

**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

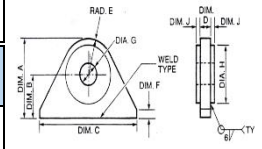
Date of Examination:	05/09/2024	Date of Report:	05/09/2024	Certificate No:	QC-2024-0509-05
Client Name:	HALLIBURTON SPERRY	Location:	RIG ZPEC-25	Job Number:	050924

Last Inspection	Last Proof Load Test Date	Next Proof Load Test Due
16/03/2024	03.11.2022	02.11.2024

Serial Number:	QTY	Description
SAP: 11015829 EQ NO: SDL-317/A	01	<p align="center"><b>OFFSHORE BOX</b></p> <p><b>DIM: 3.10 M (L) X 1.60 M (W) X 2.13 M (H)</b></p> <p>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</p> <p><b>TARE WEIGHT: 2000 KG</b></p> <p><b>PAYLOAD: 1500 KG</b></p> <p><b>MAX GROSS WEIGHT: 3500 KG</b></p>

Reference Standard:	BS 7072 / 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:
	25 mm	32 mm	130 mm	240 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?	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	
					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:	
MOHAMED ABDALLAH	ASHRAF ELSAID		
Date of Next Through Examination:	04/03/2025		

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

<b>Client:</b>	HALLIBURTON SPERRY	<b>Report No:</b>	QC-2024-0509-06
<b>Location:</b>	RIG ZPEC 25	<b>Job Number:</b>	50924
<b>Date:</b>	Thursday, September 5, 2024	<b>Next Inspection Date:</b>	Tuesday, March 4, 2025
<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>	OFFSHORE BOX PAD EYES & LADDER
		<b>UNIT S/N:</b>	SAP: 11015829 EQ NO: DSL-317/A
		<b>UNIT DIM:</b>	3.10 M (L) X 1.60 M (W) X 2.13 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	
<b>Equipment:</b>	AC-Yoke Test Block	<b>Equipment:</b>	Digital Lux Meter	<b>Equipment:</b>	AC/DC Yoke	<b>INSPECTOR NAME:</b>		<b>SENIOR INSPECTOR:</b>	ASHRAF ELSAID
<b>S.No:</b>	1657	<b>S.No:</b>	2722003	<b>S.No:</b>	201504052			<b>QUALIFICATION</b>	<b>SUPERVISOR:</b>
<b>Cal Due Date:</b>	14-Oct-24	<b>Cal Due Date:</b>	16-Oct-24	<b>Cal Due Date:</b>	14-Oct-24	<b>ASNT LEVEL II MT &amp; PT &amp; VT</b>		<b>CLIENT:</b>	
<b>Black Magnetic Ink Manufacture:</b>	Magnaflux	<b>Batch No:</b>	220605	<b>Expiry Date:</b>	JULY,2025				
<b>Whie Contrast Paint Manufacture:</b>	Magnaflux	<b>Batch No:</b>	220602	<b>Expiry Date:</b>	JUN,2025				
<b>Technical Details:</b>	<b>Magnetic Partical Concentration</b>		<b>Method</b>		<b>WMPT Light Intensity</b>	<b>STAMP &amp; SIGNATURE:</b>			
	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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<b>Date of Examination:</b>	05/09/2024	<b>Date of Report:</b>	05/09/2024	<b>Certificate No:</b>	QC-2024-0509-07
<b>Client Name:</b>	HALLIBURTON SPERRY	<b>Location:</b>	RIG ZPEC-25	<b>Job Number:</b>	050924
<b>Serial Number:</b>	QTY	<b>Description</b>	SWL	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
W 6352	01	<p align="center"><b><u>5 LEGS WIRE ROPE SLING</u></b></p> <p><b>Manufacturer:</b> Safety Marine Services  <b>Master Leg Dim:</b> 22 MM DIA x 1.52 M (L)  <b>4 Leg Dim:</b> 19 MM DIA x 2.13 M (L)  <b>FOS:</b> 5:1</p> <p>IWRC, MECHANICALLY SPLICED WITH STEEL  FERRULE C/W MASTER LINK ASSEMBLY HARD EYE  BOTH ENDS</p>	6.2 TON	N/A	16/03/2024
<b>Reference Standard:</b>	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"/>	
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"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input 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) <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					
<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>		
MOHAMED ABDALLAH	ASHRAF ELSAID				
<b>Date of Next Through Examination:</b>	04/03/2025				

REV: 01 Dated: 20 June 2022

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<b>Client Name:</b>	<b>HALLIBURTON SPERRY</b>	<b>Location:</b>	<b>RIG ZPEC-25</b>	<b>Job Number:</b>	<b>050924</b>

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
W6352A W6352B W6352C W6352D	04	<u><b>SAFETY PIN BOW SHACKLE</b></u>  SIZE: 3/4"  GRADE: 6  MANUFACTURE: G T  S.F: 6:1	4.75 TON	N/A	16/03/2024

**Reference Standard:** BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

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					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	
					YES		NO	✓

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MOHAMED ABDALLAH	ASHRAF ELSAID		
<b>Date of Next Through Examination:</b>	04/03/2025		

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