



**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>	HALLIBURTON			<b>Report No:</b>	QC/25/HALL-1704-21				
<b>Location:</b>	SPERRY YARD			<b>Job Number:</b>	17042025				
<b>Inspection Date:</b>	Thursday, April 17, 2025			<b>Next Inspection Date:</b>	Thursday, October 16, 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>	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					
<b>EQUIPMENT DETAILS</b>						<b>PERSON DETAILS</b>		<b>REVIEW BY</b>	
<b>Equipment:</b>	AC-Yoke Test Block	<b>Equipment:</b>	Digital Lux Meter	<b>Equipment:</b>	AC/DC Yoke		<b>SENIOR INSPECTOR:</b>	MOHAMED ABDALLAH	
<b>S.No:</b>	1657	<b>S.No:</b>	2722003	<b>S.No:</b>	201504052				
<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>Black Magnetic Ink Manufacture:</b>	Magnaflux	<b>Batch No:</b>	230604	<b>Expiry Date:</b>	MAY.2026	<b>QUALIFICATION</b> ASNT LEVEL II MT & PT & VT	<b>CLIENT:</b>		
<b>Whie Contrast Paint Manufacture:</b>	Magnaflux	<b>Batch No:</b>	230408	<b>Expiry Date:</b>	APRIL,2026				
<b>Technical Details:</b>	<b>Magnetic Partical Concentration</b>		<b>Method</b>		<b>WMPT Light Intensity</b>	<b>STAMP &amp; SIGNATURE:</b>			
	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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**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>17/APR/2025</b>	<b>Date of Report:</b>	<b>17/APR/2025</b>	<b>Certificate No:</b>	<b>QC/25/HALL-1704-23</b>
<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>Sperry Yard</b>	<b>Job Number:</b>	<b>17042025</b>
<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>SAFETY PIN BOW SHACKLE</b>  SIZE: 1" GRADE: 6 MANUFACTURE: CROSBY S.F: 6:1 Location: Attached With Mud Logging Unit No :11205643	8.5 TON	N/A	16-OCT-2023
<b>Reference Standard:</b>	<b>BS EN 13889/ HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV 1</b>				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 checked="" 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) <b>NONE</b>					
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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> 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 Thorough Examination:</b>	<b>16/OCT/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>	17/APR/2025	<b>Date of Report:</b>	17/APR/2025	<b>Certificate No:</b>	QC/25/HALL-1704-24
<b>Client Name:</b>	Halliburton	<b>Location:</b>	Sperry Yard	<b>Job Number:</b>	10042025
<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	16-OCT-2023
<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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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>	16/OCT/2025				

REV: 01 Dated: 01 Nov 2023

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