

**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)

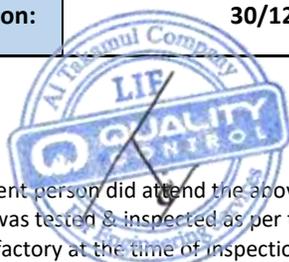


**CERTIFICATE OF THOROUGH EXAMINATION**

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

<b>Date of Examination:</b>	01/07/2025	<b>Date of Report:</b>	01/07/2025	<b>Certificate No:</b>	QC-WPS-25-0102/06
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0102
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
T7	1	<p align="center"><b>SUPPORT PIN</b></p> <p>SIZE: 31 MM</p> <p>FOS: 4:1</p>		50.000 LBS	N/A
<b>Reference Standard:</b>	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?	
				Within an interval of 12 months?	
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"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> √
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Client Signature &amp; Stamp:</b>		
ASHRAF ELSAID	MOHAMED ABDALLAH		<p><b>ALI Talib HB48903</b></p> <p>Date: 02-JULY-2025</p> <p>Signature </p> <p>Haliburton</p>		
<b>Date of Next Through Examination:</b>	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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<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
S-3761-11	1	<b>LIGHTWEIGHT COMPOSITE SHEAVE</b>  <b>MODEL: SH-A-2004</b>  <b>MAX LINE PULL: 3.600 LBS</b>  <b>WIRE SIZE: 0.125 MAX DIA</b>  <b>MANUFACTURER: TIS</b>	7.200 LBS	23/02/2011	11/01/2025

<b>Reference Standard:</b>	<b>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	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

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

REV: 01 Dated: 20 June 2022



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<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
S-3761-10	1	<b>LIGHTWEIGHT COMPOSITE SHEAVE</b>  <b>MODEL: SH-A-2004</b>  <b>MAX LINE PULL: 3.600 LBS</b>  <b>WIRE SIZE: 0.125 MAX DIA</b>  <b>MANUFACTURER: TIS</b>	7.200 LBS	23/02/2011	11/01/2025

<b>Reference Standard:</b>	<b>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	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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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</b>	
<b>Date of Next Through Examination:</b>	<b>30/12/2025</b>	<b>Haliburton</b>	

REV: 01 Dated: 20 June 2022



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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0102

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
TD005	1	<p align="center"><b><u>ADAPTER</u></b></p> <p><b><u>X-OVER (TO DROP TOP LOAD CELL)</u></b></p> <p>Part No: 101211105</p> <p>FOS: 4:1</p>	26.000 LBS	N/A	11/01/2025

<b>Reference Standard:</b>	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**

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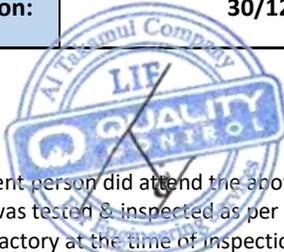
Particulars of any tests carried out as part of the examination: (If none state NONE)

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

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

REV: 01 Dated: 20 June 2022



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<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
HST-030152-004	1	<p align="center"><b><u>SINGLE LEG CHAIN SLING</u></b></p> <p>C/W MASTERLINK AT THE TOP &amp; GRAB HOOK AT THE END</p> <p>MANUFACTURER: BISHOP LIFTING</p> <p>DIM: 1/2" DIA X 20 FT (L)</p> <p>FOS: 4:1</p>	15.000 LBS	N/A	11/01/2025

**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?	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**

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Particulars of any repair, renewal or alteration required to remedy the defect identified above:

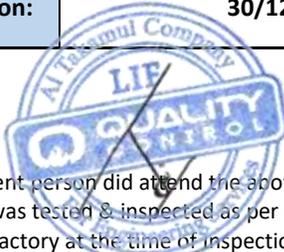
Particulars of any tests carried out as part of the examination: (If none state NONE)

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	MOHAMED ABDALLAH	<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature	
<b>Date of Next Through Examination:</b>	30/12/2025		

REV: 01 Dated: 20 June 2022



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<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
SP-HA-01	1	<p align="center"><b><u>SINGLE LEG CHAIN SLING</u></b></p> <p>C/W MASTERLINK AT THE TOP &amp; GRAB HOOK AT THE END</p> <p>MANUFACTURER: BISHOP LIFTING</p> <p>DIM: 1/2" DIA X 10 FT (L)</p> <p>FOS: 4:1</p>	15.000 LBS	N/A	11/01/2025

