

**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 VISUAL & THOROUGH EXAMINATION**

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

<b>Date of Examination:</b>	<b>18-SEP-2023</b>	<b>Date of Report:</b>	<b>18-SEP-2023</b>	<b>Certificate No:</b>	<b>QC-23-09/HALL-HPS-18/C1</b>
<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>HPS Workshop</b>	<b>Job Number:</b>	<b>QC-23-09/HALL-HPS-18</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>
D4730 D4727 D4729 D4728	04	<b>SINGLE LEG WIRE ROPE SLING</b> <b>Dimension:</b> 1 m (L) x 13 mm (Dia) <b>Manufacture:</b> Safety Marine IWRC, Mechanically Spliced with Aluminum Ferrule C/W Hook. Hard Eye Both Ends <b>F.O.S:</b> 5:1 <b>Location:</b> ATTACHED WITH CROSBAR – SN- CB01	2 TON	N/A	<b>06-MAY-2023</b>
<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 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"/>	
				With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>		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 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:				<input type="checkbox"/> 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) <b>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</b>					
<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>		
<b>AIZAZ FARAHT</b>	<b>ASHRAF ELSAID</b>				
<b>Date of Next Through Examination:</b>	<b>17-MAR-2024</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>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>HPS Workshop</b>	<b>Job Number:</b>	<b>QC-23-08/HALL-HPS-18</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>
LB03	01	<p><b><u>SINGLE LEG WIRE ROPE SLING</u></b>  <b>Dimension:</b> 1.3 m (L) x 26 mm (Dia)  <b>Manufacture:</b> Safety Marine                      IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Hard Eye Both Ends  <b>F.O.S:</b> 5:1  <b>Location:</b> ATTACHED WITH CROSBAR – SN- CB01</p>	8.6 TON	N/A	06-MAY-2023
<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?		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"/>
			With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" 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"/>	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"/>
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<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>		
AIZAZ FARAHT	ASHRAF ELSAID				
<b>Date of Next Through Examination:</b>	<b>17-MAR-2024</b>				

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Date of Examination:	18-SEP-2023	Date of Report:	18-SEP-2023	Certificate No:	QC-23-09/HALL-HPS-18/C3
Client Name:	Halliburton	Location:	HPS Workshop	Job Number:	QC-23-08/HALL-HPS-18
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
T37 T38	02	SAFETY PIN BOW SHACKLE  MANUFACTURE: MckAT  GRADE: 6  SIZE: 7/8"  F.O.S: 6:1	6 ½ TON	N/A	06-MAY-2023
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"/> Within 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input 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 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:		
AIZAZ FARAHT	ASHRAF ELSAID				
Date of Next Through Examination:	17-MAR-2024				

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Date of Examination:	18-SEP-2023	Date of Report:	18-SEP-2023	Certificate No:	QC-23-09/HALL-HPS-18/C4
Client Name:	Halliburton	Location:	HPS Workshop	Job Number:	QC-23-08/HALL-HPS-18
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
D4728A D4730A	02	SAFETY PIN BOW SHACKLE  MANUFACTURE: BASH-P  GRADE: 6  SIZE: 7/8"  F.O.S: 6:1	6 ½ TON	N/A	06-MAY-2023
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	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 ✓
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 FARAHT	ASHRAF ELSAID				
Date of Next Through Examination:	17-MAR-2024				

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Date of Examination:	18-SEP-2023	Date of Report:	18-SEP-2023	Certificate No:	QC-23-09/HALL-HPS-18/C5
Client Name:	Halliburton	Location:	HPS Workshop	Job Number:	QC-23-08/HALL-HPS-18
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
LB03A	01	<b>SAFETY PIN BOW SHACKLE</b>  <b>MANUFACTURE: LIFTIN GEAR</b>  <b>GRADE: 6</b>  <b>SIZE: 1 ½ ”</b>  <b>F.O.S: 6:1</b>	17 TON	N/A	06-MAY-2023
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	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:		
AIZAZ FARAHT	ASHRAF ELSAID				
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**CERTIFICATION OF VISUAL THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION**

<b>Client:</b>	HALLIBURTON HPS	<b>Report No:</b>	QC-23-08/HALL-HPS-18/C6
<b>Location:</b>	HALLIBURTON BASE	<b>Job Number:</b>	QC-23-08/HALL-HPS-18
<b>Date:</b>	18-SEP-2023	<b>Next Inspection Date:</b>	17-MAR-2024
<b>Type Of Inspection:</b>	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		
			
			
			
			
<b>UNIT DESCRIPTION:</b>		LIFTING CROSSBAR	
<b>UNIT S/N:</b>		CB 01	
<b>PAD EYES S/N</b>	<b>QTY</b>	<b>TOP PADEYE DIM</b>	<b>BOTTOM PADEYES DIM</b>
P1 TO P5	5	Thickness :- 30 mm	Thickness :- 20 mm
		Pin Hole :- 49 mm	Pin Hole :- 40 mm
		Length :- 200 mm	Length :- 150 mm
		Height :- 200 mm	Height :- 150 mm
<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>		Weldings associate with padeyes and critical areas are 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 PERMANET HAND MAGNATIC	<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>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>SUPERVISOR:</b>	HANI ALI
<b>Black Magnetic Ink Manufacture:</b>	7HF	Magnaflux	<b>Batch No:</b> 220605	<b>EXPIRE DATE:</b>	JULY,2025	<b>STAMP &amp; SIGNATURE:</b>		<b>CLIENT:</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>				WMPT Light Intensity				
	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						