

AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

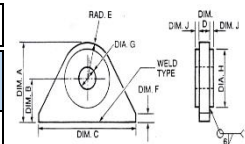
Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



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-25-0100-35
Client Name:	HALLIBURTON	Location:	TCP	Job Number:	QC-Hall-25-0100
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
25/01/2025		07/02/2024		06/02/2026	
Serial Number:	QTY	Description			
EB-2010-4-2 11734754	1	BUNKER DIM: 1.20 m (L) x 1.18 m (W) x 1.21 m (H) FULLY WELDED STEEL STRUCTURE WITH TOP FOUR MOUNTED LIFTING POINTS TARE WEIGHT: 1200 KG PAYLOAD: 2000 KG M.G.W: 3200 KG			
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:	
	20MM	22MM	115MM	80MM	
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	✓
		With an interval of 12 months?		YES	✓
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 Item was 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-25-0100-36
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
C9365 C9367 C9364	03	<u>SAFETY PIN BOW SHACKLE</u> SIZE: 5/8" GRADE: 6 MANUFACTURE: CROSBY S.F: 6:1	3.25 TON	N/A	25/01/2025

Reference Standard:	BS EN 13889/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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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	✓
				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?	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:	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-25-0100-37		
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		
40-1	01	<u>SAFETY PIN BOW SHACKLE</u> SIZE: 5/8" GRADE: 8 MANUFACTURE: CM S.F: 6:1	4.5 TON	N/A	25/01/2025		
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? 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 ☐		
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 Thorough 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-25-0100-38
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
L9471	01	FOUR LEGS WIRE ROPE SLING Dimension: 1 m (L) x 13 mm (Dia) FOS: 5:1 Manufacture: Safety Marine IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly. HARD EYE X HARD EYE	4.4 ton at 0-45 DEG	N/A	25/01/2025
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 ☐ ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
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?	
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				
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