

**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

Date of Examination:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-WPS-25-0102/31
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
R54	1	SAFETY PIN BOW SHACKLE GRADE: 6 SIZE: 7/8" MANUFACTURE: CROSBY S.F: 6:1	6.5 T	N/A	05/01/2025
Reference Standard:		BS EN 13889/ 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? With an interval of 12 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"/>	In accordance with an examination scheme? After the occurrence of exceptional circumstances?		YES <input checked="" type="checkbox"/> NO <input 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.



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Date of Examination:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-WPS-25-0102/32
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
1725	01	<u>SAFETY PIN BOW SHACKLE</u> Manufacture: CROSBY Size: 7/8" Grade: 6 F.O.S: 5:1	6 ½" TON	N/A	05/01/2025
Reference Standard:		BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
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	✓	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	✓
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Thorough Examination:	30/12/2025				

REV: 01 Dated: 01 NOV 2023

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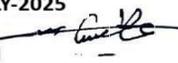
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Date of Examination:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-WPS-25-0102/33
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BLP-201976-32	1	<u>SAFETY PIN BOW SHACKLE</u> GRADE: 8 SIZE: 1 1/8" MANUFACTURE: SKOOKUM S.F: 6:1	18 T	N/A	05/01/2025
Reference Standard:	ISO 2415/ HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓ With an interval of 12 months? <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?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ✓		In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓ After the occurrence of exceptional circumstances? <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:				<input type="checkbox"/> 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?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input 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



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Date of Examination:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-WPS-25-0102/34					
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102					
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination					
HST-066638-003	1	SAFETY PIN BOW SHACKLE GRADE: 8 SIZE: 1 1/8" MANUFACTURE: SKOOKUM S.F: 6:1	18 T	N/A	05/01/2025					
Reference Standard:	ISO 2415 /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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO	✓		
	YES	NO			YES	✓	NO	✓		
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO			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	
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							
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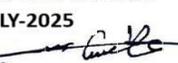
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Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
A414	1	SAFETY PIN BOW SHACKLE GRADE: 6 SIZE: 7/8" MANUFACTURE: HW S.F: 6:1	6.5 T	N/A	05/01/2025
Reference Standard:	BS EN 13889 /HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
Was the examination carried out: Within an interval of 6 months?		YES	✓	NO	
With an interval of 12 months?		YES		NO	✓
In accordance with an examination scheme?		YES	✓	NO	
After the occurrence of exceptional circumstances?		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
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 Thorough Examination:	30/12/2025				

REV: 01 Dated: 20 June 2022



THIS IS TO CERTIFY THAT; a competent person has attended 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.



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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-179741-01	1	SINGLE LEG CHAIN SLING C/W MASTER LINK AT THE TOP & GRAB HOOK AT THE END MANUFACTURER: BISHOP LIFTING PRODCUTS DIMENSION: 1/2" DIA X 20 FT (L) FOS: 4:1	15,000 LBS	N/A	05/01/2025					
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?	YES	NO	✓	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	✓	NO	✓		
	YES	NO			YES	✓	NO	✓		
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO			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			
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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	
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.



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Date of Examination:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-WPS-25-0102/37
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CS22	1	SINGLE LEG CHAIN SLING C/W MASTER LINK AT THE TOP & GRAB HOOK AT THE END MANUFACTURER: BISHOP LIFTING PRODCUTS DIMENSION: 1/2" DIA X 10 FT (L) FOS: 4:1	15000 LBS	N/A	05/01/2025
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?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
Was the examination carried out: Within an interval of 6 months?		YES	✓	NO	
With an interval of 12 months?		YES		NO	✓
In accordance with an examination scheme?		YES	✓	NO	
After the occurrence of exceptional circumstances?		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					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
Name of Inspector:	Name of person authenticating this report:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 02-JULY-2025 Signature		
Date of Next Through Examination:	30/12/2025		Signature Haliburton		

