

**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-1506-028                       |
| <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> |
| 0824  | 01  | <p align="center"><u><b>SAFETY PIN BOW SHACKLE</b></u></p> <p><b>Manufacture:</b> MCKAT</p> <p><b>Size:</b> 2"</p> <p><b>Grade:</b> 6</p> <p><b>F.O.S:</b> 5:1</p> | 35 TON                                 | N/A  | 13/02/2025                               |
| <b>Reference Standard:</b>  |   | BS EN 13889 / 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?   |   | YES <input type="checkbox"/>   | NO <input checked="" type="checkbox"/> | Was the examination carried out:<br>Within an interval of 6 months?<br>YES <input checked="" type="checkbox"/> NO <input 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"/>            | With an interval of 12 months?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                      |  |
|   |   | YES <input type="checkbox"/>   | NO <input type="checkbox"/>            | In accordance with an examination scheme?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                           |  |
|   |   | YES <input type="checkbox"/>   | NO <input type="checkbox"/>            | After the occurrence of exceptional circumstances?<br>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"/>   | 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          |   |  |  |  |  |
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>   |   |  |  | YES <input checked="" type="checkbox"/>  | NO <input 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.

