

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

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: [OP@qualitycontrol-iraq.com](mailto:OP@qualitycontrol-iraq.com) / [hany.akafi@qualitycontrol-iraq.com](mailto:hany.akafi@qualitycontrol-iraq.com)



**CERTIFICATE OF THOROUGH EXAMINATION**

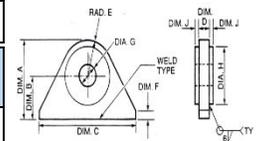
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

<b>Date of Examination:</b>	01/08/2025	<b>Date of Report:</b>	01/08/2025	<b>Certificate No:</b>	QC-25-WPS-0108-05
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS	<b>Job Number:</b>	010825
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>		<b>Next Proof Load Test Due</b>	
28/01/2025		25/02/2024		24/02/2026	

Serial Number:	QTY	Description
L-690597-V01 MHD 026 EQ NO: 11547781	1	<p align="center"><b>CONTROL PANEL FRAME</b></p> <p><b>DIM: 1.45 M (L) X 0.80 M (W) X 1.40 M (H)</b></p> <p><b>FULLY WELDED STEEL STRUCTURE WITH TOP FOUR MOUNTED LIFTING POINTS</b></p> <p><b>TARE WEIGHT: 1300 KG</b> <b>M.G.W: 1300 KG</b></p>

<b>Reference Standard:</b>	BS 7072/ HAL DOC: WM-GL-HAL-HSE-0420
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<b>Pad Eyes Dimension:</b>	<b>Thickness:</b>	<b>Pin Hole:</b>	<b>Length:</b>	<b>Height:</b>
	20 MM	16 MM	40 MM	39 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	
					Was the examination carried out: 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 Sate 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

<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Client Signature &amp; Stamp:</b>	
ASHRAF ELSAID	MOHAMED ABDALLAH	<b>ALi Talib HB48903</b> Date: 02-08-2025 Signature <i>Ali Talib</i> Haliburton	
<b>Date of Next Through Examination:</b>	30/01/2026		

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did a visual inspection of the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & observed 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.

