

**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>	15/06/2025	<b>Date of Report:</b>	15/06/2025	<b>Certificate No:</b>	QC-25-HPS-1506-026				
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	15062025				
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>				
C7529	01	<p align="center"><b>2 LEGS WIRE ROPE SLING</b></p> <p><b>One Leg Dim:</b> 2.25 m (L) x 19 mm (Dia) <b>Other Leg Dim:</b> 2.50 m (L) x 19 mm (Dia)</p> <p><b>Manufacture:</b> SAFETY MARINE</p> <p>IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master link at The Top and with 17T Crosby shackle SN: C7528A at the end Hard Eye Both Ends</p> <p><b>F.O.S:</b> 5:1</p>	6.4 TON	N/A	13/02/2025				
<b>Reference Standard:</b>	BS EN 13414-1 / 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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:	
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
				Within an interval of 6 months?					
				Within an interval of 12 months?					
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	In accordance with an examination scheme?	
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"/>				
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									
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/>				
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>						
ASHRAF ELSAID	MOHAMED ABDALLAH								
<b>Date of Next Through Examination:</b>	14/12/2025								

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.

