

**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

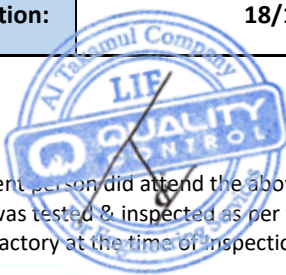


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-01			
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025			
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination			
040523	1	<p align="center"><u>SINGLE LEG CHAIN SLING</u></p> <p>C/W MASTERLINK AT THE TOP & GRAB HOOK AT THE END</p> <p>MANUFACTURER: BISHOP LIFTING</p> <p>DIM: 1/2" DIA X 20 FT (L)</p> <p>FOS: 4:1</p>	15000 LBS	N/A	31/12/2024			
Reference Standard:	BS EN 818-4/ HAL DOC: ST-GL-HAL-HSE-0420							
Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES	✓	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	✓	With an interval of 12 months?	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)	NONE							
Is the above a defect which is of immediate danger to persons:	YES	NO	✓	In accordance with an examination scheme? After the occurrence of exceptional circumstances?	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					
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:					
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton					
Date of Next Through Examination:	18/12/2025							

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.



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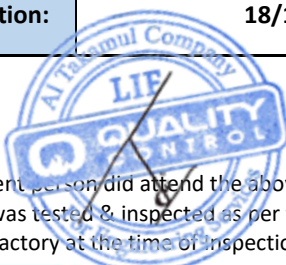


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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-02
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BLP-264702-005	1	<p><u>SINGLE LEG CHAIN SLING</u></p> <p>C/W MASTERLINK AT THE TOP & GRAB HOOK AT THE END</p> <p>MANUFACTURER: BISHOP LIFTING</p> <p>DIM: 1/2" DIA X 20 FT (L)</p> <p>FOS: 4:1</p>	15000 LBS	N/A	31/12/2024
Reference Standard:	BS EN 818-4/ HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES ✓ NO
				With an interval of 12 months?	YES NO ✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		In accordance with an examination scheme? After the occurrence of exceptional circumstances?	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) 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
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALi Talib HB48903 Date: 19-06-2025 Signature <i>Ali Talib</i> Haliburton		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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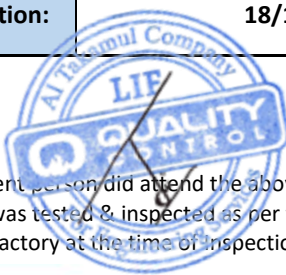


CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-03			
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025			
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination			
61122	1	<p align="center"><u>SINGLE LEG CHAIN SLING</u></p> <p>C/W MASTERLINK AT THE TOP & GRAB HOOK AT THE END</p> <p>MANUFACTURER: BISHOP LIFTING</p> <p>DIM: 1/2" DIA X 10 FT (L)</p> <p>FOS: 4:1</p>	15000 LBS	N/A	31/12/2024			
Reference Standard:	BS EN 818-4/ HAL DOC: ST-GL-HAL-HSE-0420							
Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES	✓	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	✓	With an interval of 12 months?	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) NONE	NONE							
Is the above a defect which is of immediate danger to persons:	YES	NO	✓	In accordance with an examination scheme? After the occurrence of exceptional circumstances?	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					
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:					
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton					
Date of Next Through Examination:	18/12/2025							

REV: 01 Dated: 20 June 2022



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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-04
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
02	1	<p align="center"><u>ADAPTER X-OVER (TO DROP TOP LOAD CELL)</u></p> <p>Part No: 101211105</p> <p>FOS: 4:1</p>	26,000 LBS	N/A	31/12/2024

Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420
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Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES	✓	NO	
					Within an interval of 12 months?	YES		NO
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		In accordance with an examination scheme? After the occurrence of exceptional circumstances?	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) **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:

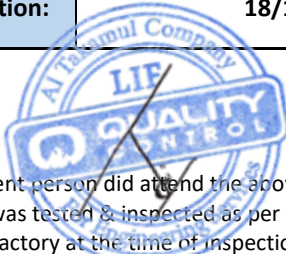
Particulars of any tests carried out as part of the examination: (If none state NONE)

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

Name of Inspector:	Name of person authenticating this report:	Client Signature & Stamp:	
ASHRAF ELSAID	MOHAMED ABDALLAH	ALI Talib HB48903 Date: 19-06-2025 Signature <i>Ali Talib</i> Halliburton	
Date of Next Through Examination:	18/12/2025		

