

**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](mailto:OP@qualitycontrol-iraq.com) / [hany.akafi@qualitycontrol-iraq.com](mailto:hany.akafi@qualitycontrol-iraq.com)



**CERTIFICATE OF THOROUGH EXAMINATION**

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

<b>Date of Examination:</b>	04/09/2024	<b>Date of Report:</b>	04/09/2024	<b>Certificate No:</b>	QC-2024-0409-11
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	040924
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>		<b>Next Proof Load Test Due</b>	
29/01/2024		31/07/2023		30/07/2025	
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			
11675282	1	<p align="center"><b><u>WORKSHOP CONTAINER</u></b></p> <p><b>DIM: 3.20 M (L) X 2.90 M (W) X 2.60 M (H)</b></p> <p><b>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</b></p> <p><b>TARE WEIGHT: 3350 KG</b></p> <p><b>MAX. GROSS WEIGHT: 6350 KG</b></p>			
<b>Reference Standard:</b>	BS 7072 / 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>	<b>PADEYE SWL:</b>
	32 MM	28 MM	230 MM	190 MM	4.75 T
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 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"/>	
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>	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.



**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

<b>Date of Examination:</b>	04/09/2024	<b>Date of Report:</b>	04/09/2024	<b>Certificate No:</b>	QC-2024-0409-12
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	040924
<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>
1DFNC	01	<p><b><u>5 LEGS WIRE ROPE SLING</u></b>  <b>Top Leg Dim:</b> 38 MM DIA x 1.47 M (L)  <b>Bottom Legs Dim:</b> 26 MM DIA x 2.68 M (L)  <b>FOS:</b> 5:1                      IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTER LINK ASSEMBLY                      HARD EYE BOTH ENDS  <b>S.F:</b> 5:1</p>	10.0 TON at 0-45°	N/A	29/01/2024
<b>Reference Standard:</b>		DNV2.7-1 / 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"/>	
				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"/>
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	<input type="checkbox"/>
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"/>
<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>		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.



**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

<b>Date of Examination:</b>	04/09/2024	<b>Date of Report:</b>	04/09/2024	<b>Certificate No:</b>	QC-2024-0409-13																
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	040924																
<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>																
1DFNC-B 1DFNC-D	02	<b>SAFETY PIN BOW SHACKLE</b>  SIZE: 1" GRADE: 6  MANUFACTURE: HOLLAND  S.F: 6:1	8.5 TON	N/A	29/01/2024																
<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?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>		YES		NO	✓	Was the examination carried out: Within an interval of 6 months?													
YES		NO	✓																		
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES		NO		With an interval of 12 months?													
YES		NO																			
				In accordance with an examination scheme?																	
				After the occurrence of exceptional circumstances?																	
				<table border="1"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>		YES	✓	NO		YES		NO	✓	YES	✓	NO		YES		NO	✓
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																					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	NO																
<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>	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.



**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




<b>Date of Examination:</b>	04/09/2024	<b>Date of Report:</b>	04/09/2024	<b>Certificate No:</b>	QC-2024-0409-14			
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	040924			
<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>			
76 77	02	<b>SAFETY PIN BOW SHACKLE</b>  SIZE: 1" GRADE: 6 MANUFACTURE: ES S.F: 6:1	8.5 TON	N/A	29/01/2024			
<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?		<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>✓</td> </tr> </table>		YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	
YES	NO	✓						
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td>NO</td> <td></td> </tr> </table>		YES	NO		With an interval of 12 months?	
YES	NO							
				In accordance with an examination scheme?				
				After the occurrence of exceptional circumstances?				
				<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>✓</td> </tr> </table>		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								
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	NO ✓			
<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>	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.



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

<b>Client:</b>	HALLIBURTON	<b>Report No:</b>	QC-2024-0409-11A
<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	40924
<b>Date:</b>	04.SEPT.2024	<b>Next Inspection Date:</b>	03.MARCH.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>	WORKSHOP CONTAINER PADEYES & LADDER
		<b>UNIT S/N:</b>	11675282
		<b>UNIT DIM:</b>	3.20 M (L) X 2.90 M (W) X 2.60 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> ASHRAF ELSAID		<b>SENIOR INSPECTOR:</b>	MOHAMED ABDALLAH	
<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>	HANI ALI
<b>Cal Due Date:</b>	16-Oct-24	<b>Cal Due Date:</b>	14-Oct-24	<b>Cal Due Date:</b>	16-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	Original - Client+B27:BI36 Files Copy - Area Office QC/FN/MPI/065 Rev.00 DATED 07 Nov 2021				
<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 (WMPT)		3560 Lux					