

**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 BAROID | Report No: | QC-25-04-HALL-NDT-009 | | | |
| Location: | HALLIBURTON BAROID YARD | Job Number: | 11042025 | | | |
| Date: | Friday, April 11, 2025 | Next Inspection Date: | Friday, October 10, 2025 | | | |
| Type Of Inspection: | VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION | Specification: | ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019) | | | |
| | | UNIT DESCRIPTION: | LIFTING CROSSBAR | | | |
| | | UNIT S/N: | CB 01 | | | |
| | | PAD EYES S/N | QTY | TOP PAD EYE DIM | BOTTOM PAD EYES DIM | SWL |
| | | P1 TO P5 | 5 | Thickness :- 30 mm | Thickness :- 20 mm | 4 TON |
| | | | | Pin Hole :- 49 mm | Pin Hole :- 40 mm | |
| Length :- 200 mm | Length :- 155 mm | | | | | |
| Height :- 200 mm | Height :- 165 mm | | | | | |
| INSPECTION RESULT : | | | | | | |
| VISUAL , THOROUGH EXAMINATION | | Unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage | | | | |
| MAGNETIC PARTICLE INSPECTION | | Weldings associate with pad eyes and critical areas are inspected and found free from cracks and other defects | | | | |
| FINAL RESULTS | | unit found satisfactory and free of defects at the time of inspection | | | | |
| 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 | | | | |
| Cal Due Date: | 7-Oct-25 | Cal Due Date: | 9-Oct-25 | Cal Due Date: | 7-Oct-25 | | | | |
| Black Magnetic Ink Manufacture: | Magnaflux | Batch No: | 230604 | Expiry Date: | MAY,2026 | QUALIFICATION ASNT LEVEL II MT & PT & VT | | CLIENT: | |
| Whie Contrast Paint Manufacture: | Magnaflux | Batch No: | 230408 | Expiry Date: | APRIL,2026 | | | | |
| Technical Details: | Magnetic Partical Concentration | | Method | | WMPT Light Intensity | | STAMP & SIGNATURE: | | |
| | 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

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Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF VISUAL & THOROUGH EXAMINATION

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

| | | | | | | | | | |
|---|-------------|--|-------------|--|--|----|---|----------------------------------|--|
| Date of Examination: | 11/APR/2025 | Date of Report: | 11/APR/2025 | Certificate No: | QC-25-HALL-BAROID-006 | | | | |
| Client Name: | Halliburton | Location: | BAROID YARD | Job Number: | 11042025 | | | | |
| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination | | | | |
| M3178 M3179 M2781 M2782 | 04 | SINGLE LEG WIRE ROPE SLING Manufacture: Safety Marine Dimension: 13 mm (Dia) X 1 m (L) IWRC, Mechanically Spliced with Aluminum Ferrule C/W Safety Latch Hook Hard Eye Both Ends F.O.S: 5:1 | 2.1 TON | N/A | 17/09/2024 | | | | |
| 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? | | <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table> | | YES | | NO | ✓ | Was the examination carried out: | |
| 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 | | Within an interval of 6 months? | |
| YES | | NO | | | | | | | |
| | | | | Within an interval of 12 months? | | | | | |
| | | | | 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 | | M.ABDULLAH | | | | | | | |
| Date of Next Through Examination: | | 10/OCT/2025 | | | | | | | |

REV: 00 Dated: 01 NOV 2023

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: | 11/APR/2025 | Date of Report: | 11/APR/2025 | Certificate No: | QC-25-HALL-BAROID-007 |
| Client Name: | Halliburton | Location: | BAROID YARD | Job Number: | 11042025 |
| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
| H6474A H6474B D8901 RR2 | 04 | <u>SAFETY PIN BOW SHACKLE</u> MANUFACTURE: CROSBY SIZE: 5/8" GRADE: 6 F.O.S: 6:1 | 3.25 TON | N/A | 17/09/2024 |
| 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"/> | |
| | | | | 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"/> | 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? | | | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Name of Inspector: | Name of person authenticating this report: | | Signature & Stamp | | |
| ASHRAF ELSAID | M.ABDULLAH | | | | |
| Date of Next Through Examination: | 10/OCT/2025 | | | | |

REV: 00 Dated: 01 NOV 2023

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