

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

Basra, North Rumaila, Quality Control Yard - Iraq

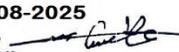
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CERTIFICATE OF THOROUGH EXAMINATION

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

| | | | | | |
|---|--|--|---|--|--|
| Date of Examination: | 02/08/2025 | Date of Report: | 02/08/2025 | Certificate No: | QC-25-WPS-0208-40 |
| Client Name: | HALLIBURTON | Location: | WPS WORKSHOP | Job Number: | 020825 |
| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
| 24GY2324WM1132 | 1 | <u>FLAT POLYESTER WOVEN WEBBING SLING</u> Length: 2 M Manufacturer: DELTA PLUS Color: GREEN Safety Factor = 7:1 | 2 T | 04/2024 | 05/02/2025 |
| Reference Standard: | BS EN 1492-1/ HAL DOC: ST-GL-HAL-HSE-0420 | | | | |
| Is this the first examination after Installation or assembly at a new site or location? | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| If the answer to the above question is YES has the equipment been installed correctly? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | | | In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | After the occurrence of exceptional circumstances? 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: 02-08-2025 Signature  Haliburton | | |
| Date of Next Through Examination: | 01/02/2026 | |  | | |

REV: 01 Dated: 20 June 2022



THIS IS TO CERTIFY THAT; a competent person did examine 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.