REV: 01 Dated: 20 June 2022



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Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
41819020	1	<u>Sheave Wheel Assembly 17"</u> WIRELINE SIZE: 5/16" WEIGHT: 100 LBS S.F: 4:1	6 T	N/A	05/01/2025
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 <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> YES <input checked="" 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?		YES <input checked="" type="checkbox"/> NO <input 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) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>					
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			
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Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102					
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination					
2111212	1	SINGLE LEG CHAIN SLING C/W MASTER LINK AT THE TOP & GRAB HOOK AT THE END MANUFACTURER: BISHOP LIFTING PRODCUTS DIM: 1/2" DIA X 10 FT (L) FOS: 4:1	15,000 LBS	N/A	05/01/2025					
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?	YES	NO	✓	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	✓	NO	✓		
	YES	NO			YES	✓	NO	✓		
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO			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	
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							
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Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102

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

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:

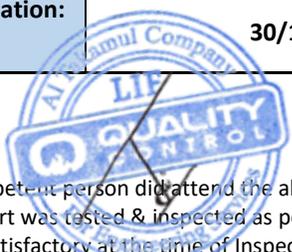
Particulars of any tests carried out as part of the examination: (If none state NONE)

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

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.



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

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

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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-25-0102/41
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
SS	1	<u>SUPPORT PIN</u> SIZE: 31 MM FOS: 4:1	50,000 LBS	N/A	05/01/2025

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

Name of Inspector:	Name of person authenticating this report:	Client Signature & Stamp:	
ASHRAF ELSAID	MOHAMED ABDALLAH	ALI Talib HB48903 Date: 02-JULY-2025 Signature	
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.



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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-25-0102/42
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
T10	1	<u>SUPPORT PIN</u> SIZE: 31 MM FOS: 4:1	50,000 LBS	N/A	05/01/2025

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

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

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.



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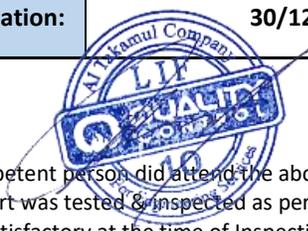


CERTIFICATE OF THOROUGH EXAMINATION

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-25-0102/43
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
R2	1	<u>SUPPORT PIN</u> SIZE: 31 MM FOS: 4:1	50,000 LBS	N/A	05/01/2025
Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				<input 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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:				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input 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?				<input type="checkbox"/> 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 of Next Through Examination:	30/12/2025	Date: 02-JULY-2025 Signature Haliburton			

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.





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-25-0102/44					
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102					
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination					
E1381	01	SAFETY PIN BOW SHACKLE SIZE: 1/2" GRADE: 6 MANUFACTURE: CROSBY	2 T	N/A	05/01/2025					
Reference Standard:	BS 13889 / US FED SPEC RR-C-271D / 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)							YES by:			
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	
Name of Inspector:	Name of person authenticating this report:									
Mohamed Abdullah	Ashraf El said									
Signature:	Signature:									
Latest date by which next thorough examination must be carried out:							30/12/2025			

REV: 00 Dated: 30 May 2021

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.

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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-25-0102/45
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102

Serial Number:	QTY	Description	SWL	Date of Manufacture if known:	Date of last thorough examination
MS7	1	SUPPORT PIN SIZE: 24 MM FOS: 4:1	35,000 LBS	N/A	05/01/2025

Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420
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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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	NO	✓
	YES	NO	✓		YES	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	✓		YES	NO	✓
	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

Name of Inspector:	Name of person authenticating this report:	Client Signature & Stamp:	
ASHRAF ELSAID	MOHAMED ABDALLAH	ALi Talib HB48903 Date: 02-JULY-2025 Signature <i>Ali Talib</i> Halliburton	
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.



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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-25-0102/46
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
2N	1	SUPPORT PIN SIZE: 24 MM DIA FOS: 4:1	35.000 LBS	N/A	05/01/2025

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

Name of Inspector:	Name of person authenticating this report:	Client Signature & Stamp:	
ASHRAF ELSAID	MOHAMED ABDALLAH	ALI Talib HB48903 Date: 02-JULY-2025 Signature <i>Ali Talib</i> 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.



