

**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/25/HALL-2506-014
Location:	SPERRY YARD	Job Number:	25062025
Date:	Tuesday, June 25, 2024	Next Inspection Date:	Wednesday, December 24, 2025
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification:	ASTM E709-21 & ASTM E 1444 (2016) ASME V Article 7 (2019)
		UNIT DESCRIPTION:	OFFSHORE BOX PAD EYES & LADDER
		UNIT S/N:	11703676
		UNIT DIM:	3.1 m (L) x 1.6 m (W) x 2.05 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		SENIOR INSPECTOR:	MOHAMED ABDALLAH	
S.No:	1657	S.No:	2722003	S.No:	201504052		QUALIFICATION	SUPERVISOR:	HANI ALI
Cal Due Date:	7-Oct-25	Cal Due Date:	9-Oct-25	Cal Due Date:	7-Oct-25		ASNT LEVEL II MT & PT & VT	CLIENT:	
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	MAY.2026	STAMP & SIGNATURE:			
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	Expiry Date:	APRIL,2026				
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



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CERTIFICATE OF THOROUGH EXAMINATION

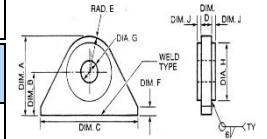
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	25/06/2025	Date of Report:	25/06/2025	Certificate No:	QC/25/HALL-2506-015
Client Name:	Halliburton	Location:	Sperry Yard	Job Number:	25062025
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
17/04/2025		BY MANUFACTURE		AFTER REPAIR OR RECTIFICATION	

Serial Number:	QTY	Description	PAYLOAD
SAP No: 11703676 EQ No: 378/ A	01	OFFSHORE BOX Dimension: 3.1 m (L) x 1.6 m (W) x 2.05 m (H) FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS Tare Weight: 2000 Kg Gross Weight: 3500 Kg	1500 KG

Reference Standard: BS EN 12079/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:
	25 MM	30 MM	220 MM	125 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?	YES	NO	✓
					With an interval of 12 months?	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	✓

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

** MPI was carried out on the pad eyes Welding Areas 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:	24/12/2025		

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.





CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:	25/06/2025	Date of Report:	25/06/2025	Certificate No:	QC/25/HALL-2506-016
Client Name:	Halliburton	Location:	Sperry Yard	Job Number:	25062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CJ969 CJ970 CJ971 CJ972	4	COTTER PIN BOW SHACKLE Size: 1" Grade: 6 Manufacturer: CROSBY Location: Attached on Offshore Box ID No: 11703676	8.5 ton	N/A	17/04/2025
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 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) 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)				YES by: _____	
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:	24/12/2025				

REV: 01 Dated: 01 NOV 2023

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CERTIFICATE OF THOROUGH EXAMINATION

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Date of Examination:	25/06/2025	Date of Report:	25/06/2025	Certificate No:	QC/25/HALL-2506-017
Client Name:	Halliburton	Location:	Sperry Yard	Job Number:	25062025
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
CJ968	1	<p>Five Legs Wire Rope Sling (IWRC) Mechanically Spliced and Hard Eye at both ends</p> <p>Four Leg Dimension: 1.8 m (L) x 22 mm (dia)</p> <p>Master Leg Dimension: 2.6 m (L) x 16 mm (dia)</p> <p>Location: Attached on Offshore Box ID No: 11703676</p>	6.2 ton at 0-45°	N/A	17/04/2025
Reference Standard:	BS EN 13414/ 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 checked="" 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 checked="" type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input checked="" 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)				YES by:	
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"/>
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