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

			1	ents of the Litting	, =90							
Date of Examination:		21/04/2024		Date of Report	t: 21/04	/2024	Certificate No	: C)C-2024	1-0861-	-01	
Client Name:	I	HALLIBURTO	١	Location:	Location: SPER		Job Number:		210	0424		
Last Inspec	tion			Last Proof Load	Next Proof Load Test Due							
10/01/2024				02.JUN.2	AFTER REPAIR OR RECTIFICATION							
Serial Number:	QTY		Description									
			MUD LOGGING UNIT									
SAP No:13400393 Unit ID: SDL 389	1	FULLY WEI	FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS FARE WEIGHT: 12550 KG PAYLOAD: 950 KG MAX. GROSS WEIGHT: 13500 KG									
Reference Standard	:			C: WM-GL-HAL-HSE		GL-HAL-	HSE-0420C REV 1		RAD. E	DM.J.	DIM.	
Pad Eyes Dimension	Thicknes		Pin Hole:	Length		Height:			A. G WELD TYPE DIM. F	H VIO		
rad Lyes Difficusion	•	27 MM		35 MM	131 MM		117 MM	19.5	DIM C			
Is this the first examination after Installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly? Identification of any part found to have a defect which is or could not become a danger to persons and a description of time. Was the examination carried out: Within an interval of 12 months? In accordance with an examination scheme After the occurrence of exceptional circumstances?							ne? Y	YES VES VES Fect: (If	NO			
NONE) NONE Is the above a defect which	is of im	mediate dange	r to pe	rsons:				YES		NO	√	
Is the above a defect which	is not y		ould become a danger to persons 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	IS THIS EQUIPMENT SAFE TO OPERATE? YES NO											
Name of Inspector:	Name	Name of person authenticating this report: Signa				ure & Stamp:		郻		嗯		
AIZAZ FARHA		ASHRAF ELSAID										
Date of Next Through Ex	aminat	ion:		20/10/2024	4 30 73 1							
REV: 01 Dated: 20 June 2022							gineering					

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 VISUAI, THOROUGH EXAMINATON & MAGNETIC PARTICLE INSPECTION										
Client:	HALLIBURTON	Report No:	QC-2024-0861-02							
Location:	SPERRY	Job Number:	210424							
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)						
		UNIT DESCRIP	TION:	MUD LAB CABIN PAD EYES AND LADDER						
-		UNIT S/N		13400393 (SDL-389)						
	TON	UNIT DIM	:	7.92 M (L) X 2.74 M (W) X 2.72 M (H)						
	3			INSPECTION RESULT :						
		VISUAL , THOROUGH	EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage						

MAGNETIC PARTICLE INSPECTION

FINAL RESULTS

COMMENT:

Magnetic Particle Inspection With A/C Hand Yoke, Black & White Contrast



	EQUIPMENT DETAILS							PERS	ON DETAILS	REVIEW BY		
Equipment:	AC-Yoke Test	Block	Equipment:	Digital Lux Me	eter	Equipment	: AC/DC Yoke	INSPECTOR NAME:		SENIOR INSPECTOR:	ASHRAF ELSAID	
S.No:	1657		S.No:	2722003		S.No:	201504052	AIZAZ FARHAT	Janual Coapean	SEMIOR INSI ECTOR.	ASTINAL ELSAID	
Cal Due Date:	14-0ct-2	!4	Cal Due Date:	16-0ct-24		Cal Due Date	: 14-0ct-24					
Black Magnetic Ink Manufac		Magnaflux		Batch No:	220605	Expiry D	Date: JULY.2025	QUALIFICATION ASNT LEVEL II	ALACTO	SUPERVISOR:	HANI ALI	
Whie Contrast	Paint Manufac	ture:	Magnaflux	Batch No:	220602	Expiry I	Date: JUN,2025	MT & PT & VT	10/3	GY VIDVIT		
m. dodani	Technical Details:		Magnetic Partical Concentration				WMPT Light Intensity	STAMP &	or Engineering	CLIENT:		
i ecnnicai i			1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3630 Lux	SIGNATURE:	1			
Original - Client Files Copy - Area Office QC/FN/MPI/065 Rev.00 DATED 07 Nov 202:												















Welds & forgn areas inspected

and found free from cracks and other defects unit found satisfactory and free of defects

at the time of inspection

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5. (5.)		24 /04 /2024	5 . (5		4 /0 4 /2 02 4	0 110 1 21	000	.024.0064.02		
Date of Examination	:	21/04/2024	Date of Report	: 2	1/04/2024	Certificate No:	QC-2	024-0861-03		
Client Name:		HALLIBURTON	Location:	ocation: SP		Y Job Number:		210424		
Serial Number:	QTY	De	Description			Date of manufacture if known:	t	ate of last horough amination		
CST 8003	01	4 LEGS WI Manufacture: Safe S.F: 5:1 Dimension: 28 M IWRC, MECANICALLY FERRULE C/W MASTI HARD EYE BOTH END Location: Attached w 13400393	IM DIA x 5.9 M (L SPLICED WITH STEE ER LINK ASSEMBLEY S	_) L	13.5 TON at 0-45° Angle	N/A 22/11/202				
Reference Standard: BS EN 13414-1/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1										
Is this the first examination or assembly If the answer to the above equipment been installe	at a new s ve question d correction	n is YES has the YES	NO NO	Within a With an In accord After the circumst	he examination carried out: In an interval of 6 months? In an interval of 12 months? In an interval of 2 months? In an interval of 3 months? In an interval of 6 months? In an interval of 12 months? In an interval of 12 months? In an interval of 6 months? In an interval of 6 months? In an interval of 12 months? In					
NONE) NONE	i iouna to	nave a defect which is	or could not become	e a dange	er to persons ai	nd a description of tr	ie defect:	(II none sate		
Is the above a defect wh Is the above a defect wh (If YES state the date by	ich is not [.] when)	yet but could become		YES NO √						
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										
Name of Inspector:			rson authenticating	ating this report: Signature & Stamp:						
AIZAZ FAR	НАТ		ASHRAF ELSAID							

REV: 01 Dated: 20 June 2022

Date of Next Through Examination:

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20/10/2024





















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Date of Examination:		21/04/2024	Date of Report	::	21/04/2024	Certificate No:	(QC-202	4-0861	-04	
Client Name:		HALLIBURTON	Location:		SPERRY	Job Number:		21	0424		
Serial Number:	QTY	Des	Description			Date of manufacture if known:		Date of last thorough examination			
CSV 2874 CSV 2875 CSV 2876 CSV 2877	04	SIZE: 1 1/8" GRADE: 6 MANUFACTURE: S.F: 6:1	YOKE	9.5 TON	N/A	22/11/2023					
Reference Standard	:	BS EN 13889/ HAL	DOC: WM-GL-HAL-H	ISE-04	20F & WM-GL-H	AL-HSE-0420C REV 1					
Is this the first examination after Installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly?			NO √	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?				ES \(\gamma\) ES \(\gamma\)	NO NO NO	√ √	
Identification of any part for NONE) NONE	und to h	nave a defect which is	or could not becom	ie a da	nger to persons	and a description of t	he det	ect: (If	none Sa	te	
Is the above a defect which							YES		NO	√	
Is the above a defect which (If YES state the date by who		et but could become	a danger to persons	N/A	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 V NO											
Nam			rson authenticating	this re	eport:	rt:					
Name of Inspector:	•			Signa	ture & Stamp:	,	滅		龌		
AIZAZ FARHA		ASHRAF ELSAID									
Date of Next Through Ex	ion:	20/10/2024									
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