

**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**

<b>Client:</b>	HALLBURTON	<b>Report No:</b>	QC/25/HALL-2506-010
<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	25062025
<b>Date:</b>	Tuesday, June 25, 2024	<b>Next Inspection Date:</b>	Wednesday, December 24, 2025
<b>Type Of Inspection:</b>	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	<b>Specification:</b>	ASTM E709-21 & ASTM E 1444 (2016) ASME V Article 7 (2019)
	<b>UNIT DESCRIPTION:</b>	MUD LOGGING UNIT PAD EYES & LADDER	
	<b>UNIT S/N:</b>	SAP No: 11205643 S.NO: SDL-A4794-2/08	
	<b>UNIT DIM:</b>	L: 7.91 M X W:2.75 M X H:2.71 M	
	<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>	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> 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>	7-Oct-25	<b>Cal Due Date:</b>	9-Oct-25	<b>Cal Due Date:</b>	7-Oct-25			<b>STAMP &amp; SIGNATURE:</b>	<b>CLIENT:</b>	
<b>Black Magnetic Ink Manufacture:</b>	Magnaflux	<b>Batch No:</b>	230604	<b>Expiry Date:</b>	JUNE.2026					
<b>Whie Contrast Paint Manufacture:</b>	Magnaflux	<b>Batch No:</b>	230408	<b>EXPIRE DATE:</b>	APRIL,2026					
<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)		3620 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](mailto:OP@qualitycontrol-iraq.com) / [hany.akafi@qualitycontrol-iraq.com](mailto:hany.akafi@qualitycontrol-iraq.com)



**CERTIFICATE OF THOROUGH EXAMINATION**

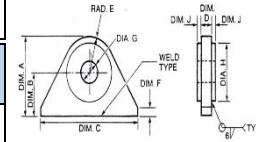
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

<b>Date of Examination:</b>	<b>25/06/2025</b>	<b>Date of Report:</b>	<b>25/06/2025</b>	<b>Certificate No:</b>	<b>QC/25/HALL-2506-011</b>
<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>Sperry Yard</b>	<b>Job Number:</b>	<b>25062025</b>
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>		<b>Next Proof Load Test Due</b>	
<b>17/04/2025</b>		<b>06/2008 BY MANUFACTURE</b>		<b>AFTER REPAIR OR RECTIFICATION</b>	

Serial Number:	QTY	Description	PAYLOAD
<b>SAP No: 11205643</b> <b>S.NO:SDL-A4794-2/08</b>	<b>01</b>	<b>MUD LOGGING UNIT</b> <b>DIMENTION: 7.91 M (L) X 2.75 M (W) X 2.71 M (H)</b> <b>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</b> <b>TARE WEIGHT: 10700 KG</b> <b>MAX. GROSS WEIGHT: 13000 KG</b>	<b>2300 KG</b>

<b>Reference Standard:</b>	<b>DNV 2.7-1/HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>
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<b>Pad Eyes Dimension:</b>	<b>Thickness:</b>	<b>Pin Hole:</b>	<b>Length:</b>	<b>Height:</b>
	38 MM	30 MM	200 MM	100 MM



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?	YES	✓	NO	
	YES	✓	NO			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		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 Sate 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**

**\*\* MPI was carried out on the pad eyes Welding Areas 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>	
<b>ASHRAF ELSAID</b>	<b>M.ABDULLAH</b>		
<b>Date of Next Through Examination:</b>	<b>24/12/2025</b>		

REV: 01 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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<b>Date of Examination:</b>	25/06/2025	<b>Date of Report:</b>	25/06/2025	<b>Certificate No:</b>	QC/25/HALL-2506-012
<b>Client Name:</b>	Halliburton	<b>Location:</b>	Sperry Yard	<b>Job Number:</b>	25062025
<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>
3174/ 1A 3174/ 1B 3174/ 1C BZ728	04	<b><u>SAFETY PIN BOW SHACKLE</u></b>  Size: 1" Grade: 6 Manufacturer: CROSBY S.F: 6:1  Location: Attached on Mud Logging Unit ID No: 11205643	8.5 TON	N/A	05.01.2023
<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?		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"/>	
				With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" 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"/>		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 Sate 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					
<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	M.ABDULLAH				
<b>Date of Next Through Examination:</b>	24/12/2025				

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>	25/06/2025	<b>Date of Report:</b>	25/06/2025	<b>Certificate No:</b>	QC/25/HALL-2506-013
<b>Client Name:</b>	Halliburton	<b>Location:</b>	Sperry Yard	<b>Job Number:</b>	25062025
<b>Serial Number:</b>	QTY	<b>Description</b>	SWL	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
D5038	01	<p><b>FOUR LEG WIRE ROPE SLING</b></p> <p><b>DIM:</b> 6.4 M (L) X 30 MM (DIA)  <b>Manufacturer:</b> SAFETY MARINE  <b>FOS:</b> 5:1                      IWRC MECHANICALLY SPLICED WITH STEEL FERRULES C/W MASTER LINK ASSEMBLY AT THE TOP</p> <p><b>HARD EYE BOTH ENDS</b></p>	16.5 T	N/A	17/04/2025
<b>Reference Standard:</b>	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?	
				Within an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 checked="" type="checkbox"/> NO <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	
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"/> NO <input type="checkbox"/> ✓
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp</b>		
ASHRAF ELSAID	M.ABDULLAH				
<b>Date of Next Through Examination:</b>	24/12/2025				

REV: 01 Dated: 01 Nov 2023

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