

**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 / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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

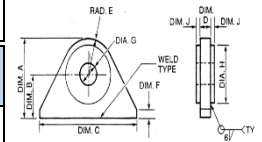
Date of Examination:	10/SEP/2025	Date of Report:	10/SEP/2025	Certificate No:	QC/25/SP-2507-001
Client Name:	HALLIBURTON SPERRY	Location:	SPERRY YARD	Job Number:	100925

Last Inspection	Last Proof Load Test Date	Next Proof Load Test Due
20/07/2025	01/08/2023	AFTER REPAIR / MODIFICATION

Serial Number:	QTY	Description
11675279	1	<p align="center"><u>MUD LOGGING WORKSHOP</u></p> <p>DIM: 3.20 M (L) X 2.90 M (W) X 2.60 M (H)</p> <p>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</p> <p>TARE WEIGHT: 3350 KG</p> <p>PAYLOAD: 3000 KG</p> <p>MAX. GROSS WEIGHT: 6350 KG</p>

Reference Standard:	DNV 2.7-1 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:
	23 MM	29 MM	185 MM	115 MM



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	✓
					Was the examination carried out: 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	✓	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**

**** MPI was carried out on the pad eyes Welding Areas and found satisfactory**

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp	
ASHRAF ELSAID	MOHAMED ABDALLAH		
Date of Next Through Examination:	09/MARCH/2026		

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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CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client:	HALLIBURTON SPERRY	Report No:	QC/25/HALL-SP-002
Location:	SPERRY YARD	Job Number:	109725
Inspection Date:	Wednesday, 10 September, 2025	Next Inspection Date:	Monday, 9 March, 2026
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709-21
		UNIT DESCRIPTION:	MUD LOGGING UNIT LIFTING PAD EYES & LADDER
		UNIT S/N:	11675279
		DIMENSIONS:	3.20 M (L) X 2.90 M (W) X 2.60 M (H)
		INSPECTION RESULT :	
VISUAL , THOROUGH EXAMINATION		Unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage	
MAGNETIC PARTICLE INSPECTION		Padeyes' Welds & forgn areas inspected and found free from cracks and other defects	
FINAL RESULTS		Unit found satisfactory and free of defects at the time of inspection	
COMMENT:			
VISUAL MAGNETIC PARTICAL INSPECTION DONE & FOUND FIT FOR USE			

EQUIPMENT DETAILS						PERSON DETAILS		REVIEW BY		
Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	INSPECTOR NAME: ASHRAF ELSAID		SENIOR INSPECTOR:	MOHAMED ABDALLAH	
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:	HANI ALI
Cal Due Date:	07-Oct-25	Cal Due Date:	09-Oct-25	Cal Due Date:	07-Oct-25			STAMP & SIGNATURE:	CLIENT:	
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	JUNE.2026	Original - Client Files Copy - Area Office QC/FN/MPI/065 Rev.00 DATED 07 Nov 2021				
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	EXPIRE DATE:	APRIL,2026					
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity					
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3620 Lux					

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Date of Examination:	10/SEP/2025	Date of Report:	10/SEP/2025	Certificate No:	QC/25/SP-2507-002
Client Name:	HALLIBURTON SPERRY	Location:	SPERRY YARD	Job Number:	100925
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BH475 BH476 BH477 3174/1B	04	<u>SAFETY PIN BOW SHACKLE</u> SIZE: 1" GRADE: 6 MANUFACTURE: CROSBY S.F: 5:1	8.5 TON	N/A	20/07/2025
Reference Standard:		BS EN 13889/ 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 <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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>		With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" 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:					
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
Date of Next Through Examination:	09/MARCH/2026				

REV: 01 Dated: 20 June 2022

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Date of Examination:	10/SEP/2025	Date of Report:	10/SEP/2025	Certificate No:	QC/25/SP-2507-004
Client Name:	HALLIBURTON SPERRY	Location:	SPERRY YARD	Job Number:	100925
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
13A072	01	<p><u>4 LEGS WIRE ROPE SLING</u></p> <p>IWRC, MECHANICALLY SPLICED WITH STEEL FERRULE C/W MASTER LINK ASSEMBLY HARD EYE BOTH ENDS</p> <p>MANUFACTURER: GUNNEBO ROPE DIA :22 mm SLING LENGTH :4 Meter</p> <p>S.F: 5:1</p>	7.5 TON at 0-45° Angle	N/A	20/07/2025
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 <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 Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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