

## CERTIFICATE OF THOROUGH EXAMINATION

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








Date of Examination:	14-JAN-2024	Date of Report:	14-JAN-2024	Certificate No:	QC-24-01/HAL-SPY-14/C1
Client Name:	HALLIBURTON	Location:	SPERRY WORKSHOP	Job Number:	QC-24-01/HAL-SPY-14
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
01.02.2023		01.2016		AFTER REPAIR OR RECTIFICATION	
Serial Number:	QTY	Description			SWL
SN: 12623252 SAP NO: 210372	1	<p style="text-align: center;"><b><u>GEOSPAN DOWNLINK SYSTEM</u></b></p> <p>Dimension: 1.85 m (L) x 0.67 m (W) x 1.10 m (H)</p> <p><b>Fully Welded Steel Construction with Four Top Mounted Pad eyes</b></p> <p>Tare Weight: 450 Kg Maximum Gross Weight: 900 Kg</p>			450 KG
Reference Standard:	DNV 2.7-1/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1				
Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:	
	25 MM	20 MM	76 MM	82 MM	
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					
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:		
AIZAZ FARHAT	ASHRAF ELSAID				
Date of Next Through Examination:	13-JULY-2024				


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.



**CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION**

<b>Client:</b>	<b>HALLIBURTON</b>	<b>Report No:</b>	<b>QC-24-01/HAL-SPY-14/C2</b>
<b>Location:</b>	<b>SPERRY WORKSHOP</b>	<b>Job Number:</b>	<b>QC-24-01/HAL-SPY-14</b>
<b>Date:</b>	<b>Sunday, January 14, 2024</b>	<b>Next Inspection Date:</b>	<b>Saturday, January 13, 2024</b>
<b>Type Of Inspection:</b>	<b>VISUAL , THOROUGH EXAMINATION &amp; MAGNETIC PARTICLE INSPECTION</b>		<b>Specification:</b> ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		<b>UNIT DESCRIPTION:</b> <b>GEOSPAN DOWNLINK SYSTEM</b>	
		<b>UNIT S/N:</b> <b>SN: 12623252 S&amp;P NO: 210372</b>	
		<b>Gross Weight:</b> <b>900 KG</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/DC Yoke Test Block	<b>Equipment:</b>	Digital Lux Meter WHITE LIGHT	<b>Equipment:</b>	AC/DC Yoke PERMANENT HAND MAGNETIC	<b>INSPECTOR NAME:</b>	AIZAZ FARHAT	<b>SENIOR INSPECTOR:</b>	ASHRAF ELSAID
<b>S.No:</b>	1657	<b>S.No:</b>	1932401 2722003	<b>S.No:</b>	PY - 019 PY - 02	<b>QUALIFICATION:</b>		<b>SUPERVISOR:</b>	HANI ALI
<b>Cal Due Date:</b>	14-Feb-2024	<b>Cal Due Date:</b>	16-Feb-2024	<b>Cal Due Date:</b>	14-Feb-2024	LEE& ASNT LEVEL II MT & PT & VT		<b>CLIENT:</b>	
<b>Black Magnetic Ink Manufacture:7HF</b>		Magnaflux	<b>Batch No:</b> 220605	<b>EXPIRE DATE:</b>	JULY,2025	<b>STAMP &amp; SIGNATURE:</b>			
<b>Whie Contrast Paint Manufacture:</b>		Magnaflux	<b>Batch No:</b> 220602	<b>EXPIRE DATE:</b>	JUN,2025				
<b>TECHNICAL DETAILS</b>	<b>TECH</b>				<b>WMPT Light Intensity</b>				
	Wet FLUORESCENT Particle Concentration 14 HF		0.1 to 0.4 ml/100 ml		1450 Lux				
	Black Magnetic Ink Concentration 7 HF		1.2 to 2.4 ml/100 ml						

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

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Date of Examination:	14-JAN-2024	Date of Report:	14-JAN-2024	Certificate No:	QC-24-01/HAL-SPY-14/C3
Client Name:	<b>HALLIBURTON</b>	Location:	SPERRY WORKSHOP	Job Number:	QC-24-01/HAL-SPY-14

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
1027349-1-13	1	<p><b><u>4 Legs Wire Rope Sling</u></b></p> <p>Dim: 19 MM DIA x 6 FT (L)                      Manufacture: Safety                      S.F: 5:1  <b>IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTER LINK ASSEMBLY AT TOP</b>                      HARD EYE BOTH END</p> <p>Location: Attached with Geospan No: 210372</p>	2.5 T	N/A	01.02.2023

<b>Reference Standard:</b>	<b>DNV 2.7-1 / HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>
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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 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:	
AIZAZ FARHAT	ASHRAF ELSAID		
Date of Next Thorough Examination:	<b>13-JULY-2024</b>		

REV: 01 Dated: 20 June 2022

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<b>Client Name:</b>	<b>HALLIBURTON</b>	<b>Location:</b>	<b>SPERRY WORKSHOP</b>	<b>Job Number:</b>	<b>QC-24-01/HAL-SPY-14</b>

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
N11 N12 N13 D7840	04	<b><u>SAFETY PIN BOW SHACKLE</u></b>  SIZE: 5/8" GRADE: 6 MANUFACTURE: CROSBY S.F: 6:1 Location: Attached with Geospan No: 210372	3.25 TON	N/A	01.02.2023

**Reference Standard:** BS EN 13889/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

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	YES	NO			YES	✓	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO			YES	✓	NO	✓
	YES	NO			YES		NO	✓

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Is the above a defect which is of immediate danger to persons: YES  NO

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<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature &amp; Stamp:</b>	
AIZAZ FARHAT	ASHRAF ELSAID		
<b>Date of Next Thorough Examination:</b>	<b>13-JULY-2024</b>		

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