

**AI 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

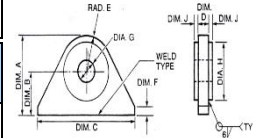
Date of Examination:	11/06/2024	Date of Report:	11/06/2024	Certificate No:	QC/24/SP-1106-05
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	110624

Last Inspection	Last Proof Load Test Date	Next Proof Load Test Due
20/12/2023	07/2013	AFTER ANY REPAIR/MODIFICATION

Serial Number:	QTY	Description
SN: N2091-10/13 EQ NO: 12321256	1	<p align="center">MUD LOGGING UNIT</p> <p>DIM: 6.00 M (L) X 2.45 M (W) X 2.60 M (H)</p> <p>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</p> <p>TARE WEIGHT: 7800 KG</p> <p>PAYLOAD: 1200 KG</p> <p>MAX. GROSS WEIGHT: 9000 KG</p>

Reference Standard:	DNV 2.7-1/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1
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Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:
	35 mm	28 mm	187 mm	86 mm



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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO	
	YES		NO			YES	✓	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES		NO			YES	✓	NO	
	YES		NO			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) **NONE**

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) **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 NO

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

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/24/SP-1106-005A
Location:	SPERRY	Job Number:	110624
Date:	Tuesday, June 11, 2024	Next Inspection Date:	Tuesday, December 10, 2024
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		UNIT DESCRIPTION:	MWD UNIT PADEYES AND LADDER
		UNIT S/N:	12321256
		UNIT DIM:	6.00 M (L) X 2.45 M (W) X 2.60 M (H)
		VISUAL , THOROUGH EXAMINATION	unit fully inspected and found free from deforms, cracks, corrosion & 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:	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			SUPERVISOR:	HANI ALI
Cal Due Date:	14-Oct-24	Cal Due Date:	16-Oct-24	Cal Due Date:	14-Oct-24	CLIENT:			
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	220605	Expiry Date:	JULY.2025				
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	220602	Expiry Date:	JUN,2025				
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity	STAMP & SIGNATURE:			
	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

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Date of Examination:	11/06/2024	Date of Report:	11/06/2024	Certificate No:	QC/24/SP-1106-06
Client Name:	Halliburton	Location:	Sperry	Job Number:	110624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BZ 724 BZ 725 BZ 726 BZ 727	04	SAFETY PIN BOW SHACKLE SIZE: 1" GRADE:6 MANUFACTURE: CROSBY S.F: 6:1	8.5 TON	N/A	20/12/2023
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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input 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"/>	
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 Through Examination:	10/12/2024				

REV: 01 Dated: 20 June 2022

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Date of Examination:	11/06/2024	Date of Report:	11/06/2024	Certificate No:	QC/24/SP-1106-07
Client Name:	Halliburton	Location:	Sperry Workshop	Job Number:	110624
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
BZ681	01	<p>4 LEGS WIRE ROPE SLING</p> <p>Dimension: 4.6 m (L) x 26 mm (Dia) Manufacture: Safety Marine IWRC, Mechanically Spliced with Steel Ferrule C/W Master Link Assembly. HARD EYE X HARD EYE</p> <p>S.F: 5:1</p>	9 TON	N/A	20/12/2023
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 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"/>
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?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> 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) 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	
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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:		
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