**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?	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

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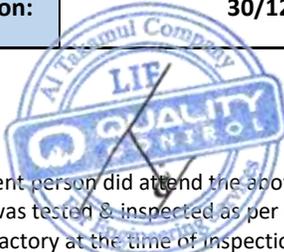
Particulars of any tests carried out as part of the examination: (If none state NONE)

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**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	MOHAMED ABDALLAH	<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature <i>Ali Talib</i> Haliburton	
<b>Date of Next Through Examination:</b>	30/12/2025		

REV: 01 Dated: 20 June 2022



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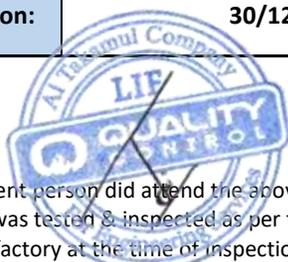


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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0102
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
BLP-199906-11	1	<p align="center"><b><u>SINGLE LEG CHAIN SLING</u></b></p> <p>C/W MASTERLINK AT THE TOP &amp; GRAB HOOK AT THE END</p> <p><b>MANUFACTURER:</b> BISHOP LIFTING</p> <p><b>DIM:</b> 1/2" DIA X 20 FT (L)</p> <p><b>FOS:</b> 4:1</p>	15.000 LBS	N/A	11/01/2025
<b>Reference Standard:</b>	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 <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"/>
			With an interval of 12 months?		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 type="checkbox"/> NO <input 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:					
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ASHRAF ELSAID	MOHAMED ABDALLAH	<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature			
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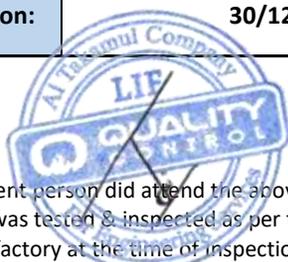


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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0102
<b>Serial Number:</b>	QTY	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
P-13	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>MANUFACTURER: CROSBY SIZE: 7/8" GRADE: 6 FOS: 6:1</p>		6.5 TON	N/A
<b>Reference Standard:</b>	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?		<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:				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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Client Signature &amp; Stamp:</b>		
ASHRAF ELSAID	MOHAMED ABDALLAH		<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature		
<b>Date of Next Through Examination:</b>	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**

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<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-25-0102/14</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>S08</b>	<b>01</b>	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER: CROSBY</b></p> <p><b>SIZE: 1"</b></p> <p><b>GRADE: 6</b></p> <p><b>FOS: 6:1</b></p>	<b>8.5 TON</b>	<b>N/A</b>	<b>11/01/2025</b>

**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?	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:

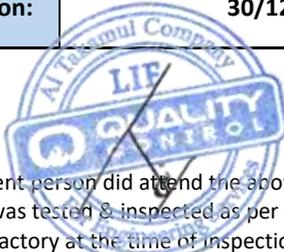
Particulars of any tests carried out as part of the examination: (If none state NONE)

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> Date: 02-JULY-2025 Signature <i>Ali Talib</i> <b>Haliburton</b>	
<b>Date of Next Through Examination:</b>	<b>30/12/2025</b>		

REV: 01 Dated: 20 June 2022



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<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
18-56	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER: TOYO</b></p> <p><b>SIZE: 7/8"</b></p> <p><b>GRADE: 6</b></p> <p><b>FOS: 6:1</b></p>	6.5 TON	N/A	<b>11/01/2025</b>

**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?	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:

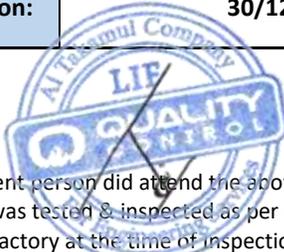
Particulars of any tests carried out as part of the examination: (If none state NONE)

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> Date: 02-JULY-2025 Signature	
<b>Date of Next Through Examination:</b>	<b>30/12/2025</b>	<b>Haliburton</b>	

REV: 01 Dated: 20 June 2022



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<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-25-0102/16</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
MM2	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER: CROSBY</b></p> <p><b>SIZE: 1 1/8"</b></p> <p><b>GRADE: 6</b></p> <p><b>FOS: 6:1</b></p>	9.5 TON	N/A	11/01/2025

