








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

<b>Client:</b>	HALLIBURTON SPERRY	<b>Report No:</b>	QC-2024-0509-02
<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>	SDL OFFICE UNIT PAD EYES & LADDER
		<b>UNIT S/N:</b>	11133872
		<b>UNIT DIM:</b>	L: 6.00 M X W:2.43 M X H:2.65 M
<b>INSPECTION RESULT :</b>			
<b>VISUAL , THOROUGH EXAMINATION</b>	VISUAL & MAGNETIC PARTICLE INSPECTION ( M.P.I. ) HAD BEEN DONE ON THE AVAILABLE AREAS FOR THE ABOVE DESCRIPTION		
<b>MAGNETIC PARTICLE INSPECTION</b>	Welds & forgn areas inspected and found free from cracks and other defects		
<b>FINAL RESULTS</b>	THE ABOVE INSPECTED AREAS WAS ACCEPTED		
<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> M.ABDALLAH		<b>SENIOR INSPECTOR:</b>	ASHRAF ELSAID
<b>S.No:</b>	1657	<b>S.No:</b>	2722003	<b>S.No:</b>	201504052			<b>QUALIFICATION</b> ASNT LEVEL II MT & PT & VT	<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>STAMP &amp; SIGNATURE:</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>				
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing		3630 Lux				

Original - Client Files    Copy - Area Office    QC/FN/MPI/065    Rev.00    DATED 07 Nov 2021

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
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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>	05/09/2024	<b>Date of Report:</b>	05/09/2024	<b>Certificate No:</b>	QC-2024-0509-03
<b>Client Name:</b>	HALLIBURTON SPERRY	<b>Location:</b>	RIG ZPEC-25	<b>Job Number:</b>	050924

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
AI 224	01	<p><b><u>4 LEGS WIRE ROPE SLING</u></b></p> <p><b>Manufacture:</b> Safety Marine Services <b>S.O.F:</b> 5:1 <b>Dim:</b> 26 MM DIA x 5 M (L) IWRC, MECHANICALLY SPLICED WITH STEEL FERRULE C/W MASTER LINK ASSEMBLY HARD EYE BOTH ENDS</p>	17.79 TON	N/A	16/03/2024

**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	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

**IS THIS EQUIPMENT SAFE TO OPERATE?** YES  NO

<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

**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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<b>Date of Examination:</b>	05/09/2024	<b>Date of Report:</b>	05/09/2024	<b>Certificate No:</b>	QC-2024-0509-04
<b>Client Name:</b>	HALLIBURTON SPERRY	<b>Location:</b>	RIG ZPEC-25	<b>Job Number:</b>	050924
<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>
AI246 AI247 AI248 AI249	04	<u><b>SAFETY PIN BOW SHACKLE</b></u>  SIZE: 1" GRADE: 6 MANUFACTURE: CROSBY S.F: 6:1	8.5 TON	N/A	16/03/2024
<b>Reference Standard:</b>	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 checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ✓	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> 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:				<input type="checkbox"/> 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>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input 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				

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