

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


Date of Examination:	16/04/2024	Date of Report:	16/04/2024	Certificate No:	QC-HALL-2024-0164-01
Client Name:	Halliburton	Location:	SPERRY	Job Number:	QC-HALL-2024-0164
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
24/12/2023		04/2002		After Any Repair/Modification	
Serial Number:	QTY	Description			SWL
210038	01	<u>GEOSPAN DOWNLINK SYSTEM</u> Dimension: 1.80 m (L) x 0.70 m (W) x 1.10 m (H) Fully Welded Steel Construction with Four Top Mounted Pad eyes Tare Weight: 450 Kg Maximum Gross Weight: 900 Kg			450 KG
Reference Standard:		DNV 2.7-1/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1			
Pad Eyes Dimension:		Thickness:	Pin Hole:	Length:	Height:
		26 mm	21 mm	72 mm	60 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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input 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 ** MPI was carried out on the pad eyes Welding Areas 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	MOHAMED ABDALLAH		 		
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.



CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC 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)
		UNIT DESCRIPTION:	GEOSPAN DOWNLINK SYSTEM PADEYES
		UNIT S/N:	210038
		UNIT DIM:	1.80 m (L) x 0.70 m (W) x 1.10 m (H)
		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 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:	Astm Test Block	Equipment:	Digital Lux Meter WHITE LIGHT INTENSITY: 3160 lux	Equipment:	AC/DC Yoke PERMANET HAND MAGNATIC	INSPECTOR NAME:		SENIOR INSPECTOR:	NAVEED HUSSAIN
S.No:	1657	S.No:	2722003	S.No:	PY-09	ASHRAF ELSAID		SUPERVISOR:	HANI ALI
Cal Due Date:	14-Aug-2024	Cal Due Date:	14-Aug-2024	Cal Due Date:	14-Aug-2024	QUALIFICATION:	ASNT LEVEL II MT & PT & VT	CLIENT:	
Black Magnetic Ink Concentration 7 HF	Magnaflux	Batch No:	220306	EXPIRE DATE:	MARCH,2025				
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	220602	EXPIRE DATE:	JUN,2025				
TECH									
TECHNICAL DETAILS		Whie Contrast Paint Manufacture: 0.1 to 0.4 ml/100 ml Black Magnetic Ink Concentration 7 HF 1.2 to 2.4 ml/100 ml							

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Date of Examination:	16/04/2024	Date of Report:	16/04/2024	Certificate No:	QC-HALL-2024-0164-03	
Client Name:	Halliburton	Location:	SPERRY	Job Number:	QC-HALL-2024-0164	
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination	
BLP/DNV-04983-005	01	<u>FOUR LEG WIRE ROPE SLING</u> Dimension: 70'' (L) x 3/4'' (Dia) Manufacture: BISHOP LIFTING IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly. Hard Eye Both Ends F.O.S: 5:1	7 T @ 0-30°	30/10/2018	24/12/2023	
Reference Standard:	DNV 2.7-1/ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out:			
			Within an interval of 6 months?			
			With an interval of 12 months?			
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?			
			After the occurrence of exceptional circumstances?			
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	MOHAMED ABDALLAH					
Date of Next Thorough Examination:	15/10/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF VISUAL & THOROUGH EXAMINATION

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Date of Examination:	16/04/2024	Date of Report:	16/04/2024	Certificate No:	QC-HALL-2024-0164-04
Client Name:	Halliburton	Location:	SPERRY	Job Number:	QC-HALL-2024-0164
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
1H 2H 3H 4H	04	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 5/8" F.O.S: 6:1	3 ¼ TON	N/A	24/12/2023
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?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 checked="" type="checkbox"/> NO <input 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	
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