

**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](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>	<b>01/07/2025</b>	<b>Date of Report:</b>	<b>01/07/2025</b>	<b>Certificate No:</b>	<b>QC-WPS-25-0102/40</b>
<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>WPS WORKSHOP</b>	<b>Job Number:</b>	<b>0102</b>

Serial Number:	QTY	Description	SWL	Date of Manufacture if known:	Date of last thorough examination
<b>01155479</b>	<b>1</b>	<b><u>17" SHEAVE WHEEL ASSEMBLY</u></b>  <b>Part NO: 8016535</b>  <b>Wire Line Size: 5/16"</b>  <b>Weight: 100 lbs</b>  <b>S.F: 4:1</b>	<b>6 T</b>	<b>N/A</b>	<b>05/01/2025</b>

**Reference Standard:** HAL DOC: ST-GL-HAL-HSE-0420

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:

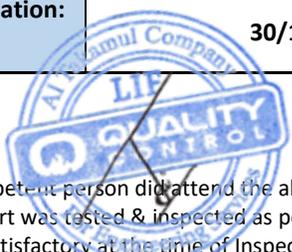
Particulars of any tests carried out as part of the examination: (If none state NONE)

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

<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Client Signature &amp; Stamp:</b>	
<b>ASHRAF ELSAID</b>	<b>MOHAMED ABDALLAH</b>	<b>ALI Talib HB48903</b> <b>Date: 02-JULY-2025</b> <b>Signature Haliburton</b>	
<b>Date of Next Through Examination:</b>	<b>30/12/2025</b>		

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.

