

**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

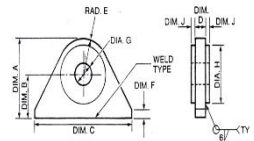
Date of Examination:	21/07/2025	Date of Report:	21/07/2025	Certificate No:	QC/25/HALL-2107-01
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	210725

Last Inspection	Last Proof Load Test Date	Next Proof Load Test Due
26/01/2025	03.2008	After Any Repair/Modification

Serial Number:	QTY	Description
210196 EQ#11058208	01	<p align="center"><u>GEOSPAN DOWNLINK SYSTEM</u></p> <p>Dimension: 1.80 m (L) x 0.70 m (W) x 1.10 m (H)</p> <p>Fully Welded Steel Construction with Four Top Mounted Pad eyes</p> <p>Tare Weight: 450 Kg</p> <p>Payload: 450 Kg</p> <p>Maximum Gross Weight: 900 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:
	26 mm	21 mm	72 mm	60 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:	20/01/2026		

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	Report No:	QC-2025-2107-02
Location:	SPERRY YARD	Job Number:	210725
Inspection Date:	Monday, July 21, 2025	Next Inspection Date:	Tuesday, January 20, 2026
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709 -21 LATEST EDITION
		UNIT DESCRIPTION:	GEOSPAN DOWNLINK SYSTEM PAD EYES
		UNIT S/N:	210196 / EQ#11058208
		UNIT DIM:	1.80 M (L) X 0.70 M (W) X 1.10 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 QUALIFICATION ASNT LEVEL II MT & PT & VT STAMP & SIGNATURE:	SENIOR INSPECTOR:	MOHAMED ABDALLAH	
S.No:	1657	S.No:	2722003	S.No:	201504052				
Cal Due Date:	7-Oct-25	Cal Due Date:	9-Oct-25	Cal Due Date:	7-Oct-25				
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	JUNE,2026				
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	EXPIRE DATE:	APRIL,2026	CLIENT:			
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity				
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3610 Lux				

Original - Client Files Copy - Area Office QC/FN/MPI/065 Rev.00 DATED 07 Nov 2021

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Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	210725
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CSA3623	01	<p><u>FOUR LEGS WIRE ROPE SLING</u></p> <p>Dimension: 1.4 m (L) x 16 mm (Dia)</p> <p>Manufacture: Safety Marine</p> <p>IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly.</p> <p>Hard Eye Both Ends</p> <p>F.O.S: 5:1</p>	6.3 T @ 0-45°	N/A	26/01/2025
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"/>
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:	20/01/2026				

REV: 01 Dated: 20 June 2022

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Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	210725				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
HB6603 HB6605 HB6606	03	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 8 SIZE: 5/8" F.O.S: 5:1	5 T	N/A	26/01/2025				
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><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"/>						
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"/>	Within an interval of 6 months?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
				Within an interval of 12 months?					
				In accordance with an examination scheme?					
				After the occurrence of exceptional circumstances?					
				YES	<input checked="" type="checkbox"/>				
				NO	<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 Sate 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)				NO	<input checked="" type="checkbox"/>				
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				NO	<input type="checkbox"/>				
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ASHRAF ELSAID	MOHAMED ABDALLAH								
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Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	210725
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
G 3791	01	<p>SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURE: CROSBY</p> <p>GRADE: 6</p> <p>SIZE: 5/8"</p> <p>F.O.S: 5:1</p>	3.25 T	N/A	26/01/2025
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?		<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"/> 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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