Al Takamul Company for Engineering Services
Quality Control – Iraq

VISUAL THOROUGH EXAMINATION

Client:	**SLB – Basra**	**Certificate no:**	**QC-SLB/25216-05**
Location:	**Coiltubing Work Shop**	**Job Order No:**	**QC-SLB/25216**
Date of Examination:	**23-Aug-2025**	**Next Inspection Due:**	**22-Feb-2026**
Last Inspection		**Last Test Date**	
N/A		**BY MANUFACTURE**	

IDENTIFICATION NO	DESCRIPTION	QTY	Max Pressure Rating
2208661-74 **2208661-40** **2208661-25** **2208661-61** **2208661-76** **2208661-159** **2208661-20** **2208661-98** **2208661-17** **2208661-153**	**Flow Line Safety Restraint (FSR)** **Material: Nylon** **Length: 04 ft** **Colour : Red** **Manufacturer: SPM**  **Note: Flow Line Safety Restraint (FSR) system is designed to help contain high-pressure piping and components in case of rupture during the pumping process. so it's not for lifting.**	**10**	**15000 PSI**

Applicable Reference Standard:	**Manufacture Document: 2P37221**							
*** Is this the first examination after installation or assembly at a new site or location?**		**Was the examination carried out?**						
YES		**NO**	√	*** Within an interval of 6 months?**	**YES**	√	**NO**	
				*** Within an interval of 12 months?**	**YES**		**NO**	√
*** If the answer to the above question is YES has the equipment been installed correctly?**	**YES**	√	**NO**	*** By 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 Become A Danger To Persons And A Description Of The Defect: 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)**	**NO**	√	**YES**		**By:**
Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: None					
**** Visual was Carried Out.**					
Is This Equipment Safe To Operate?	**Yes Accept**	√	**NO Reject**		

LEEA & ASNT Level II Inspector Name:	SIGNATURE:	Authenticating This Report:	SIGNATURE:
Mohammed Abdullah		**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.