

**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-25-0100-09
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		04/02/2024		03/02/2026	

Serial Number:	QTY	Description
TB-03	1	<p align="center"><u>TOOL BOX</u></p> <p>DIM: 1.85 M (L) X 0.95 M (W) X 0.90 M (H)</p> <p>FULLY WELDED STEEL STRUCTURE WITH TOP FOUR MOUNTED LIFTING POINTS</p> <p>TARE WEIGHT: 600 KG</p> <p>PAYLOAD: 2000 KG</p> <p>M.G.W: 2600 KG</p>

Reference Standard:	BS 7072/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:	PADEYE SWL:
	25 MM	24 MM	135 MM	79 MM	4 T

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	✓

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-25-0100-10
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
345/2 345/3 345/4 345/7	04	<u>SAFETY PIN BOW SHACKLE</u> SIZE: 3/4" GRADE: 6 MANUFACTURE: CROSBY S.F: 6:1	4.75 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?	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:	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-25-0100-11
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
C9533	01	<p>4 LEGS WIRE ROPE SLING</p> <p>Manufacturer: Safety Marine Services Dimension: 13 MM DIA x 1.5 M (L) FOS: 5:1</p> <p>IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly. HARD EYE X HARD EYE</p>	4.15 ton at 0-45 DEG	N/A	23/01/2025
Reference Standard:		BS EN 13414-1/2/ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> ✓	Was the examination carried out:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓
			Within an interval of 6 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓
			Within an interval of 12 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"/> ✓	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:					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <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)				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?					<input type="checkbox"/> 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 Thorough Examination:	31/12/2025				

REV: 01 Dated: 20 June 2022

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