

**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:	02/12/2023	Date of Report:	02/12/2023	Certificate No:	QC/23/HALL-0212-1A
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	150823
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
15/08/2023		03.2008		After Any Repair/Modification	
Serial Number:	QTY	Description			SWL
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>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:	
	26 mm	21 mm	72 mm	60 mm	
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	<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					
** MPI was carried out on the pad eyes Welding Areas and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	<input checked="" type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:		
ASHRAF ELSAID	AIZAZ FARHAT				
Date of Next Through Examination:	01/05/2024				


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

Client:	HALLIBURTON	Report No:	QC/23/HALL-0212-2A
Location:	SPERRY	Job Number:	21223
Date:	02.DEC.2023	Next Inspection Date:	01.MAY.2024
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)

	UNIT DESCRIPTION:	GEOSPAN DOWNLINK SYSTEM PADEYES
	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:	Astm Test Block	Equipment:	Digital Lux Meter WHITE LIGHT INTENSITY: 3160 lux	Equipment:	AC/DC Yoke PERMANET HAND MAGNATIC	INSPECTOR NAME:		SENIOR INSPECTOR:	NAVEED HUSSAIN
S.No:	1657	S.No:	2722003	S.No:	PY-09	ASHRAF ELSAID		SUPERVISOR:	AHMED MOHAMED
Cal Due Date:	14.FEB.2024	Cal Due Date:	16.FEB.2024	Cal Due Date:	16.FEB.2024	QUALIFICATION: ASNT LEVEL II MT & PT & VT		CLIENT:	
Black Magnetic Ink Concentration 7 HF	Magnaflux	Batch No:	220306	EXPIRE DATE:	MARCH,2025	STAMP & SIGNATURE:			
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	220602	EXPIRE DATE:	JUN,2025				
TECHNICAL DETAILS	TECH								
	Whie Contrast Paint Manufacture:	0.1 to 0.4 ml/100 ml							
	Black Magnetic Ink Concentration 7 HF	1.2 to 2.4 ml/100 ml							

**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:	02/12/2023	Date of Report:	02/12/2023	Certificate No:	QC/23/HALL-0212-3A				
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	150823				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
HB6603 HB6604 HB6605 HB6606	04	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 8 SIZE: 5/8" F.O.S: 6:1	5 T	N/A	15/08/2023				
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"/>						
				Within an interval of 6 months?					
				Within an interval of 12 months?					
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"/>	In accordance with an examination scheme?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
				After the occurrence of exceptional circumstances?					
				YES <input checked="" type="checkbox"/> NO <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) 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)				N/A	<input type="checkbox"/>				
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"/>				
Name of Inspector:		Name of person authenticating this report:		Signature & Stamp:					
ASHRAF ELSAID		AIZAZ FARHAT							
Date of Next Through Examination:		01/05/2024							

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.



**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:	02/12/2023	Date of Report:	02/12/2023	Certificate No:	QC/23/HALL-0212-4A				
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	150823				
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination				
CSA3623	01	<p>FOUR LEGS WIRE ROPE SLING</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	15/08/2023				
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?		<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"/>						
				Within an interval of 6 months?					
				Within an interval of 12 months?					
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"/>	In accordance with an examination scheme?	
YES	<input 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"/>				
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	<input type="checkbox"/>				
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"/>				
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:						
ASHRAF ELSAID	AIZAZ FARHAT								
Date of Next Through Examination:	01/05/2024								

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.

