

**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-2304-005
Client Name:	Halliburton	Location:	Sperry YARD	Job Number:	1009425
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
23/04/2025		23/10/2024		22/10/2026	
Serial Number:	QTY	Description			
11675284	1	<p align="center"><u>WORKSHOP CONTAINER</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>MAX. GROSS WEIGHT: 6350 KG</p>			
Reference Standard:	BS 7072 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1				
Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:	PADEYE SWL:
	32 MM	28 MM	230 MM	190 MM	4.75 T
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 checked="" 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					
** MPI was carried out on the pad eyes Welding Areas 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

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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Date of Examination:	10/SEP/2025	Date of Report:	10/SEP/2025	Certificate No:	QC/25/SP-2304-006				
Client Name:	Halliburton	Location:	Sperry YARD	Job Number:	100925				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
190/1	01	<u>FIVE LEG WIRE ROPE SLING</u> BOTTOM LEG DIM: 1.8 M (L) X 22 MM (DIA) TOP LEG DIM: 3 M (L) X 32 MM (DIA) MANUFACTURER: SAFETY MARINE FOS: 5:1 IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly HARD EYE X HARD EYE	11.8 T	N/A	23/04/2025				
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?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out:	
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
				Within an interval of 6 months?					
				Within an interval of 12 months?					
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	In accordance with an examination scheme?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
				After the occurrence of exceptional circumstances?					
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
				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"/>				
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"/>				
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-2304-007
Client Name:	Halliburton	Location:	Sperry YARD	Job Number:	100925
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
G5705 G5707	02	<u>SAFETY PIN BOW SHACKLE</u> MANUFACTURE: BASH P SIZE: 1'' S.F: 5:1 GRADE: 6	8.5 T	N/A	23/04/2025
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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO <input 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	
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Particulars of any tests carried out as part of the examination: (If none state NONE)					
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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-2304-008A
Client Name:	Halliburton	Location:	Sperry YARD	Job Number:	100925
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
U25C	01	<u>SAFETY PIN BOW SHACKLE</u> MANUFACTURE: CROSBY SIZE: 1'' S.F: 5:1 GRADE: 6	8.5 T	N/A	23/04/2025
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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				Within an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
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Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> √
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Client Name:	Halliburton	Location:	Sperry YARD	Job Number:	100925																						
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination																						
LBTS263	01	<u>SAFETY PIN BOW SHACKLE</u> MANUFACTURE: GP SIZE: 1'' S.F: 5:1 GRADE: 6	8.5 T	N/A	23/04/2025																						
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?		<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>✓</td> </tr> </table>		YES	NO	✓	Was the examination carried out:																				
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CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION			
Client:	HALLIBURTON	Report No:	QC/25/SP-2304-009A
Location:	SPERRY	Job Number:	100925
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:	WORKSHOP CONTAINER PADEYES & LADDER
		UNIT S/N:	11675284
		UNIT DIM:	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	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:			
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast			

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				
Cal Due Date:	07-Oct-25	Cal Due Date:	09-Oct-25	Cal Due Date:	07-Oct-25				
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	JUNE.2026	QUALIFICATION ASNT LEVEL II MT & PT & VT		CLIENT:	
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	EXPIRE DATE:	APRIL,2026				
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity	STAMP & SIGNATURE:			
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3670 Lux				