

# AL TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

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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>                                                                                                                                   | 08.Aug.2026                                       | <b>Date of Report:</b>                                                                                                                                                                                                         | 08.Aug.2026                                                                         | <b>Certificate No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | QC-B-08-26-183/010 |
| <b>Client Name:</b>                                                                                                                                           | HALLIBURTON                                       | <b>Location:</b>                                                                                                                                                                                                               | WPS                                                                                 | <b>Job Number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC-B-08-26-183     |
| <b>Last Inspection</b>                                                                                                                                        |                                                   | <b>Last Proof Load Test Date</b>                                                                                                                                                                                               |                                                                                     | <b>Next Proof Load Test Due</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| 08.Feb.2026                                                                                                                                                   |                                                   | 28/04/2025                                                                                                                                                                                                                     |                                                                                     | 27/04/2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| <b>Serial Number:</b>                                                                                                                                         | <b>QTY</b>                                        | <b>Description</b>                                                                                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| L-690597 V01<br>AEME 11C041<br><br>SAP NO: 11912827                                                                                                           | 1                                                 | <b>CONTROL PANEL FRAME</b><br><br><b>DIM: 1.45 M (L) X 0.80 M (W) X 1.47 M (H)</b><br><br><b>FULLY WELDED STEEL STRUCTURE WITH TOP FOUR MOUNTED LIFTING POINTS</b><br><br><b>TARE WEIGHT: 1300 KG</b><br><b>M.G.W: 1300 KG</b> |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| <b>Reference Standard:</b>                                                                                                                                    |                                                   | BS 7072 / HAL DOC: ST-GL-HAL-HSE-0420                                                                                                                                                                                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| <b>Pad Eyes Dimension:</b>                                                                                                                                    | <b>Thickness:</b>                                 | <b>Pin Hole:</b>                                                                                                                                                                                                               | <b>Length:</b>                                                                      | <b>Height:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|                                                                                                                                                               | 16 MM                                             | 18 MM                                                                                                                                                                                                                          | 50 MM                                                                               | 53 MM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| 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:<br>Within an interval of 6 months?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>With an interval of 12 months?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>After the occurrence of exceptional circumstances?<br>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       |                                                   |                                                                                                                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| ** MPI was carried out on the pad eyes Welding Areas 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><br><b>Date: 08-AUG-2026</b><br><b>Signature Haliburton</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| <b>Date of Next Through Examination:</b>                                                                                                                      | 07.Feb.2027                                       |                                                                                                                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |

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.

