

**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

<b>Date of Examination:</b>	<b>01/08/2025</b>	<b>Date of Report:</b>	<b>01/08/2025</b>	<b>Certificate No:</b>	<b>QC-08-25-HALL-025</b>
<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>WPS Workshop</b>	<b>Job Number:</b>	<b>010825</b>

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
C2614	01	<p><b>FLAT POLYESTER WOVEN WEBBING SLING</b></p> <p><b>Manufacture:</b> SAFETY MARINE SERVICES  <b>Material:</b> Polyester  <b>Safety Factor:</b> 7:1  <b>Length:</b> 2 M  <b>Width:</b> 2 Inch  <b>Color:</b> GREEN</p>	2 TON	N/A	NEW

<b>Reference Standard:</b>	<b>BS EN 1492-1 /HAL DOC: ST-GL-HAL-HSE-0420</b>
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Is this the first examination after Installation or assembly at a new site or location?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	N/A					YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
	YES	<input type="checkbox"/>	NO	<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  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:

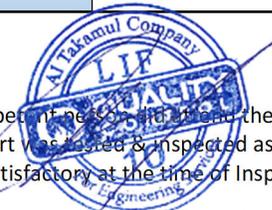
Particulars of any tests carried out as part of the examination: (If none state NONE)

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

<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Client Signature &amp; Stamp:</b>	
ASHRAF ELSAID	M.ABDULLAH	<b>ALI Talib HB48903</b> Date: 02-08-2025 Signature Haliburton	
<b>Date of Next Through Examination:</b>	<b>31/01/2025</b>		

REV: 01 Dated: 20 June 2022



**THIS IS TO CERTIFY THAT;** a competent person has inspected 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.