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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-25-0102/47
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
H4186	1	SAFETY PIN BOW SHACKLE GRADE: 6 SIZE: 1/2" MANUFACTURE: CROSBY S.F: 6:1	2 T	N/A	05/01/2025

Reference Standard: BS EN 13889/ 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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO	✓
	YES	NO			YES	✓	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO			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

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

REV: 01 Dated: 20 June 2022



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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-25-0102/48
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
1061	1	<u>CABLE CLAMP</u> MANUFACTURER: COOPER MANUFACTURING & SUPPLY INC. PO: 450746247 MAT: PO-1341 FOS: 4:1	12.5K LBS	N/A	05/01/2025
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 <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-JULY-2025 Signature		
Date of Next Through Examination:	30/12/2025		Haliburton		



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.



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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-25-0102/49				
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
32261-01-10	1	ADAPTOR X-OVER (TO DROP TOP LOAD CELL) P/N: 101211105 S.F: 4:1	26000 LBS	N/A	05/01/2025				
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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO	✓	
	YES	NO	✓		YES	✓	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	✓		YES	✓	NO	✓	
	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
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



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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-25-0102/50
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
17124	1	LOADCELL P/N: TLG-30A/7075 HES: 101298147 FOS: 4:1	30,000 LBS	N/A	05/01/2025
Reference Standard:	HAL DOC: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓	Was the examination carried out:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓
			Within an interval of 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓
			Within an interval of 12 months?		<input 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?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ✓	In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓
			After the occurrence of exceptional circumstances?		<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:					<input type="checkbox"/> 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?					<input type="checkbox"/> 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.



CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client:	HALLIBURTON	Report No:	QC-WPS-25-0102/51	
Location:	WPS WORKSHOP	Job Number:	0 102	
Date:	July 1, 2025	Next Inspection Date:	December 30, 2025	
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)	

	UNIT DESCRIPTION:	ELEVATOR HOOK		
	UNIT S/N:	4507756731-10-1		
	SWL:	30,000 LBS	FOS:	4:1
	INSPECTION RESULT :			
	VISUAL , THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage		
	MAGNETIC PARTICLE INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects		
	FINAL RESULTS	unit found satisfactory and free of defects at the time of inspection		
COMMENT:				
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast				

Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	INSPECTOR NAME: Khalid Mahmoud		SENIOR INSPECTOR:	NAVEED HUSSAIN
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION: ASNT LEVEL II MT & PT & VT	SUPERVISOR:
Cal Due Date:	7-Oct-2025	Cal Due Date:	9-Oct-2025	Cal Due Date:	7-Oct-2025	STAMP & SIGNATURE:	CLIENT:	ALI Talib HB48903 Date: 02-JULY-2025 Signature	
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	MAY.2026				
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	Expiry Date:	APRIL,2026				
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity				
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3670 Lux				
Cal Due Date:	13.APRIL.2025		Black Magnetic Ink Concentration 7 HF		1.2 to 2.4 ml/100 ml	EXPIRE DATE:	1-Jul-2025		

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CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

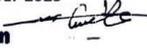
Client:	HALLIBURTON	Report No:	QC-WPS-25-0102/52	
Location:	WPS WORKSHOP	Job Number:	102	
Date:	July 1, 2025	Next Inspection Date:	December 30, 2025	
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		UNIT DESCRIPTION:	VICE	
		UNIT S/N:	VICE-1396	
		INSPECTION RESULT :		
		VISUAL , THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage	
		MAGNETIC PARTICLE INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects	
		FINAL RESULTS	unit found satisfactory and free of defects at the time of inspection	
COMMENT:				
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast				

