




CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client:	HALLIBURTON	Report No:	QC-24/HALL-SP-041/05A
Location:	SPERRY YARD	Job Number:	280224
Date:	28. FEB.2024	Next Inspection Date:	27.AUG.2024
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		UNIT DESCRIPTION:	OFFSHORE BOX PAIDEYES & LADDER
		UNIT S/N:	10849522 SDL-300A
		UNIT DIM:	3.0 M (L) X 1.6 M (W) X 2.15 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		SENIOR INSPECTOR:	ASHRAF ELSAID	
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:	HANI ALI
Cal Due Date:	12-Aug-24	Cal Due Date:	14-Aug-24	Cal Due Date:	12-Aug-24			CLIENT:		
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	220605	Expiry Date:	JULY.2025					
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	220602	Expiry Date:	JUN,2025					
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity	STAMP & SIGNATURE:				
	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				

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

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CERTIFICATE OF THOROUGH EXAMINATION

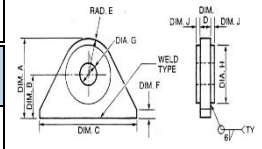
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	28/02/2024	Date of Report:	28/02/2024	Certificate No:	QC-24/HALL-SP-041/05
Client Name:	HALLIBURTON	Location:	SPERRY YARD	Job Number:	280224

Last Inspection	Last Proof Load Test Date	Next Proof Load Test Due
04/09/2023	04/09/2023	03/09/2025

Serial Number:	QTY	Description
S. No: SDL-300A EQ No: 10849522	1	<p align="center">OFFSHORE BOX</p> <p>DIMENSION: 3.0 M (L) X 1.6 M (W) X 2.15 M (H) MANUFACTURER: SPECIALIST SERVICES FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</p> <p>TARE WEIGHT: 2000 KG PAYLOAD: 1500 KG MAX GROSS WEIGHT: 3500 KG</p>

Reference Standard:	BS 7072/ 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:
	25 mm	30 mm	220 mm	125 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	✓
					Was the examination carried out: Within 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**

**** 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	AIZAZ FARHAT		
Date of Next Through Examination:	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.



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CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	28/02/2024	Date of Report:	28/02/2024	Certificate No:	QC-24/HALL-SP-041/06
Client Name:	HALLIBURTON	Location:	SPERRY YARD	Job Number:	280224
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
B0787 B0788 B0789 B0790	04	<u>SAFETY PIN BOW SHACKLE</u> SIZE: 5/8" GRADE: 6 MANUFACTURE: CROSBY S.F: 6:1	3.25 TON	N/A	04/09/2023
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?		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) 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	AIZAZ FARHAT				
Date of Next Through Examination:	27/08/2024				

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