**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?	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:

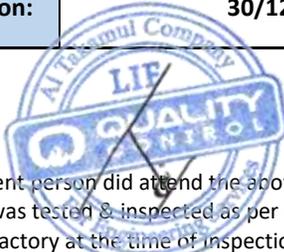
Particulars of any tests carried out as part of the examination: (If none state NONE)

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>	
ASHRAF ELSAID	MOHAMED ABDALLAH	<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature	
<b>Date of Next Through Examination:</b>	30/12/2025	<b>Haliburton</b>	

REV: 01 Dated: 20 June 2022



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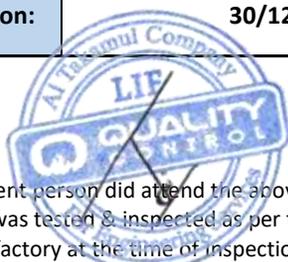


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<b>Date of Examination:</b>	01/07/2025	<b>Date of Report:</b>	01/07/2025	<b>Certificate No:</b>	QC-WPS-25-0102/17
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0102
<b>Serial Number:</b>	QTY	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
401-2	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER:</b> TOYO</p> <p><b>SIZE:</b> 7/8"</p> <p><b>GRADE:</b> 6</p> <p><b>FOS:</b> 6:1</p>		6.5 TON	N/A
<b>Reference Standard:</b>	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?		<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"/> ✓ With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/> ✓	
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"/> ✓			
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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Client Signature &amp; Stamp:</b>		
ASHRAF ELSAID	MOHAMED ABDALLAH		<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature  Haliburton		
<b>Date of Next Through Examination:</b>	30/12/2025				

REV: 01 Dated: 20 June 2022



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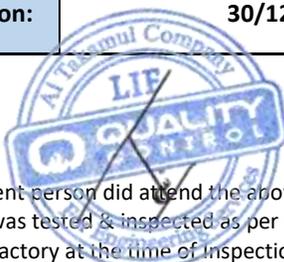


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<b>Date of Examination:</b>	01/07/2025	<b>Date of Report:</b>	01/07/2025	<b>Certificate No:</b>	QC-WPS-25-0102/18
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0102
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
1455	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER:</b> CROSBY <b>SIZE:</b> 1 1/4" <b>GRADE:</b> 6 <b>FOS:</b> 6:1</p>	12 TON	N/A	11/01/2025
<b>Reference Standard:</b>		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? 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 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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Client Signature &amp; Stamp:</b>			
ASHRAF ELSAID	MOHAMED ABDALLAH	<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature Haliburton			
<b>Date of Next Through Examination:</b>	30/12/2025				

REV: 01 Dated: 20 June 2022



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<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
05	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER: CROSBY</b></p> <p><b>SIZE: 1 1/8"</b></p> <p><b>GRADE: 6</b></p> <p><b>FOS: 6:1</b></p>	9.5 TON	N/A	11/01/2025

**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?	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:

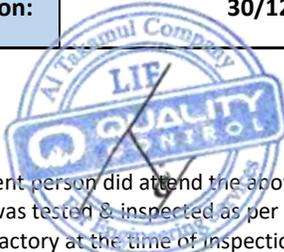
Particulars of any tests carried out as part of the examination: (If none state NONE)

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> Date: 02-JULY-2025 Signature <i>Ali Talib</i> <b>Haliburton</b>	
<b>Date of Next Through Examination:</b>	<b>30/12/2025</b>		

REV: 01 Dated: 20 June 2022



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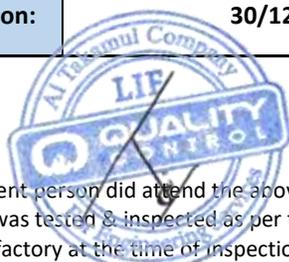


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<b>Date of Examination:</b>	01/07/2025	<b>Date of Report:</b>	01/07/2025	<b>Certificate No:</b>	QC-WPS-25-0102/20			
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0102			
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>			
D6504B	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER: CROSBY</b></p> <p><b>SIZE: 1/2"</b></p> <p><b>GRADE: 6</b></p> <p><b>FOS: 6:1</b></p>	2 TON	N/A	11/01/2025			
<b>Reference Standard:</b>	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?	YES	NO	√	
	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?	YES	NO	√	
	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								
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>						YES	NO	√
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Client Signature &amp; Stamp:</b>					
ASHRAF ELSAID	MOHAMED ABDALLAH		<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature					
<b>Date of Next Through Examination:</b>	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

