



Al Takamul Company for Engineering Services  
Quality Control – Iraq

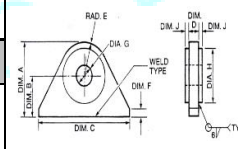
**LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION**

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

|                      |                       |                           |                  |
|----------------------|-----------------------|---------------------------|------------------|
| Client:              | SLB Basra ( MI SWACO) | Certificate no:           | QC-SLB-25221-01A |
| Location:            | MI SWACO Yard         | Job Order No:             | QC-SLB-25221     |
| Date of Examination: | 28-Aug-2025           | Next Inspection Due:      | 27-Feb-2026      |
| Last Inspection      |                       | Last Proof Load Test Date |                  |
| N/A                  |                       | BY MANUFACTURE            |                  |

| Serial Number: | QTY | Description                                                                                                                                                                                                                                             | PAYLOAD |
|----------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 393S           | 01  | <b><u>CENTRIFUGAL PUMP</u></b><br><br><b>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP-MOUNTED LIFTING POINTS.</b><br><br><b>Dimension: 3.0 M(L) X 1.77 M (W) X 1.0 M (H)</b><br><br><b>TARE WEIGHT: 2500 KGS</b><br><b>MAX. GROSS WEIGHT: 2500 KGS</b> | N/A     |

|                     |            |           |         |         |
|---------------------|------------|-----------|---------|---------|
| Reference Standard: | BS EN 7072 |           |         |         |
| Pad Eyes Dimension: | Thickness: | Pin Hole: | Length: | Height: |
|                     | 20 mm      | 20 mm     | 87 mm   | 70 mm   |



|                                                                                         |     |   |    |     |                                                                                                                                                                                                          |     |   |    |   |
|-----------------------------------------------------------------------------------------|-----|---|----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location? | YES |   | NO | ✓   | Was the examination carried out?<br>Within an interval of 6 months?<br>With an interval of 12 months?<br>In accordance with an examination scheme?<br>After the occurrence of exceptional circumstances? | YES | ✓ | NO |   |
|                                                                                         |     |   |    |     |                                                                                                                                                                                                          | YES |   | NO | ✓ |
| If the answer to the above question is YES has the equipment been installed correctly?  | YES | ✓ | NO |     |                                                                                                                                                                                                          | YES | ✓ | NO |   |
|                                                                                         |     |   |    | N/A |                                                                                                                                                                                                          | 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.<br><b>NONE</b>                                                                                                                                                                                                   |  |  |         |   |    |   |
| 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?                                                                                                                                                                                                                                                                          |  |  | 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: <b>NONE</b><br>** The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory<br>** MPI was carried out on the pad eyes Welding Areas and found satisfactory, <b>Check MPI Certificate .</b> |  |  |         |   |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                                                                                                                     |  |  | YES     | ✓ | NO |   |

|                                      |            |                             |            |
|--------------------------------------|------------|-----------------------------|------------|
| LEEA & ASNT Level II Inspector Name: | SIGNATURE: | Authenticating This Report: | SIGNATURE: |
| Mohamed Abdallah                     |            | Ashraf Alsaad               |            |

**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.