REV: 01 Dated: 20 June 2022



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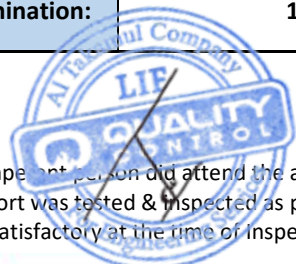


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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-05
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
SL16-1896	1	<p align="center"><u>16" LIGHT WEIGHT COMPOSITE SHEAVE</u></p> <p>MANUFACTURER: WIRELINE TECHNOLOGIES PART NUMBER: 102274368 WIRE LINE SIZE: 0.125" S.F: 4:1</p>	6,000 LBS	08-Mar-2018	31/12/2024
Reference Standard:	BS EN 13157/ HAL DOC: ST-GL-HAL-HSE-0420				
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"/>
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme?		YES <input checked="" 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"/> 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 <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALi Talib HB48903 Date: 19-06-2025 Signature		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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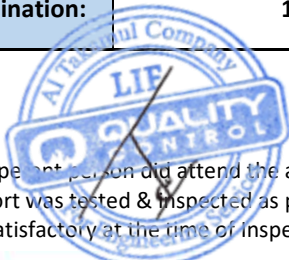


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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-06
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
SL16-1895	1	<p><u>16" LIGHT WEIGHT COMPOSITE SHEAVE</u></p> <p>MANUFACTURER: WIRELINE TECHNOLOGIES PART NUMBER: 102274368 WIRE LINE SIZE: 0.125" S.F: 4:1</p>	6,000 LBS	08-Mar-2018	31/12/2024
Reference Standard:	BS EN 13157/ HAL DOC: ST-GL-HAL-HSE-0420				
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"/>
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme?		YES <input checked="" 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"/> 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 <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		<p>ALI Talib HB48903 Date: 19-06-2025 Signature </p>		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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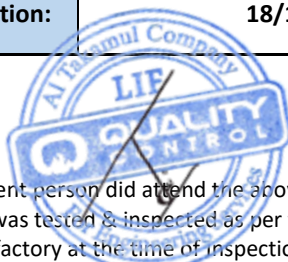


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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-07
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
F6968	1	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: BASH P</p> <p>SIZE: 1/2"</p> <p>GRADE: 6</p> <p>FOS: 6:1</p>	2 TON	N/A	31/12/2024
Reference Standard:	BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420				
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?	
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? In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature		
Date of Next Through Examination:	18/12/2025		Signature Haliburton		

REV: 01 Dated: 20 June 2022



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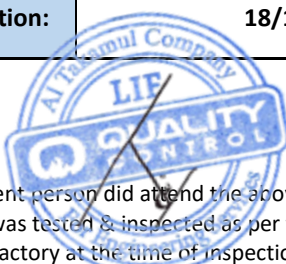


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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-08
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
PS3	1	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: CROSBY</p> <p>SIZE: 3/4"</p> <p>GRADE: 6</p> <p>FOS: 6:1</p>	4.75 TON	N/A	31/12/2024
Reference Standard:	BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	Was the examination carried out: Within an interval of 6 months?
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?
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
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
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		<p>ALI Talib HB48903</p> <p>Date: 19-06-2025</p> <p>Signature <i>Ali Talib</i></p> <p>Haliburton</p>		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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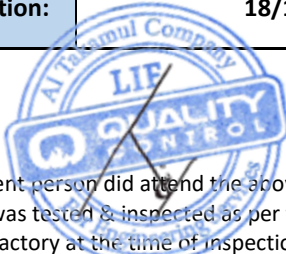


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This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-09
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B1956	1	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: LIFMEX</p> <p>SIZE: 1/2"</p> <p>GRADE: 6</p> <p>FOS: 6:1</p>	2 TON	N/A	31/12/2024
Reference Standard:	BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420				
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"/>	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		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"/>	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 <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALi Talib HB48903 Date: 19-06-2025 Signature Haliburton		
Date of Next Through Examination:	18/12/2025				

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.



