## Al 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

	co													
Date of Examination:	16/04	1/2024	Date of Report:	16/04/2024	16/04/2024		QC-	-HALI	4-01					
Client Name:	Hallik	ourton	Location:	SPERRY		Job Number:		С-НА	64					
Last Inspect	on		Last Proof Lo	Next Proof Load Test Due										
24/12/202	!3		04/2	.002		After Any	After Any Repair/Modification							
Serial Number:	QTY		Description						SWL					
210038	01	Fully We eyes Tare We	GEOSPAN DOWNLINK SYSTEM  nension: 1.80 m (L) x 0.70 m (W) x 1.10 m (H)  ly Welded Steel Construction with Four Top Mounted Pad es  e Weight: 450 Kg  ximum Gross Weight: 900 Kg							450 KG				
Reference Standard:	DN	IV 2.7-1/ H	AL DOC: WM-GL-HAL-H	L	ı	RAD. E	DIM.J.	DIM.						
Pad Eyes Dimension:			ss: Pin Hole: Length			: Height:			WELD TYPE DIM F					
,	26 1			72 mm	72 mm			DIM.C TY						
Is this the first examination a Installation or assembly at a  If the answer to the above quequipment been installed co	new site or lestion is Y		YES NO V	Within an interval With an interval In accordance was After the occur	Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional					NO NO NO	√			
Identification of any part fou NONE) NONE	nd to have			circumstances?		s and a description				none Sa	ite			
Is the above a defect which is Is the above a defect which is (If YES state the date by whe	not yet bเ า)	ut could bed	come a danger to perso			N/A	Y	ES		NO	V			
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 ELSAII	)		MOHAMED ABDALLAH						eia Çî					
Date of Next Through Examination: 15/10/2024									**					

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.





















# Al TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED





CERTIFI	CATION OF VISUAL, THOROUGH E	EXAMINATO	N & MAC	NETIC PARTICLE INSPECTION				
Client:	HALLIBURTON	Report No:	QC-HALL-2024-0164/02					
Location:	SPERRY	Job Number:		QC-HALL-2024-0164				
Date:	16-Apr-2024	Next Inspection Date:		15-Oct-2024				
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)					
- 1-		UNIT DESCRIP	TION:	GEOSPAN DOWNLINK SYSTEM PADEYES				
	210038	UNIT S/N:		210038				
		UNIT DIM:		1.80 m (L) x 0.70 m (W) x 1.10 m (H)				
	A REAL PROPERTY.	INSPECTION RESULT :						
		VISUAL , THOROUGH	EXAMINATION	unit fully inspected and found free from deforms, cracks & mechanical damage				
		MAGNETIC PARTICLE	INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects				
		FINAL RESU	LTS	unit found satisfactory and free of defects at the time of inspection				
		COMMENT: Magnetic Particle Inspo	ection With A/C Ha	and Yoke , Black & White Contrast				

	EQUIPMENT DETAILS							PERS	ON DETAILS	REVIEW BY			
Equipment:	Astm Test Block Equipm		Equipment:	Digital Lux Meter WHITE LIGHT INTENSITY: 3160 lux		Equipment:	AC/DC Yoke PERMANET HAND MAGNATIC	INSPECTOR NAME:		SENIOR INSPECTOR:	NAVEED HUSSAIN		
S.No:	<b>S.No:</b> 1657		S.No:	2722003		S.No:	PY-09	ASHRAF ELSAID	Sound Congress	SENIOR INSPECTOR.	NAVEED HOSSAIN		
Cal Due Date:	Due Date: 14-Aug-2024		Cal Due Date:	14-Aug-202	.4	Cal Due Date:	14-Aug-2024	QUALIFICATION:	ISM VE				
Black Magnetic In	Black Magnetic Ink Concentration 7 H		Magnaflux	<b>Batch No:</b> 220306		06 EXPIRE DATE	: MARCH,2025	ASNT LEVEL II MT & PT & VT		SUPERVISOR:	HANI ALI		
Whie Contrast	Whie Contrast Paint Manufacture:		fanufacture: Magnaflux Bat		2206	02 EXPIRE DATE	: JUN,2025		10/3/				
		ТЕСН					STAMP & SIGNATURE:	Time of	CLIENT:				
		Whi	ie Contrast Paint Manufactu	contrast Paint Manufacture: 0.1 to 0.4 ml/100 ml			nl						
		Black	Magnetic Ink Concentration	7 HF		1.2 to 2.4 ml/100 i	ml						



