




**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
AND PROFESSIONAL SAFETY LIMITED**
Basra, North Rumaila, Quality Control Yard - Iraq

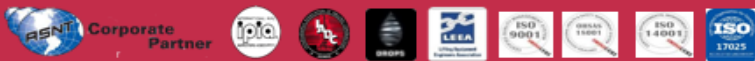


CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client:	HALLIBURTON	Report No:	QC-SPY-HALL-2424-13	
Location:	SPERRY YARD	Job Number:	31102024	
Date:	Thursday, October 31, 2024	Next Inspection Date:	Wednesday, April 30, 2025	
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		Specification:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		UNIT DESCRIPTION:	GEOSPAN DOWNLINK SYSTEM PAD EYES	
		UNIT S/N:	10834856 / 210111	
		UNIT DIM:	1.80 M (L) x 0.70 M (W) x 1.10 M (H)	
		INSPECTION RESULT :		
		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	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 QUALIFICATION ASNT LEVEL II MT & PT & VT STAMP & SIGNATURE: 	SENIOR INSPECTOR: MOHAMED ABDALLAH SUPERVISOR: HANI ALI CLIENT:		
S.No:	1657	S.No:	2722003	S.No:	201504052				
Cal Due Date:	11-Apr-25	Cal Due Date:	13-Apr-25	Cal Due Date:	11-Apr-25				
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)		3670 Lux				

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



Adress: Noth Rumaila, Al Takamul Yard
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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:	31/10/2024	Date of Report:	31/10/2024	Certificate No:	QC-SPY-HALL-2424-14
Client Name:	Halliburton	Location:	SPERRY	Job Number:	31102024
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CSA3624	01	<p>FOUR LEG WIRE ROPE SLING Dimension: 1.5 M (L) x 16 MM (Dia) Manufacture: SAFETY MARINE IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly. Hard Eye Both Ends F.O.S: 5:1</p>	6.3 T AT 45 DEG	04/18	01/04/2024
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?		<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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
				In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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:	30/04/2025				

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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CERTIFICATE OF VISUAL & THOROUGH EXAMINATION

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

Date of Examination:	31/10/2024	Date of Report:	31/10/2024	Certificate No:	QC-SPY-HALL-2424-15
Client Name:	Halliburton	Location:	SPERRY	Job Number:	31102024
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
D 78432 58375A G 3793 D 7841	04	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE: 6 SIZE: 5/8" F.O.S: 6:1	3.25 TON	N/A	01/04/2024
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?		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) 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:		
ASHRAF ELSAID	MOHAMED ABDALLAH				
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