**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
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Tel: +9647810009138 / +9647834964657

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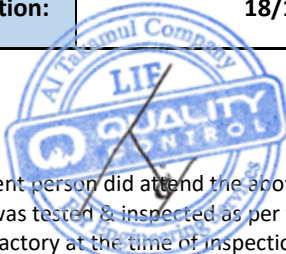


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-10	
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025	
Serial Number:	QTY	Description		SWL	Date of manufacture if known:	Date of last thorough examination
D1	1	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: CROSBY</p> <p>SIZE: 1"</p> <p>GRADE: 6</p> <p>FOS: 6:1</p>		8.5 TON	N/A	31/12/2024
Reference Standard:	BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	
					YES ✓ NO	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		With an interval of 12 months? In accordance with an examination scheme?	
					YES ✓ NO	
					After the occurrence of exceptional circumstances?	
					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) 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 ✓
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:			
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton			
Date of Next Through Examination:	18/12/2025					

REV: 01 Dated: 20 June 2022



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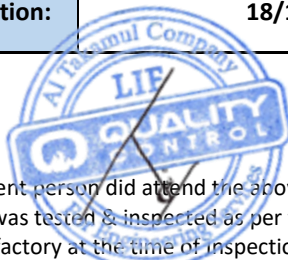


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-11
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
3515	1	<p><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: CROSBY</p> <p>SIZE: 1 1/8"</p> <p>GRADE: 6</p> <p>FOS: 6:1</p>	9.5 TON	N/A	31/12/2024
Reference Standard:	BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES ✓ NO
				Within an interval of 12 months?	YES ✓ NO ✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		In accordance with an examination scheme?	YES ✓ NO
				After the occurrence of exceptional circumstances?	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) 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
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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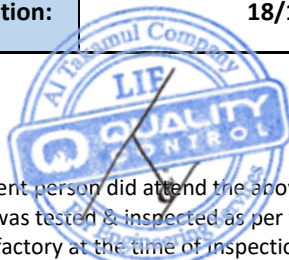


CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-12
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B8249	1	<p><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: CROSBY</p> <p>SIZE: 1 1/4"</p> <p>GRADE: 6</p> <p>FOS: 6:1</p>	12 TON	N/A	31/12/2024
Reference Standard:	BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES ✓ NO
				Within an interval of 12 months?	YES ✓ NO ✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO		In accordance with an examination scheme?	YES ✓ NO
				After the occurrence of exceptional circumstances?	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) 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
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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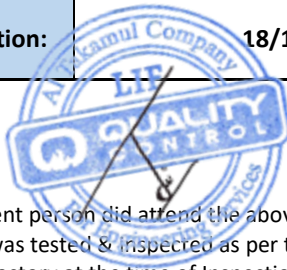


CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-13	
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025	
Serial Number:	QTY	Description		SWL	Date of manufacture if known:	Date of last thorough examination
B1831	1	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: KF SIZE: 1/2" GRADE: 6 FOS: 6:1</p>		2 TON	N/A	31/12/2024
Reference Standard:		BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	√	Was the examination carried out: Within an interval of 6 months?	
					YES √ NO	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		With an interval of 12 months?	
					YES √ NO	
					In accordance with an examination scheme?	
					YES √ NO	
					After the occurrence of exceptional circumstances?	
					YES	
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						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES	NO
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:			
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton			
Date of Next Through Examination:	18/12/2025					

REV: 01 Dated: 20 June 2022



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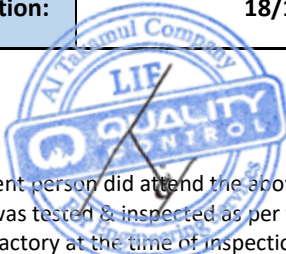


CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-14
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
7996D	1	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: DUT</p> <p>SIZE: 3/4"</p> <p>GRADE: 6</p> <p>FOS: 6:1</p>	4.75 TON	N/A	31/12/2024
Reference Standard:	BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	√	Was the examination carried out: Within an interval of 6 months?
					YES
					With an interval of 12 months?
					YES
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		In accordance with an examination scheme?
					YES
					After the occurrence of exceptional circumstances?
					YES
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
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
					√
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		<p>ALI Talib HB48903</p> <p>Date: 19-06-2025</p> <p>Signature </p> <p>Halliburton</p>		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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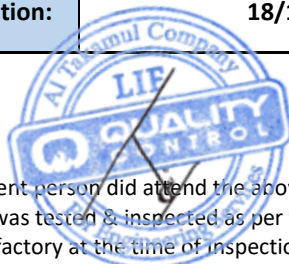