Equipment: AC-Yoke Test Block	Equipment: Digital Lux Meter	Equipment: AC/DC Yoke		INSPECTOR NAME: Khalid Mahmoud	SENIOR INSPECTOR: NAVEED HUSSAIN
S.No: 1657	S.No: 2722003	S.No: 201504052		QUALIFICATION: ASNT LEVEL II MT & PT & VT	SUPERVISOR: ASHRAF ELSAID
Cal Due Date: 7-Oct-2025	Cal Due Date: 9-Oct-2025	Cal Due Date: 7-Oct-2025		CLIENT: ALI Talib HB48903 Date: 02-JULY-2025 Signature Haliburton	
Black Magnetic Ink Manufacture: Magnaflux	Batch No: 230604	Expiry Date: MAY,2026			
Whie Contrast Paint Manufacture: Magnaflux	Batch No: 230408	Expiry Date: APRIL,2026			
Technical Details:	Magnetic Partical Concentration	Method	WMPT Light Intensity		
	1.2 to 2.4 ml/100 ml	Wet Magnetic Particle Testing (WMPT)	3670 Lux		
Cal Due Date: 13.APRIL.2025	Black Magnetic Ink Concentration 7 HF	1.2 to 2.4 ml/100 ml	EXPIRE DATE: 1-Jul-2025		

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CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client:	HALLIBURTON	Report No:	QC-WPS-25-0102/53
Location:	WPS WORKSHOP	Job Number:	102
Date:	July 1, 2025	Next Inspection Date:	December 30, 2025
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		UNIT DESCRIPTION:	TRUCK CABIN LADDER
		UNIT S/N:	Truck 1396 plate number 423 SAP 11335350
		INSPECTION RESULT :	
		VISUAL , THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
		MAGNETIC PARTICLE INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects
		FINAL RESULTS	unit found satisfactory and free of defects at the time of inspection
		COMMENT:	
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast			

Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	INSPECTOR NAME: Khalid Mahmoud		SENIOR INSPECTOR:	NAVEED HUSSAIN
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION: ASNT LEVEL II MT & PT & VT	SUPERVISOR:
Cal Due Date:	7-Oct-2025	Cal Due Date:	9-Oct-2025	Cal Due Date:	7-Oct-2025	STAMP & SIGNATURE:	CLIENT:	ALI Talib HB48903 Date: 02-JULY-2025 Signature  Haliburton	
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	MAY,2026				
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	Expiry Date:	APRIL,2026				
Technical Details:	Magnetic Partical Concentration	Method		WMPT Light Intensity					
	1.2 to 2.4 ml/100 ml	Wet Magnetic Particle Testing (WMPT)		3670 Lux					
Cal Due Date:	13.APRIL.2025	Black Magnetic Ink Concentration	7 HF	1.2 to 2.4 ml/100 ml	EXPIRE DATE:	1-Jul-2025			

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**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

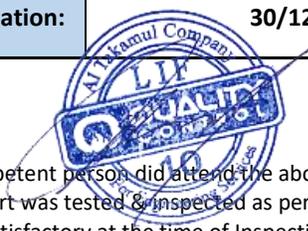


CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	01/07/2025	Date of Report:	01/07/2025	Certificate No:	QC-WPS-25-0102/54
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
2304-1430	1	LANYARD MODEL: KT-SH001 MATERIAL: POLYIMIDE MANUFACTURE: KURT Length: 1.8 (m)	310 LBS	04/2023	05/01/2025
Reference Standard:	BS EN 355:2002/HAL DOC: ST-GL-HAL-HSE-0604				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances?	
				<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:				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input 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?				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> √ <input 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 of Next Through Examination:	30/12/2025	Date: 02-JULY-2025 Signature Haliburton			

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.



**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
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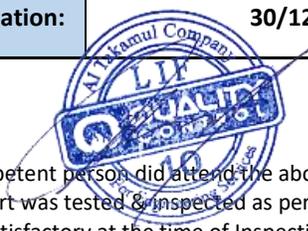


CERTIFICATE OF THOROUGH EXAMINATION

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-25-0102/55
Client Name:	HALLIBURTON	Location:	WPS WORKSHOP	Job Number:	0102
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
2304-1430	1	BODY HARNESS MODEL: KT-SH001 MATERIAL: POLYIMIDE MANUFACTURE: KURT Length: 1.8 (m)	310 LBS	04/2023	05/01/2025
Reference Standard:	BS EN 361:2002/HAL DOC: ST-GL-HAL-HSE-0604				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				<input 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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:				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input 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?				<input type="checkbox"/> 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 of Next Through Examination:	30/12/2025	Date: 02-JULY-2025 Signature Haliburton			

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.

