

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
AND PROFESSIONAL SAFETY LIMITED**
Basra, North Rumaila, Quality Control Yard - Iraq



CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client:	HALLIBURTON (HPS)	Report No:	QC/24/HALL-HPS-APR-007A	
Location:	HPS YARD	Job Number:	QC-24/HALL-HPS-007	
Inspection Date:	Sunday, April 21, 2024	Next Inspection Date:	Sunday, October 20, 2024	
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019) & API 6A, 16A



UNIT DESCRIPTION:	BOP ADAPTOR FLANGE LIFTING CAP 4-1/16" 10K
UNIT S/N:	143-45455
INSPECTION RESULT :	
VISUAL , THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
MAGNETIC PARTICLE INSPECTION	Available critical 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/DC HAND Yoke	EQUIPMENT :	Shooting Coil DC	EQUIPMENT :	UV BLACK LIGHT: 3041 µw/cm ²	INSPECTOR NAME:	M.SHAHZAD AHMED	SENIOR INSPECTOR:	NAVEED HUSSAIN
S.NO:	201504052	S.NO:	22650	S.NO:	1898977	QUALIFICATION: ASNT LEVEL II MT & PT & VT		SUPERVISOR:	HANI ALI
Cal Due Date:	12.AUG.2024	Cal Due Date:	12.AUG.2024	Cal Due Date:	12.AUG.2024			CLIENT:	
FLUORESCENT 14HF	Magnaflux	Batch No:	220306	EXPIRE DATE:	MARCH,2025				
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	220602	EXPIRE DATE:	JUN,2025	STAMP & SIGNATURE:			
Technical Details					Black Magnetic Ink Manufacture:7HF				
Digital Lux Meter WHITE LIGHT INTENSITY:	Wet FLUORESCENT Particle Concentration 14 HF		0.1 to 0.4 ml/100 ml		Batch No:220605				
Cal Due Date:14.AUG.2024	Black Magnetic Ink Concentration 7 HF		1.2 to 2.4 ml/100 ml		EXPIRE DATE:	Jul-25			

Original - Client Files Copy - Area Office QC/FN/MPI/065 Rev.00 DATED 07 NOV 2021

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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:	21.04.2024	Date of Report:	21.04.2024	Certificate No:	QC/24/HALL-HPS-APR-007B
Client Name:	HALLIBURTON	Location:	Sperry Yard	Job Number:	QC-24/HALL-HPS-007
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
115	01	EYE BOLT MANUFACTURE: CG GRADE: 6 SIZE: 1" F.O.S: 5:1	10000 LBS	N/A	N/A
Reference Standard:		BS EN ISO3266:2010+A1:2015 / 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"/>	
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"/>	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 FRAHT	ASHRAF ELSAID				
Date of Next Through Examination:	20.10.2024				

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.

