

# AI 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

|                      |             |                 |             |                 |                    |
|----------------------|-------------|-----------------|-------------|-----------------|--------------------|
| Date of Examination: | 08.Aug.2026 | Date of Report: | 08.Aug.2026 | Certificate No: | QC-B-08-26-183/012 |
| Client Name:         | HALLIBURTON | Location:       | WPS         | Job Number:     | QC-B-08-26-183     |

| Serial Number: | QTY | Description                                                                                                                                                                                                                                                                                                                                                         | SWL                        | Date of manufacture if known: | Date of last thorough examination |
|----------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-----------------------------------|
| E1340          | 01  | <p><b>4 LEGS WIRE ROPE SLING</b></p> <p><b>Manufacture:</b> Safety Marine Services<br/> <b>Four Legs DIM:</b> 1.3M (L) X 13 MM (DIA)<br/> <b>S.O.F:</b> 5:1</p> <p>IWRC, MECHANICALLY SPLICED WITH STEEL FERRULE C/W MASTER LINK ASSEMBLY<br/> HARD EYE BOTH ENDS</p> <p><b>Location:</b> Attached With Control Panel frame<br/> S.NO L-690597 -V01 AEME 11C041</p> | 4.4 TON<br>at 45°<br>Angle | N/A                           | 08.Feb.2026                       |

|                     |                                                                         |
|---------------------|-------------------------------------------------------------------------|
| Reference Standard: | BS EN 13414-1/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1 |
|---------------------|-------------------------------------------------------------------------|

|                                                                                         |     |    |   |                                                                                                                                                                                                          |     |   |    |   |
|-----------------------------------------------------------------------------------------|-----|----|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location? | YES | NO | ✓ | 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 |   |                                                                                                                                                                                                          | 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 |
| 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)<br>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory |  |  |     |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                            |  |  | YES |

|                                   |                                            |                                                                 |
|-----------------------------------|--------------------------------------------|-----------------------------------------------------------------|
| Name of Inspector:                | Name of person authenticating this report: | Signature & Stamp:                                              |
| ASHRAF ELSAID                     | MOHAMED ABDALLA                            | <p>ALI Talib HB48903<br/> Date: 08-AUG-2026<br/> Signature </p> |
| Date of Next Through Examination: | 07.Feb.2027                                |                                                                 |

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person attended the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of inspection and considered Safe for Lifting.

