

**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](mailto:OP@qualitycontrol-iraq.com) / [hany.akafi@qualitycontrol-iraq.com](mailto:hany.akafi@qualitycontrol-iraq.com)



**CERTIFICATE OF THOROUGH EXAMINATION**

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

<b>Date of Examination:</b>	28/02/2024	<b>Date of Report:</b>	28/02/2024	<b>Certificate No:</b>	QC-24/HALL-SP-041/08					
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	280224					
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>		<b>Next Proof Load Test Due</b>						
04/09/2023		18/ 02/ 2006		AFTER ANY REPAIR/MODIFICATION						
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>								
SAP No: 10777835 S.No: A3344-1/05	1	<p align="center"><b><u>MUD LOGGING UNIT</u></b></p> <p><b>DIMENSION: 7.9 M (L) X 2.74 M (W) X 2.72 M (H)</b></p> <p>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</p> <p><b>TARE WEIGHT: 11000 KG</b></p> <p><b>PAYLOAD: 2000 KG</b></p> <p><b>GROSS WEIGHT: 13000 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>						
	38 mm	30 mm	140 mm	100 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?	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										
** MPI was carried out on the pad eyes Welding Areas and found satisfactory										
IS THIS EQUIPMENT SAFE TO OPERATE?							YES	✓	NO	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>							
ASHRAF ELSAID	AIZAZ FARHAT									
<b>Date of Next Through Examination:</b>	27/08/2024									

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>	HALLIBURTON	<b>Report No:</b>	QC-24/HALL-SP-041/07A
<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	280224
<b>Date:</b>	28. FEB.2024	<b>Next Inspection Date:</b>	27.AUG.2024
<b>Type Of Inspection:</b>	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		<b>Specification:</b> ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		<b>UNIT DESCRIPTION:</b>	MUD LOGGING UNIT PADEYES & LADDER
		<b>UNIT S/N:</b>	10777835
		<b>UNIT DIM:</b>	7.9 M (L) X 2.74 M (W) X 2.72 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>	ASHRAF ELSAID	
<b>S.No:</b>	1657	<b>S.No:</b>	2722003	<b>S.No:</b>	201504052			<b>QUALIFICATION</b> ASNT LEVEL II MT & PT & VT	<b>SUPERVISOR:</b>	HANI ALI
<b>Cal Due Date:</b>	12-Aug-24	<b>Cal Due Date:</b>	14-Aug-24	<b>Cal Due Date:</b>	12-Aug-24				<b>CLIENT:</b>	
<b>Black Magnetic Ink Manufacture:</b>	Magnaflux	<b>Batch No:</b>	220605	<b>Expiry Date:</b>	JULY.2025	<b>STAMP &amp; SIGNATURE:</b>				
<b>Whie Contrast Paint Manufacture:</b>	Magnaflux	<b>Batch No:</b>	220602	<b>Expiry Date:</b>	JUN,2025					
<b>Technical Details:</b>	<b>Magnetic Partical Concentration</b>		<b>Method</b>		<b>WMPT Light Intensity</b>					
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3560 Lux					
Original - Client Files		Copy - Area Office		QC/FN/MPI/065 Rev.00		DATED 07 Nov 2021				

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<b>Date of Examination:</b>	28/02/2024	<b>Date of Report:</b>	28/02/2024	<b>Certificate No:</b>	QC-24/HALL-SP-041/08
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	280224
<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>
X51 X52 X53 X54	04	<b><u>SAFETY PIN BOW SHACKLE</u></b>  SIZE: 1"  GRADE: 6  MANUFACTURE: CROSBY  S.F: 6:1	8.5 TON	N/A	04/09/2023
<b>Reference Standard:</b>		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 <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"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		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"/>	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					
<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	AIZAZ FARHAT				
<b>Date of Next Through Examination:</b>	27/08/2024				

REV: 01 Dated: 20 June 2022

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<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	280224
<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>
B0113	01	<p><b>4 LEGS WIRE ROPE SLING</b></p> <p><b>MANUFACTURER:</b> SAFETY MARINE SERVICES</p> <p><b>DIMENSION:</b> 5.9 M (L) X 28 MM (DIA)</p> <p><b>FOS:</b> 5:1</p> <p>IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTER LINK ASSEMBLY HARD EYE BOTH ENDS</p>	19 ton at 0-45°	N/A	04/09/2023
<b>Reference Standard:</b>		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"/>
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<b>Date of Next Through Examination:</b>	27/08/2024				

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