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-15
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description		SWL	Date of manufacture if known:
SC553	1	<p align="center"><u>SAFETY PIN BOW SHACKLE</u></p> <p>MANUFACTURER: TOYO</p> <p>SIZE: 7/8"</p> <p>GRADE: 6</p> <p>FOS: 6:1</p>		6.5 TON	N/A
Reference Standard:	BS EN 13889/ HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	√	Was the examination carried out: Within an interval of 6 months?
					YES
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	√	With an interval of 12 months?
					YES
					In accordance with an examination scheme?
					YES
					After the occurrence of exceptional circumstances?
					YES
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
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
					√
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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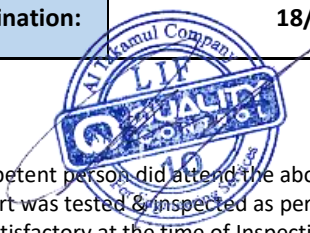


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-16
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
2304-1431	1	LANYARD MODEL: KT-SH001 MATERIAL: POLYIMIDE MANUFACTURE: KURT Length: 1.8 (m)	310 LBS	04/2023	31/12/2024
Reference Standard:	BS EN 355:2002/HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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	<input type="checkbox"/>
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"/>
Name of Inspector:		Name of person authenticating this report:		Client Signature & Stamp:	
ASHRAF ELSAID		MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature	
Date of Next Through Examination:		18/12/2025			

REV: 01 Dated: 20 June 2022



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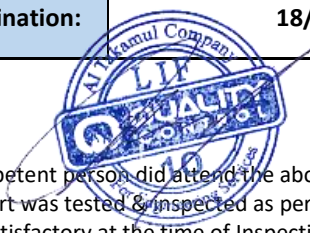


CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-17
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
2304-1431	1	BODY HARNESS MODEL: KT-SH001 MATERIAL: POLYIMIDE MANUFACTURE: KURT Length: 1.8 (m)	310 LBS	04/2023	31/12/2024
Reference Standard:	BS EN 361:2002/HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	Was the examination carried out: Within an interval of 6 months?
					YES
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	With an interval of 12 months?
					YES
					In accordance with an examination scheme?
					YES
					After the occurrence of exceptional circumstances?
					YES
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
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
					✓
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature <i>Ali Talib</i> Haliburton		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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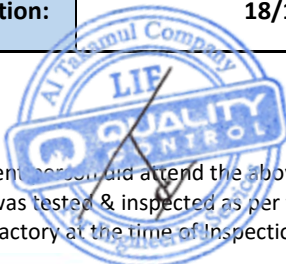


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-18
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
55213263	01	<u>FLAT POLYESTER WEBBING SLING</u> MANUFACTURER: DELTA PLUS LENGTH: 1M COLOR: VIOLET FOS: 7:1	1 T	11/24	N/A
Reference Standard:	BS EN 1492-1/ HAL DOC: ST-GL-HAL-HSE-0420				
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"/>	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				In accordance with an examination scheme? YES <input checked="" 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"/>	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 <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature		
Date of Next Through Examination:	18/12/2025				

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.



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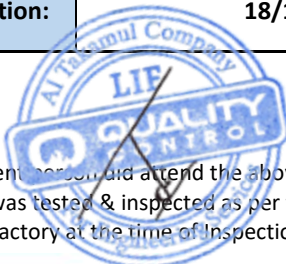


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-19			
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025			
Serial Number:	QTY	Description		SWL	Date of manufacture if known:	Date of last thorough examination		
C2787	1	<p align="center"><u>FLAT POLYESTER WEBBING SLING</u></p> <p>MANUFACTURER: SAFETY MARINE</p> <p>LENGTH: 2 M</p> <p>COLOR: GREEN</p> <p>FOS: 7:1</p>		2 T	02/2024	31/12/2024		
Reference Standard:	BS EN 1492-1/ HAL DOC: ST-GL-HAL-HSE-0420							
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	Was the examination carried out: Within an interval of 6 months?		YES	NO	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	With an interval of 12 months?		YES	NO	
				In accordance with an examination scheme?		YES	NO	
				After the occurrence of exceptional circumstances?		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) 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
Name of Inspector:	Name of person authenticating this report:			Client Signature & Stamp:				
ASHRAF ELSAID	MOHAMED ABDALLAH			ALI Talib HB48903 Date: 19-06-2025 Signature				
Date of Next Through Examination:	18/12/2025							