<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-25-0102/21</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
H6284	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER: CROSBY</b></p> <p><b>SIZE: 1/2"</b></p> <p><b>GRADE: 6</b></p> <p><b>FOS: 6:1</b></p>	2 TON	N/A	11/01/2025

**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?	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:

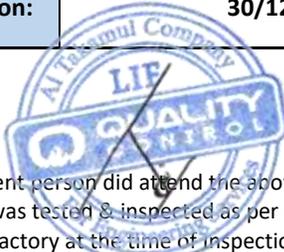
Particulars of any tests carried out as part of the examination: (If none state NONE)

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>	
ASHRAF ELSAID	MOHAMED ABDALLAH	<b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature	
<b>Date of Next Through Examination:</b>	30/12/2025	<b>Haliburton</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.



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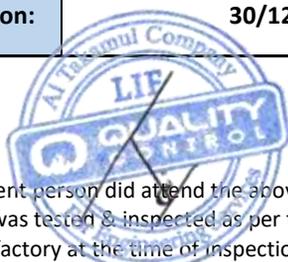


**CERTIFICATE OF THOROUGH EXAMINATION**

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<b>Date of Examination:</b>	01/07/2025	<b>Date of Report:</b>	01/07/2025	<b>Certificate No:</b>	QC-WPS-25-0102/22
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0102
<b>Serial Number:</b>	QTY	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
B1823	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>MANUFACTURER: KF SIZE: 1/2" GRADE: 6 FOS: 6:1</p>		2 TON	N/A
<b>Reference Standard:</b>	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?		<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:				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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Client Signature &amp; Stamp:</b>		
ASHRAF ELSAID	MOHAMED ABDALLAH		<p><b>ALI Talib HB48903</b> Date: 02-JULY-2025 Signature  <b>Haliburton</b></p>		
<b>Date of Next Through Examination:</b>	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

<b>Client:</b>	HALLIBURTON	<b>Report No:</b>	QC-WPS-25-0102/23
<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	102
<b>Date:</b>	July 1, 2025	<b>Next Inspection Date:</b>	December 30, 2025
<b>Type Of Inspection:</b>	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	<b>Specification:</b>	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		<b>UNIT DESCRIPTION:</b>	VICE
		<b>UNIT S/N:</b>	VICE-C08
		<b>INSPECTION RESULT :</b>	
		<b>VISUAL , THOROUGH EXAMINATION</b>	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
		<b>MAGNETIC PARTICLE INSPECTION</b>	Welds & forgn areas inspected and found free from cracks and other defects
		<b>FINAL RESULTS</b>	unit found satisfactory and free of defects at the time of inspection
<b>COMMENT:</b>			
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast			

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

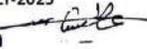
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### CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

<b>Client:</b>	HALLIBURTON	<b>Report No:</b>	QC-WPS-25-0102/24	
<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	0 102	
<b>Date:</b>	July 1, 2025	<b>Next Inspection Date:</b>	December 30, 2025	
<b>Type Of Inspection:</b>	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	<b>Specification:</b>	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)	

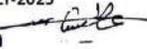
	<b>UNIT DESCRIPTION:</b>	ELEVATOR HOOK		
	<b>UNIT S/N:</b>	4507761357-10-5		
	<b>SWL:</b>	30,000 LBS	<b>FOS:</b>	4:1
	<b>INSPECTION RESULT :</b>			
	<b>VISUAL , THOROUGH EXAMINATION</b>	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage		
	<b>MAGNETIC PARTICLE INSPECTION</b>	Welds & forgn areas inspected and found free from cracks and other defects		
	<b>FINAL RESULTS</b>	unit found satisfactory and free of defects at the time of inspection		
	<b>COMMENT:</b>			
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast				
				

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

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### CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

<b>Client:</b>	HALLIBURTON	<b>Report No:</b>	QC-WPS-25-0102/25
<b>Location:</b>	WPS WORKSHOP	<b>Job Number:</b>	102
<b>Date:</b>	July 1, 2025	<b>Next Inspection Date:</b>	December 30, 2025
<b>Type Of Inspection:</b>	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	<b>Specification:</b>	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		<b>UNIT DESCRIPTION:</b>	TRUCK CABIN LADDER
		<b>UNIT S/N:</b>	Truck CO8 / Plate number 350 / SAP 10971663
		<b>INSPECTION RESULT :</b>	
		<b>VISUAL , THOROUGH EXAMINATION</b>	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
		<b>MAGNETIC PARTICLE INSPECTION</b>	Welds & forgn areas inspected and found free from cracks and other defects
		<b>FINAL RESULTS</b>	unit found satisfactory and free of defects at the time of inspection
		<b>COMMENT:</b>	
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast			