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#### **CERTIFICATE OF THOROUGH EXAMINATION**

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Date of Examination:	16	5/04/2024	Date of Report:	16/0	04/2024	C	Certificate No:	QC-HALL-2024-016			0164	-03	
Client Name:	Н	alliburton	Location:	SF	PERRY		Job Number:	QC	QC-HALL-2024-0164				
Serial Number:	QTY		Description		SWL		Date of manufacture known:	if	Date of last thorough examination				
BLP/DNV-04983-005	01	Dimension: 7 Manufacture IWRC, Mecha	EG WIRE ROPE SLIP  70" (L) x 3/4" (Dia)  E: BISHOP LIFTING  anically Spliced with  errule C/W Master Li  h Ends	7 T @ 0-30	1 30/10/2018 1 2 <i>4</i> /					1/12/2023			
Reference Standard	:		AL DOC: WM-GL-HAL-H	-HAI	L-HSE-0420C REV 1	ı							
Is this the first examination Installation or assembly at a  If the answer to the above of equipment been installed considerable.	is YES has the	YES NO VES NO III NO II	With an interval of 12 months?  YES							NO NO NO NO	√ √ e		
Is the above a defect which Is the above a defect which (If YES state the date by who			ons			N/A	YE	S	N	10	<b>√</b>		
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 V NO													
Name of Inspector:			of person authenticati	ng this r	eport: S	igna	ture & Stamp:			HX.	100		
ASHRAF ELSAID			MOHAMED ABDALLAH				Samul Company						
Date of Next Through Ex	tion:	15/10/2024						<b>S</b>	\$ 6 \$ 6 \$ 6				
REV: 01 Dated: 20 June 2022					(		10/4	9//					

**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 VISUAL & THOROUGH EXAMINATION**

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

Date of Examination:	16	5/04/2024	Date of Report:	16/0	4/2024	C	Certificate No:	QC-HALL-2024-016				-04		
Client Name:	H	alliburton	Location:	SP	ERRY		Job Number:	Q	C-HALL	HALL-2024-0164				
Serial Number:	QTY			SWL	Date of VL manufacture if known:			Date of last thorough examination						
1H 2H 3H 4H	04		SIZE: 5/8"				3 ¼ TON N/A			24/12/2023				
Reference Standard	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 locat  If the answer to the above question is YES has equipment been installed correctly?			YES NO √ YES NO  ich is or could not bec	With With In ac After circu	Was the examination carried out:  Within an interval of 6 months?  With an interval of 12 months?  In accordance with an examination scheme?  After the occurrence of exceptional circumstances?  The provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect: (If none Satisfied in the provided HTML representation of the defect) in the provided HTML representation of the defect in					NO NO	√ √ e			
NONE) NONE  Is the above a defect which is of immediate da  Is the above a defect which is not yet but could (If YES state the date by when)  Particulars of any repair, renewal or alteration Particulars of any tests carried out as part of the			ome a danger to personired to remedy the defamination: (If none sta	fect iden te NONE	)		N/A	YE			NO	√ 		
The subject Items were insp satisfactory			ensionally where no sig	ns of def	ects were o	obser	rved at the time of							
IS THIS EQUIPMENT SAFE TO OPERATE?								YE	.5 1	: د ت	NO	-12		
Name of Inspector:			ame of person authenticating this report:			Signa	ture & Stamp:		<b></b>		ş,	ણ		
ASHRAF ELSAID			MOHAMED ABDALLAH				Ademiil Company							
Date of Next Through Ex	tion:	15/10/2024						98 0	) }	í				
REV: 01 Dated: 20 June 2022					/		10/2	9//						

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