REV: 01 Dated: 20 June 2022



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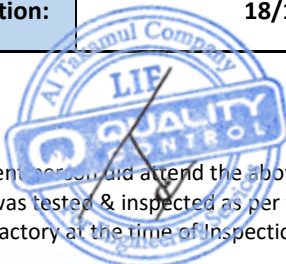


CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-20						
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025						
Serial Number:	QTY	Description		SWL	Date of manufacture if known:	Date of last thorough examination					
2357	01	<p align="center"><u>FLAT POLYESTER WEBBING SLING</u></p> <p>MANUFACTURER: DELTA PLUS</p> <p>LENGTH: 1 M</p> <p>COLOR: VIOLET</p> <p>FOS: 7:1</p>		1 T	06/2020	31/12/2024					
Reference Standard:		BS EN 1492-1/ HAL DOC: ST-GL-HAL-HSE-0420									
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"/>	
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?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	In accordance with an examination scheme?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	
		YES	<input type="checkbox"/>	NO	<input checked="" 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"/>	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	<input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:			Client Signature & Stamp:							
ASHRAF ELSAID	MOHAMED ABDALLAH			ALI Talib HB48903 Date: 19-06-2025 Signature							
Date of Next Through Examination:	18/12/2025										

REV: 01 Dated: 20 June 2022



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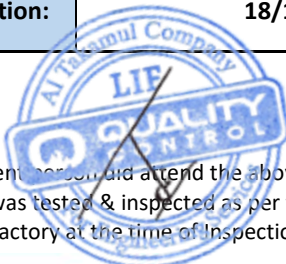


CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-21
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
4155	01	<u>FLAT POLYESTER WEBBING SLING</u> MANUFACTURER: DELTA PLUS LENGTH: 2 M COLOR: VIOLET FOS: 7:1	1 T	01/2023	31/12/2024
Reference Standard:	BS EN 1492-1/ HAL DOC: ST-GL-HAL-HSE-0420				
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"/>
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme?		YES <input checked="" 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"/> 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 <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022



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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-22
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
100495-16/12	01	<p align="center"><u>FLAT POLYESTER WEBBING SLING</u></p> <p>MANUFACTURER: LIFTEK</p> <p>LENGTH: 1 M</p> <p>COLOR: VIOLET</p> <p>FOS: 7:1</p>	1 T	10/2023	31/12/2024

Reference Standard:	BS EN 1492-1/ HAL DOC: ST-GL-HAL-HSE-0420
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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 an interval of 6 months?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		Was the examination carried out: With 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? 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:

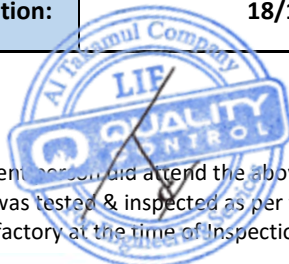
Particulars of any tests carried out as part of the examination: (If none state NONE)

The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

Name of Inspector:	Name of person authenticating this report:	Client Signature & Stamp:	
ASHRAF ELSAID	MOHAMED ABDALLAH	ALI Talib HB48903 Date: 19-06-2025 Signature	
Date of Next Through Examination:	18/12/2025	Signature Haliburton	

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.



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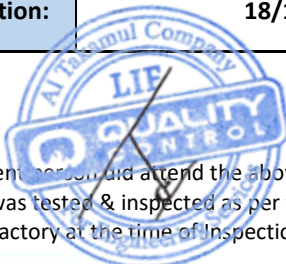


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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-23
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
C2615	1	<p align="center"><u>FLAT POLYESTER WEBBING SLING</u></p> <p>MANUFACTURER: SAFETY MARINE</p> <p>LENGTH: 2 M</p> <p>COLOR: VOILET</p> <p>FOS: 7:1</p>	1 T	02/24	N/A
Reference Standard:	BS EN 1492-1/ HAL DOC: ST-GL-HAL-HSE-0420				
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?	
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?	
				In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		<p>ALI Talib HB48903</p> <p>Date: 19-06-2025</p> <p>Signature </p> <p>Haliburton</p>		
Date of Next Through Examination:	18/12/2025				

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.