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

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**CERTIFICATE OF THOROUGH EXAMINATION**

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<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-25-0102/26</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
PS2	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>MANUFACTURER: GT SIZE: 5/8" GRADE: 6 FOS: 6:1</p>	3.25 TON	N/A	11/01/2025

**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?	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:

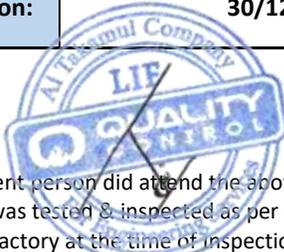
Particulars of any tests carried out as part of the examination: (If none state NONE)

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> Date: 02-JULY-2025 Signature <i>Ali Talib</i> Haliburton	
<b>Date of Next Through Examination:</b>	<b>30/12/2025</b>		

REV: 01 Dated: 20 June 2022



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<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-25-0102/27</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>3610</b>	<b>1</b>	<p align="center"><b><u>FLAT POLYESTER WEBBING SLING</u></b></p> <p><b>MANUFACTURER: DELTA PLUS</b></p> <p><b>LENGTH: 6M</b></p> <p><b>COLOR: RED</b></p> <p><b>FOS: 7:1</b></p>	<b>5 T</b>	<b>12/2016</b>	<b>11/01/2025</b>

<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	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	✓

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:

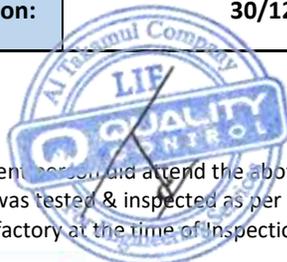
Particulars of any tests carried out as part of the examination: (If none state NONE)

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</b> <b>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.



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<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-25-0102/28</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
AA1	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER: CROSBY</b></p> <p><b>SIZE: 7/8"</b></p> <p><b>GRADE: 6</b></p> <p><b>FOS: 6:1</b></p>	6.5 TON	N/A	11/01/2025

**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?	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:

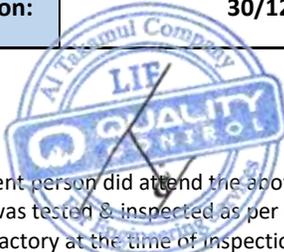
Particulars of any tests carried out as part of the examination: (If none state NONE)

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> Date: 02-JULY-2025 Signature <i>Ali Talib</i> <b>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.



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

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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-25-0102/29</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
945E	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURER: CROSBY</b></p> <p><b>SIZE: 3/4"</b></p> <p><b>GRADE: 6</b></p> <p><b>FOS: 6:1</b></p>	4.75 TON	N/A	11/01/2025

**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?	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:

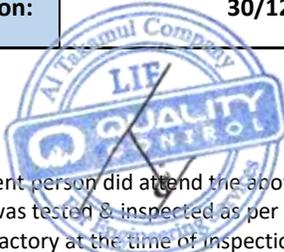
Particulars of any tests carried out as part of the examination: (If none state NONE)

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> Date: 02-JULY-2025 Signature	
<b>Date of Next Through Examination:</b>	<b>30/12/2025</b>		

REV: 01 Dated: 20 June 2022



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<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-25-0102/30</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
55213218	01	<p><b><u>FLAT POLYESTER WOVEN WEBBING SLING</u></b></p> <p><b>Manufacture:</b> Delta pals  <b>Type:</b> Webbing Sling  <b>Material:</b> Polyester  <b>Safety Factor :</b> 7:1  <b>Length:</b> 1 M  <b>Color:</b> Violet</p>	<p>Vertical 1000 Kg Chocker 800 Kg Basket 2000 Kg</p>	11-2024	<b>05-11-2024</b>

**Reference Standard:** BS EN 1492-1:2008/ 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:

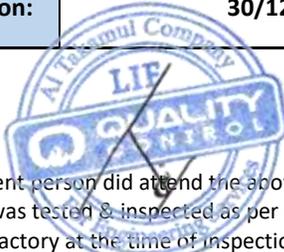
Particulars of any tests carried out as part of the examination: (If none state NONE)

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> Date: 02-JULY-2025 Signature <i>Ali Talib</i> <b>Haliburton</b>	
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