

# AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	11/06/2024	<b>Date of Report:</b>	11/06/2024	<b>Certificate No:</b>	QC/24/SP-1106-01
<b>Client Name:</b>	Halliburton	<b>Location:</b>	Sperry Workshop	<b>Job Number:</b>	110624
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>		<b>Next Proof Load Test Due</b>	
19/12/2023		02/2013		AFTER ANY REPAIR /MODIFICATION	
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			
SN: N2085-17/12 EQ NO: 12321255	1	<b>MUD LOGGIGN UNIT</b>  <b>DIM: 6.00 M (L) X 2.43 M (W) X 2.65 M (H)</b>  <b>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</b>  <b>TARE WEIGHT: 7800 KG</b> <b>PAYLOAD: 1200 KG</b> <b>MAX. GROSS WEIGHT: 9000 KG</b>			
<b>Reference Standard:</b>		DNV 2.7-1/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1			
<b>Pad Eyes Dimension:</b>		<b>Thickness:</b>	<b>Pin Hole:</b>	<b>Length:</b>	<b>Height:</b>
		35 mm	28 mm	187 mm	86 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) <b>NONE</b>					
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					
<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>		
ASHRAF ELSAID	MOHAMED ABDALLAH				
<b>Date of Next Through Examination:</b>	10/12/2024				

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.




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## CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

<b>Client:</b>	HALLIBURTON	<b>Report No:</b>	QC/24/SP-1106-001A
<b>Location:</b>	SPERRY	<b>Job Number:</b>	110624
<b>Date:</b>	Tuesday, June 11, 2024	<b>Next Inspection Date:</b>	Tuesday, December 10, 2024
<b>Type Of Inspection:</b>	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	<b>Specification:</b>	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		<b>UNIT DESCRIPTION:</b>	MUD LOGGING UNIT PADEYES & ATTACHED LADDER
		<b>UNIT S/N:</b>	12321255
		<b>UNIT DIM:</b>	6.00 M (L) X 2.43 M (W) X 2.65 M (H)
		<b>INSPECTION RESULT :</b>	
		<b>VISUAL , THOROUGH EXAMINATION</b>	unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage
		<b>MAGNETIC PARTICLE INSPECTION</b>	Welds & forgn areas inspected and found free from cracks and other defects
		<b>FINAL RESULTS</b>	unit found satisfactory and free of defects at the time of inspection
<b>COMMENT:</b>			Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast
			

EQUIPMENT DETAILS							PERSON DETAILS		REVIEW BY	
Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter		Equipment:	AC/DC Yoke	INSPECTOR NAME: M.Shahzad Ahmed		SENIOR INSPECTOR:	ASHRAF ELSAID
S.No:	1657	S.No:	2722003		S.No:	201504052				
Cal Due Date:	14-Oct-24	Cal Due Date:	16-Oct-24		Cal Due Date:	14-Oct-24				
Black Magnetic Ink Manufacture:		Magnaflux	Batch No:	220605	Expiry Date:	JULY.2025	QUALIFICATION ASNT LEVEL II MT & PT & VT		SUPERVISOR:	HANI ALI
Whie Contrast Paint Manufacture:		Magnaflux	Batch No:	220602	Expiry Date:	JUN,2025				
Technical Details:		Magnetic Partical Concentration		Method		WMPT Light Intensity	STAMP & SIGNATURE:		CLIENT:	
		1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3630 Lux				
Original - Client Files		Copy - Area Office		QC/FN/MPI/065 Rev.00		DATED 07 Nov 2021				



Corporate Partner



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Date of Examination:	11/06/2024	Date of Report:	11/06/2024	Certificate No:	QC/24/SP-1106-04
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	110624

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
260/1	01	<p style="text-align: center;"><b><u>4 LEGS WIRE ROPE SLING</u></b></p> <p><b>Manufacturer:</b> Safety Marine Services  <b>Dim:</b> 24 MM DIA x 6.2 M (L)  <b>FOS:</b> 5:1                      IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTER LINK ASSEMBLY HARD EYE BOTH ENDS</p>	14 TON	N/A	19/12/2023

Reference Standard:	BS EN 13414-1 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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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) <span style="color: purple;">NONE</span>			
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		
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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 Through Examination:	10/12/2024		

REV: 01 Dated: 20 June 2022

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Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	110624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
260/3 260/4 260/5	03	<b>SAFETY PIN BOW SHACKLE</b>  SIZE: 1" GRADE: 6 MANUFACTURE: GT S.F: 6:1	8.5 TON	N/A	19/12/2023
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?		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"/>	
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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"/>	
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Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	110624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BV 909	01	<b>SAFETY PIN BOW SHACKLE</b>  <b>SIZE: 1"</b> <b>GRADE: 6</b> <b>MANUFACTURE: CROSBY</b> <b>S.F: 6:1</b>	8.5 TON	N/A	19/12/2023
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:	
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				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
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