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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-24					
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025					
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination					
G2S17-0005	01	<p align="center"><u>SHEAVE WHEEL</u></p> <p>SIZE: 17" REV:H WIRE LINE SIZE: 7/32"</p> <p>MANUFACTURE: WIRELINE TECHNOLOGIES F.O.S: 4:1</p>	20,000 lbs.	N/A	31/12/2024					
Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420									
Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO			
	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) 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)						YES by:				
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	
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:							
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton							
Date of Next Through Examination:	18/12/2025									

REV: 01 Dated: 20 June 2022



THIS IS TO CERTIFY THAT; a competent person, on behalf of 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.



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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-25				
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
G2S17-0006	01	<p align="center"><u>SHEAVE WHEEL</u></p> <p>SIZE: 17" REV:H WIRE LINE SIZE: 7/32"</p> <p>MANUFACTURE: WIRELINE TECHNOLOGIES F.O.S: 4:1</p>	20,000 lbs.	N/A	31/12/2024				
Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420								
Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES	✓	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	✓	With an interval of 12 months?	YES	✓	NO	✓	
				In accordance with an examination scheme?	YES	✓	NO	✓	
				After the occurrence of exceptional circumstances?	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) 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)						YES by:			
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
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:						
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton						
Date of Next Through Examination:	18/12/2025								

REV: 01 Dated: 20 June 2022



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Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-26
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
MS4	1	SUPPORT PIN SIZE: 24 MM DIA FOS: 4:1	35.000 LBS	N/A	31/12/2024
Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?
If the answer to the above question is YES has the equipment been installed correctly?		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) NONE					
Is the above a defect which is of immediate danger to persons:					YES
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 ✓
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		Ali Talib HB48903 Date: 19-06-2025		
Date of Next Through Examination:	18/12/2025		Signature Haliburton		

REV: 01 Dated: 20 June 2022



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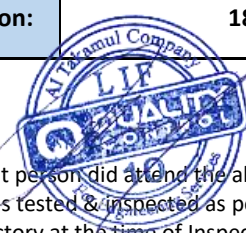


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-27
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
MS8	1	SUPPORT PIN SIZE: 24 MM DIA FOS: 4:1	35.000 LBS	N/A	31/12/2024
Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	Was the examination carried out: Within an interval of 6 months?
					YES
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		With an interval of 12 months?
					YES
					In accordance with an examination scheme?
					YES
					After the occurrence of exceptional circumstances?
					YES
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
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
					✓
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025		
Date of Next Through Examination:	18/12/2025		Signature Haliburton		

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.



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

Basra, North Rumaila, Quality Control Yard - Iraq

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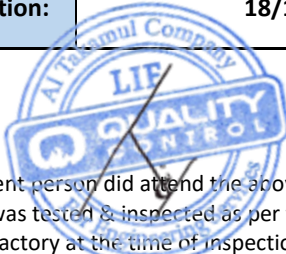


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	19/06/2025	Date of Report:	19/06/2025	Certificate No:	QC-25/-WPS-1906-28
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	19062025
Serial Number:	QTY	Description		SWL	Date of manufacture if known:
005	1	<p align="center"><u>SUPPORT PIN</u></p> <p>SIZE: 31 MM</p> <p>FOS: 4:1</p>		50,000 LBS	N/A
Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	Was the examination carried out: Within an interval of 6 months?
					YES
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	Within an interval of 12 months?
					YES
					In accordance with an examination scheme?
					YES
					After the occurrence of exceptional circumstances?
					YES
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
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
					✓
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton		
Date of Next Through Examination:	18/12/2025				

REV: 01 Dated: 20 June 2022





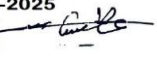
THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of inspection and considered Safe for Lifting.



CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION				
Client:	HALLIBURTON	Report No:	QC-25-WPS-1906-029	
Location:	WPS	Job Number:	19062025	
Date:	Thursday, June 19, 2025	Next Inspection Date:	Thursday, December 18, 2025	
Type Of Inspection:	VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709-21 & ASTM E 1444 (2016) ASME V Article 7 (2019)	
	UNIT DESCRIPTION:		ELEVATOR HOOK	
	UNIT S/N:		COC-HA4605 IRQ-001	
	SWL:	30,000 LBS	FOS:	4:1
	INSPECTION RESULT :			
	VISUAL, THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage		
	MAGNETIC PARTICLE INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects		
	FINAL RESULTS	unit found satisfactory and free of defects at the time of inspection		
	COMMENT:			
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast				

