

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



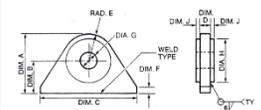
CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-Hall-25-0100-06
Client Name:	HALLIBURTON	Location:	TCP	Job Number:	QC-Hall-25-0100
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
23/01/2025		03/03/2024		02/03/2026	

Serial Number:	QTY	Description
1079A (12027550)	1	<p align="center"><u>BASKET</u></p> <p>DIM: 10 M (L) X 1.2 M (W) X 1.30 M (H)</p> <p>FULLY WELDED STEEL STRUCTURE WITH TOP FOUR MOUNTED LIFTING POINTS</p> <p>TARE WEIGHT: 3600 KG PAYLOAD: 9900 KG M.G.W: 13500 KG</p>
Reference Standard:		BS 7072/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:
	49 MM	40 MM	202 MM	133 MM



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

** MPI was carried out on the pad eyes Welding Areas and found satisfactory

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	
ASHRAF ELSAID	MOHAMED ABDALLAH		
Date of Next Through Examination:	31/12/2025		

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:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-Hall-25-0100-07
Client Name:	HALLIBURTON	Location:	TCP	Job Number:	QC-Hall-25-0100
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
C 2577 C 2578 C 2579 C 2580	04	<u>SAFETY PIN BOW SHACKLE</u> SIZE: 1 1/4" GRADE: 6 MANUFACTURE: CROSBY S.F: 6:1	12 TON	N/A	23/01/2025
Reference Standard:	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?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 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 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:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	31/12/2025				

REV: 01 Dated: 20 June 2022

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Date of Examination:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-Hall-25-0100-08
Client Name:	HALLIBURTON	Location:	TCP	Job Number:	QC-Hall-25-0100
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
U 7849	01	FOUR LEGS WIRE ROPE SLING Dimension: 6 m (L) x 28 mm (Dia) FOS: 5:1 Manufacture: Safety Marine IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly. HARD EYE X HARD EYE	22 ton at 0-45 DEG	N/A	23/01/2025
Reference Standard:		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?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
Was the examination carried out: Within an interval of 6 months?		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:					
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IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
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