

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

Basra, North Rumaila, Quality Control Yard - Iraq

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**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-041/01	
<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>		
25/07/2023		03/2013		AFTER REPAIR OR RECTIFICATION		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>				
12151180	1	<p align="center"><b><u>OFFSHORE CONTAINER (Offshore Unit)</u></b></p> <p><b>DIM: 2.74 M(L) X 1.65 M(W) X 2.2 M(H)</b>  <b>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</b></p> <p><b>TARE WEIGHT: 2150 KG</b>  <b>Payload: 5350 KG</b>  <b>MAX GROSS WEIGHT: 7500 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>		
	28 MM	26 MM	140 MM	85 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						
<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					

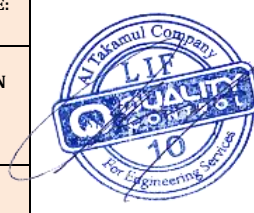
REV: 01 Dated: 20 June 2022

**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-041/01A
<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>	OFFSHORE CONTAINER PADEYES AND LADDER
		<b>UNIT S/N:</b>	12151180
		<b>UNIT DIM:</b>	2.74 M(L) X 1.65 M(W) X 2.2 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>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>	<b>STAMP &amp; SIGNATURE:</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-041/02
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	280224

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
13A078	01	<p align="center"><b><u>4 LEGS WIRE ROPE SLING</u></b></p> <p><b>Dim:</b> 18 MM DIA x 4.0 M (L)  <b>FOS:</b> 5:1  <b>MANUFACTURE:</b> SAFETY MARINE                      IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTER LINK ASSEMBLY                      HARD EYE BOTH ENDS</p>	7.5 TON at 45° Angle	06.2019	25/07/2023

**Reference Standard:** DNV2.7-1 / 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	
					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

<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		

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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>
13A078A 13A078B 13A078C 13A078D	04	<b>SAFETY PIN BOW SHACKLE</b>  SIZE: 7/8"  GRADE: 6  MANUFACTURE: GUNNEBO  S.F: 6:1	6.5 TON	N/A	25/07/2023
<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?		<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"/> ✓ <input type="checkbox"/> NO <input 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"/> ✓		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
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<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input 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				

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