EQUIPMENT DETAILS						PERSON DETAILS		REVIEW BY		
Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	INSPECTOR NAME: ASHRAF ELSAID		SENIOR INSPECTOR:	NAVEED HUSSAIN	
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:	HANI ALI
Cal Due Date:	7-Oct-25	Cal Due Date:	9-Oct-25	Cal Due Date:	7-Oct-25			CLIENT:	ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton	
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	JUNE,2026					
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	EXPIRE DATE:	APRIL,2026					
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity	STAMP & SIGNATURE:				
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3610 Lux					

CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION			
Client:	HALLIBURTON	Report No:	QC-25-WPS-1906-030
Location:	WPS	Job Number:	19062025
Date:	Thursday, June 19, 2025	Next Inspection Date:	Thursday, December 18, 2025
Type Of Inspection:	VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		Specification:
		UNIT DESCRIPTION:	TRUCK CABIN LADDER (TRUCK#1963)
		UNIT S/N:	LD-04
		INSPECTION RESULT :	
		VISUAL, THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
		MAGNETIC PARTICLE INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects
		FINAL RESULTS	unit found satisfactory and free of defects at the time of inspection
		COMMENT:	
Magnetic Particle Inspection With A/C Hand Yoke, Black & White Contrast			

EQUIPMENT DETAILS						PERSON DETAILS		REVIEW BY		
Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	INSPECTOR NAME: ASHRAF ELSAID		SENIOR INSPECTOR:	NAVEED HUSSAIN	
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:	HANI ALI
Cal Due Date:	7-Oct-25	Cal Due Date:	9-Oct-25	Cal Due Date:	7-Oct-25			STAMP & SIGNATURE:	CLIENT:	ALI Talib HB48903 Date: 19-06-2025 Signature: 
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	JUNE.2026					
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	EXPIRE DATE:	APRIL,2026					
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity					
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3610 Lux					
Original - Client Files		Copy - Area Office		QC/FN/MPI/065 Rev.00		DATED 07 Nov 2021				

CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION			
Client:	HALLIBURTON	Report No:	QC-25-WPS-1906-031
Location:	WPS	Job Number:	19062025
Date:	Thursday, June 19, 2025	Next Inspection Date:	Thursday, December 18, 2025
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709-21 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		UNIT DESCRIPTION:	TRUCK BACK LADDER (TRUCK#1963)
		UNIT S/N:	LD-03
		INSPECTION RESULT :	
		VISUAL , THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
		MAGNETIC PARTICLE INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects
		FINAL RESULTS	unit found satisfactory and free of defects at the time of inspection
		COMMENT:	
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast			

EQUIPMENT DETAILS						PERSON DETAILS		REVIEW BY		
Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	INSPECTOR NAME: ASHRAF ELSAID		SENIOR INSPECTOR:	NAVEED HUSSAIN	
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:	HANI ALI
Cal Due Date:	7-Oct-25	Cal Due Date:	9-Oct-25	Cal Due Date:	7-Oct-25			CLIENT:	ALI Talib HB48903 Date: 19-06-2025 Signature Haliburton	
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	JUNE.2026	STAMP & SIGNATURE:				
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	EXPIRE DATE:	APRIL,2026					
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity					
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3610 Lux					
Original - Client Files		Copy - Area Office		QC/FN/MPI/065 Rev.00		DATED 07 Nov 2021				

CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION			
Client:	HALLIBURTON	Report No:	QC-25-WPS-1906-032
Location:	WPS	Job Number:	19062025
Date:	Thursday, June 19, 2025	Next Inspection Date:	Thursday, December 18, 2025
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		Specification:
		UNIT DESCRIPTION:	VICE
		UNIT S/N:	VICE-1963
		INSPECTION RESULT :	
		VISUAL , THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
MAGNETIC PARTICLE INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects		
FINAL RESULTS	unit found satisfactory and free of defects at the time of inspection		
COMMENT:			
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast			

EQUIPMENT DETAILS						PERSON DETAILS		REVIEW BY		
Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	INSPECTOR NAME: ASHRAF ELSAID		SENIOR INSPECTOR:	NAVEED HUSSAIN	
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:	HANI ALI
Cal Due Date:	7-Oct-25	Cal Due Date:	9-Oct-25	Cal Due Date:	7-Oct-25			CLIENT:	Ali Talib HB48903 Date: 19-06-2025 Signature:	
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	JUNE,2026					
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	EXPIRE DATE:	APRIL,2026					
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity	STAMP & SIGNATURE:				
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3610 Lux					