

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

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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:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-WPS-25-0102/059										
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102										
Serial Number:	QTY	Description		SWL	Date of manufacture if known:	Date of last thorough examination									
BLP-311956-011	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: 3/4" DIA X 20 FT (L)</p> <p>FOS: 4:1</p>		35300 LBS	N/A	16/09/2024									
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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:		<table border="1"> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input checked="" 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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Within an interval of 6 months?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>												
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>												
				With an interval of 12 months?		<table border="1"> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>				
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>												
				In accordance with an examination scheme?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>												
				After the occurrence of exceptional circumstances?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" 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:		Client Signature & Stamp:												
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 02-JULY-2025 Signature Haliburton												
Date of Next Through Examination:	30/12/2025														

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.

