</p> 	02	55 Ton
Reference Standard:	BS EN 13889-2003+A1:2008		

Is this the first examination after Installation or assembly at a new site or location?	YES		NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within 6 months?	YES	<input checked="" type="checkbox"/>	NO			
						With an interval of 12 months?	YES		NO	<input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?	YES		NO		By an examination scheme?	YES	<input checked="" type="checkbox"/>	NO			
					After the occurrence of exceptional circumstances?	YES		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	<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	

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdulla		Ashraf ElSaid	

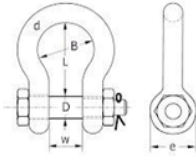
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## Lifting Accessories of Visual and Thorough Examination

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

Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/10
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
VC197 VC202	<p>Safety Pin Bow Shackles</p> <p>Size: 2"</p> <p>Grade: 6</p> <p>Manufacturer: LIFTINGEAR</p> <p>Safety Factor 6:1 Fitted with Modular Spreader Beam</p> 	02	35 Ton
Reference Standard:	BS EN 13889-2003+A1:2008		

Is this the first examination after Installation or assembly at a new site or location?	YES		NO	√	Was the examination carried out: Within 6 months? With an interval of 12 months? By an examination scheme? After the occurrence of exceptional circumstances?	YES	√	NO	
						YES		NO	√
If the answer to the above question is YES has the equipment been installed correctly?	YES		NO			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) <b>NONE</b>									
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) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>									
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>						YES	√	NO	

LEEA & ASNT Level II Inspector Name:	Signature	Authenticating This Report:	Signature
Mohamed Abdulla		Ashraf ElSaid	

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