

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
AND PROFESSIONAL SAFETY LIMITED**

Basra, North Rumaila, Quality Control Yard - Iraq

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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>	10/SEP/2025	<b>Date of Report:</b>	10/SEP/2025	<b>Certificate No:</b>	QC/25/SP-2404-15
<b>Client Name:</b>	Halliburton	<b>Location:</b>	Sperry YARD	<b>Job Number:</b>	100925
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>		<b>Next Proof Load Test Due</b>	
24/04/2025		12/2012		AFTER REPAIR OR RECTIFICATION	
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			
11997576	1	<p align="center"><b><u>MWD CONTAINER</u></b></p> <p><b>DIM: 6 M (L) X 2.4 M (W) X 2.60 M (H)</b></p> <p><b>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</b></p> <p><b>TARE WEIGHT: 7800 KG</b></p> <p><b>PAYLOAD: 1200 KG</b></p> <p><b>MAX. GROSS WEIGHT: 9000 KG</b></p>			
<b>Reference Standard:</b>	DNV 2.7-1 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1				
<b>Pad Eyes Dimension:</b>	<b>Thickness:</b>	<b>Pin Hole:</b>	<b>Length:</b>	<b>Height:</b>	<b>PADEYE SWL:</b>
	38 MM	30 MM	200 MM	100 MM	6 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) <b>NONE</b>					
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>Signature &amp; Stamp:</b>		
ASHRAF ELSAID	MOHAMED ABDALLAH				
<b>Date of Next Through Examination:</b>	<b>09/MARCH/2026</b>				

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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<b>Date of Examination:</b>	<b>10/SEP/2025</b>	<b>Date of Report:</b>	<b>10/SEP/2025</b>	<b>Certificate No:</b>	<b>QC/25/SP-2404-16</b>
<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>Sperry YARD</b>	<b>Job Number:</b>	<b>100925</b>
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
CC464	01	<p><b>4 LEGS WIRE ROPE SLING</b></p> <p><b>Manufacturer:</b> Safety Marine Services <b>Dim:</b> 26 MM DIA x 4.3 M (L) <b>FOS:</b> 5:1</p> <p>IWRC, MECHANICALLY SPLICED WITH STEEL FERRULE C/W MASTER LINK ASSEMBLY HARD EYE BOTH ENDS</p>	15 T	N/A	24/04/2025
<b>Reference Standard:</b>	<b>BS EN 13414-1 / HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>				
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"/> ✓		With an interval of 12 months?	
				<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) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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	
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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature &amp; Stamp:</b>			
ASHRAF ELSAID	MOHAMED ABDALLAH				
<b>Date of Next Through Examination:</b>	<b>09/MARCH/2026</b>				

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-2404-17
Client Name:	Halliburton	Location:	Sperry YARD	Job Number:	100925
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CC465 CC466 CC467 CC468	04	<b>SAFETY PIN BOW SHACKLE</b>  SIZE: 1"  GRADE: 6  MANUFACTURE: CROSBY  S.F: 5:1	8.5 TON	N/A	24/04/2025
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?	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?	YES ✓ NO
				After the occurrence of exceptional circumstances?	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					
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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### CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

<b>Client:</b>	HALLIBURTON SPERRY	<b>Report No:</b>	QC/25/HALL-SP-018
<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	100925
<b>Inspection Date:</b>	Wednesday, 10 September, 2025	<b>Next Inspection Date:</b>	Monday, 9 March, 2026
<b>Type Of Inspection:</b>	VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	<b>Specification:</b>	ASTM E709-21
		<b>UNIT DESCRIPTION:</b>	MWD CONTAINER PADEYES & LADDER
		<b>UNIT S/N:</b>	11997576
		<b>UNIT DIM:</b>	6 M (L) X 2.4 M (W) X 2.60 M (H)
		<b>INSPECTION RESULT :</b>	
		<b>VISUAL , THOROUGH EXAMINATION</b>	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
		<b>MAGNETIC PARTICLE INSPECTION</b>	Welds & forgn areas inspected and found free from cracks and other defects
		<b>FINAL RESULTS</b>	unit found satisfactory and free of defects at the time of inspection
<b>COMMENT:</b>			
Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast			

EQUIPMENT DETAILS						PERSON DETAILS		REVIEW BY	
<b>Equipment:</b>	AC-Yoke Test Block	<b>Equipment:</b>	Digital Lux Meter	<b>Equipment:</b>	AC/DC Yoke	<b>INSPECTOR NAME:</b> ASHRAF ELSAID		<b>SENIOR INSPECTOR:</b>	MOHAMED ABDALLAH
<b>S.No:</b>	1657	<b>S.No:</b>	2722003	<b>S.No:</b>	201504052				
<b>Cal Due Date:</b>	07-Oct-25	<b>Cal Due Date:</b>	09-Oct-25	<b>Cal Due Date:</b>	07-Oct-25				
<b>Black Magnetic Ink Manufacture:</b>	Magnaflux	<b>Batch No:</b>	230604	<b>Expiry Date:</b>	JUNE,2026	<b>QUALIFICATION</b> ASNT LEVEL II MT & PT & VT		<b>CLIENT:</b>	
<b>Whie Contrast Paint Manufacture:</b>	Magnaflux	<b>Batch No:</b>	230408	<b>EXPIRE DATE:</b>	APRIL,2026				
<b>Technical Details:</b>	<b>Magnetic Partical Concentration</b> 1.2 to 2.4 ml/100 ml		<b>Method</b> Wet Magnetic Particle Testing (WMPT)		<b>WMPT Light Intensivy</b> 3670 Lux	<b>STAMP &amp; SIGNATURE:</b>			

