





CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client:	HALLIBURTON	Report No:	QC-2024-0409-01A
Location:	SPERRY YARD	Job Number:	40924
Date:	04.SEPT.2024	Next Inspection Date:	03.MARCH.2025
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
 		UNIT DESCRIPTION:	TOOLS UNIT PAD EYES & LADDER
		UNIT S/N:	SAP No: 11703676 SAP NO :378/A
		UNIT DIM:	L: 3.10 M X W:1.60 M X H:2.13 M
		INSPECTION RESULT :	
VISUAL , THOROUGH EXAMINATION		VISUAL & MAGNETIC PARTICLE INSPECTION (M.P.I.) HAD BEEN DONE ON THE AVAILABLE AREAS FOR THE ABOVE DESCRIPTION	
MAGNETIC PARTICLE INSPECTION		Available critical areas inspected and found free from cracks and other defects	
FINAL RESULTS		THE ABOVE INSPECTED AREAS WAS ACCEPTED	
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: ASHRAF ELSAID		SENIOR INSPECTOR:	MOHAMED ABDALLAH
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:
Cal Due Date:	16-Oct-24	Cal Due Date:	14-Oct-24	Cal Due Date:	16-Oct-24	STAMP & SIGNATURE:		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				
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3560 Lux				

Original - Client+B27:BI36 Files Copy - Area Office QC/FN/MP1/065 Rev.00 DATED 07 Nov 2021

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
AND PROFESSIONAL SAFETY LIMITED**

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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:	04/09/2024	Date of Report:	04/09/2024	Certificate No:	QC-2024-0409-02
Client Name:	HALLIBURTON	Location:	SPERRY YARD	Job Number:	040924

Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CJ 968	01	<p><u>5 LEGS WIRE ROPE SLING</u></p> <p>Manufacture: Safety Marine Master Leg DIM: 22 MM(DIA) x 1.8 M(L) 4 Leg Dim: 16 MM(DIA) x 2.6 M (L) S.O.F: 5:1 IWRC, MECHANICALLY SPLICED WITH STEEL FERRULE C/W MASTER LINK ASSEMBLY HARD EYE BOTH ENDS</p>	6.2 TON at 0-45° Angle	N/A	17/03/2024

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?	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

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:	03/03/2025		

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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Date of Examination:	04/09/2024	Date of Report:	04/09/2024	Certificate No:	QC-2024-0409-03
Client Name:	HALLIBURTON	Location:	SPERRY YARD	Job Number:	040924
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CJ 969 CJ 970 CJ 971 CJ 972	04	SAFETY PIN BOW SHACKLE SIZE: 1" GRADE: 6 MANUFACTURE: CROSBY S.O.F: 6:1	8.5 TON	N/A	17/03/2024
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: Within an interval of 6 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input 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					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> 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:	03/03/2025				

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