


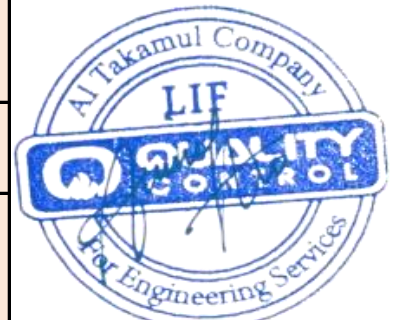


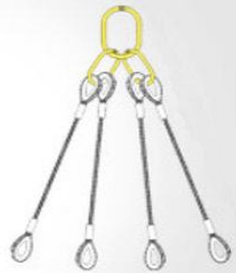
CERTIFICATE OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION												
Client:	HALLIBURTON ( TSS )			Report No:	QC-23-11/HALL-TSS-16/C4							
Location:	TSS YARD			Job Number:	QC-23-11/HALL-TSS-16							
Inspection Date:	16-11-2023			Inspection Due Date:	15-MAY-2024							
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSP.			Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)							
 				UNIT DESCRIPTION:	SEPARATOR LIFTING PAD EYE							
				UNIT DIM:	L: 6.0 M X W:2.43 M X H: 3.5 M							
				UNIT S/N:	SAP No: 11484040							
				PAD EYE S/N	QTY	LIFTING PAD EYE DIM:		Gross Weight	REMARK			
				P1	04	Length	100 mm	15.4 Ton	Satisfactory			
P2	Height	110 mm										
P3	Thickness	30 mm										
P4	Pin Hole	39 mm										
INSPECTION RESULT :												
VISUAL , THOROUGH EXAMINATION				Visually Inspected And Found Free From Deformations, Corrosion, And Other Defects.								
MAGNETIC PARTICLE INSPECTION				M.P.I Has Been Done On Available Weldid Areas And Found Free From Cracks And Other Defects.								
FINAL RESULTS				As Per The Client Specification, the Inspected Areas Was Accepted At The Time Of Inspection Useable.								
COMMENT:				Online Traceability								
				Magnetic Particle Inspection With A/C Yoke, Black Ink & White Contrast								
EQUIPMENT DETAILS						PERSON DETAILS		REVIEW BY				
Equipment:	AC/DC Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke PERMANET HAND MAGNATIC	INSPECTOR NAME:		SENIOR INSPECTOR:	ASHRAF ELSAAD			
S.No:	1657	S.No:	2722003	S.No:	PY - 019 PY - 02	Aizaz Farhat		SUPERVISOR:	HANI ALI			
Call Due Date:	14-Feb-2024	Call Due Date:	16-Feb-2024	Call Due Date:	14-Feb-2024	QUALIFICATION ASNT LEVEL II VT,MT,PT,UT & LEEA I,II,VIII		CLIENT:				
Black Magnetic Ink Manufacture:	7 HF	Magnaflux	Batch No: 220605	Expiry Date:	July-2025							
White Contrast Paint Manufacture:	WCP 2	Magnaflux	Batch No: 220602	Expiry Date:	June-2025							
Technical Details:	Magnetic Particle Concentration		Method		WMPT Light Intensity		STAMP & SIGNATURE:					
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		1350 Lux							
Original - Client Files			Copy - Area Office			QC/FN/MPI/065 Rev.00 Dated 07 Nov 2021						



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>TSS YARD</b>	<b>Certificate No:</b>	<b>C-23-10/HALL-TSS-16/C09</b>	
<b>Date of Examination:</b>	<b>16-Oct-2023</b>	<b>Date of Report:</b>	<b>16-Oct-2023</b>	<b>Job Number:</b>	<b>QC-10-23/HALL-TSS-1362</b>	
<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>
<b>ALF 3</b>	<b>01</b>	<p style="text-align: center;"><b><u>4-LEG WIRE ROPE SLING</u></b></p> <p><b>IWRC Mechanically Spliced with Steel Ferrules C/W Master Link On Top Hard Eye On Both Ends</b></p> <p><b>Dim: 22 mm (L) X 8.5 M</b></p> <p><b>Manufacture: Bishop Lifting</b></p> <p><b>F.O.S: 5:1</b></p>		<b>13 Ton</b>	<b>N/A</b>	<b>N/A</b>
<b>Reference Standard:</b>		<b>BS EN 13414-1 / HAL DOC:WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>				



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	✓
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		NO	✓
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					YES by:			
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								
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES	✓	NO	✓

<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature &amp; Stamp:</b>	
<b>AIZAZ FARHAT</b>	<b>ASHRAF ELSAID</b>		
<b>Date of Next Thorough Examination:</b>	<b>15-Apr-2024</b>		

**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.

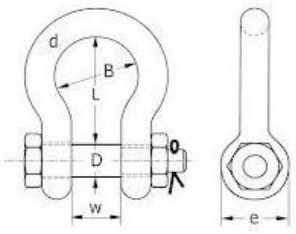




## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>TSS YARD</b>	<b>Certificate No:</b>	<b>C-23-10/HALL-TSS-16/C07</b>	
<b>Date of Examination:</b>	<b>16-Oct-2023</b>	<b>Date of Report:</b>	<b>16-Oct-2023</b>	<b>Job Number:</b>	<b>QC-10-23/HALL-TSS-1362</b>	
<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>
<b>BV 599</b>	<b>01</b>	<b>BOW SHACKLE</b> <b>With Nut and Bolt and Safety Pin:</b>  <b>SIZE: 1"</b> <b>GRADE: 6</b> <b>F.O.S: 6:1</b> <b>MANUFACTURE: ES</b>		<b>8 1/2 Ton</b>	<b>N/A</b>	<b>N/A</b>
<b>Reference Standard:</b>		<b>BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>				



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				With an interval of 12 months?	YES		NO	<input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES	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		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		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)					YES by:			
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Particulars of any tests carried out as part of the examination: (If none state NONE)								
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<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>	
<b>AIZAZ FARHAT</b>	<b>ASHRAF ELSAID</b>		
<b>Date of Next Through Examination:</b>	<b>15-Apr-2024</b>		

REV: 01 Dated: 20 June 2022

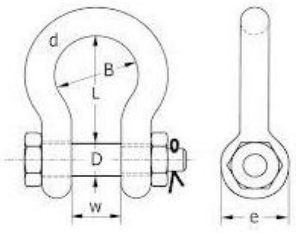
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<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>TSS YARD</b>	<b>Certificate No:</b>	<b>C-23-10/HALL-TSS-16/C08</b>	
<b>Date of Examination:</b>	<b>16-Oct-2023</b>	<b>Date of Report:</b>	<b>16-Oct-2023</b>	<b>Job Number:</b>	<b>QC-10-23/HALL-TSS-1362</b>	
<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>
Z 1120 Z 1121 Z 1125	03	<p style="text-align: center;"><b>BOW SHACKLE</b> With Nut and Bolt and Safety Pin:</p> <p><b>SIZE: 1"</b> <b>GRADE: 6</b> <b>F.O.S: 6:1</b> <b>MANUFACTURE: GUNNEBO</b></p> 		8 1/2 Ton	N/A	N/A
<b>Reference Standard:</b>		<b>BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>				

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The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection 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>	
AIZAZ FARHAT	ASHRAF ELSAID		
<b>Date of Next Through Examination:</b>	<b>15-Apr-2024</b>		

REV: 01 Dated: 20 June 2022

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