

**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

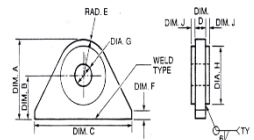
Date of Examination:	10/SEP/2025	Date of Report:	10/SEP/2025	Certificate No:	QC/25/SP-2507-010
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	1009725

Last Inspection	Last Proof Load Test Date	Next Proof Load Test Due
20/07/2025	02/2013	AFTER ANY REPAIR /MODIFICATION

Serial Number:	QTY	Description
SN: N2085-17/12 EQ NO: 12321255	1	<p align="center">MUD LOGGIGN UNIT</p> <p>DIM: 6.00 M (L) X 2.43 M (W) X 2.65 M (H)</p> <p>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</p> <p>TARE WEIGHT: 7800 KG</p> <p>PAYLOAD: 1200 KG</p> <p>MAX. GROSS WEIGHT: 9000 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:
	35 mm	28 mm	187 mm	86 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	
					With 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 Sate 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-011
Location:	SPERRY YARD	Job Number:	100925
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 PADEYES & ATTACHED LADDER
		UNIT S/N:	12321255
		UNIT DIM:	6.00 M (L) X 2.43 M (W) X 2.65 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			QUALIFICATION	ASNT LEVEL II MT & PT & VT
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				
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				
Original - Client Files		Copy - Area Office		QC/FN/MPI/065 Rev.00		DATED 07 Nov 2021			

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Date of Examination:	10/SEP/2025	Date of Report:	10/SEP/2025	Certificate No:	QC/25/SP-2507-012				
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	1009725				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
260/3 260/4 260/5	03	<u>SAFETY PIN BOW SHACKLE</u> SIZE: 1" GRADE: 6 MANUFACTURE: GT 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?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>		YES		NO	✓	Was the examination carried out: Within an interval of 6 months?	
YES		NO	✓						
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES		NO		With an interval of 12 months?	
YES		NO							
				In accordance with an examination scheme?					
				After the occurrence of exceptional circumstances?					
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									
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

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Date of Examination:	10/SEP/2025	Date of Report:	10/SEP/2025	Certificate No:	QC/25/SP-2507-013				
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	1009725				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
BV 909	01	SAFETY PIN BOW SHACKLE SIZE: 1" GRADE: 6 MANUFACTURE: CROSBY S.F: 5:1	8.5 TON	N/A	21/01/2025				
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></td> <td>NO</td> <td>✓</td> </tr> </table>		YES		NO	✓	Was the examination carried out: Within an interval of 6 months?	
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Date of Examination:	10/SEP/2025	Date of Report:	10/SEP/2025	Certificate No:	QC/25/SP-2507-014
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	100925
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
260/1	01	4 LEGS WIRE ROPE SLING Manufacturer: Safety Marine Services Dim: 24 MM DIA x 6.2 M (L) FOS: 5:1 IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTER LINK ASSEMBLY HARD EYE BOTH ENDS	14 TON	10/18	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?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input 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 type="checkbox"/> NO <input type="checkbox"/> ✓		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
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				NO	<input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
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