




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:	HALL-01256-48	
Location:	WPS	Job Number:	HALL-01256	
Date:	29-Jun-2025	Next Inspection Date:	28-Dec-2025	
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		Specification: ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)	
	UNIT DESCRIPTION:		TETS PUMP PADEYES WELDING AREAS	
	UNIT S/N:		AEME12F032	
	UNIT EQ NO:		12268808	
	PAD EYES DIMENSION		Unit M.G.W	REMARK
	Thickness :- 14 mm Pin Hole :- 18 mm Length :- 51 mm Height :- 42 mm		320 KG	Satisfactory
	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		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:	NAVEED HUSSAIN	
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:	HANI ALI
Cal Due Date:	7-Oct-2025	Cal Due Date:	9-Oct-2025	Cal Due Date:	7-Oct-2025			STAMP & SIGNATURE:	CLIENT:	ALI Talib HB48903 Date: 30-06-2025 Signature Haliburton
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	230604	Expiry Date:	MAY.2026					
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)		3630 Lux					

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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:	29/06/2025	Date of Report:	29/06/2025	Certificate No:	HALL-01256-49
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	HALL-01256
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
E719D 783C	2	SAFETY PIN BOW SHACKLE MANUFACTURE: CROSBY GRADE:6 SIZE: 1/2" F.O.S: 6:1	2 T	N/A	28/01/2025
Reference Standard:		BS EN 13889 /HAL DOC: ST-GL-HAL-HSE-0420			
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 checked="" type="checkbox"/> NO <input type="checkbox"/> ✓	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 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					
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:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 30-06-2025 Signature		
Date of Next Through Examination:	28/12/2025				

REV: 01 Dated: 20 June 2022



THIS IS TO CERTIFY THAT; a competent person has inspected 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 THOROUGH EXAMINATION

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

Date of Examination:	29/06/2025	Date of Report:	29/06/2025	Certificate No:	HALL-01256-50
Client Name:	HALLIBURTON	Location:	WPS	Job Number:	HALL-01256
Serial Number:	QTY	Description	SWL	Date of manufacture if known:	Date of last thorough examination
E2212	1	<p><u>2 LEG WIRE ROPE SLING</u></p> <p>MANUFACTURER: SAFETY MARINE DIM: 3 FT (L) X 13 MM (DIA) FOS: 5:1</p> <p>IWRC, MECANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTER LINK ASSEMBLY AT TOP HARD EYE BOTH END</p>	2.90 TON	N/A	28/01/2025
Reference Standard:		BS EN 13414-1/ HAL DOC: ST-GL-HAL-HSE-0420			
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? After the occurrence of exceptional circumstances?		YES <input checked="" type="checkbox"/> NO <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:					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:		Client Signature & Stamp:		
ASHRAF ELSAID	MOHAMED ABDALLAH		ALI Talib HB48903 Date: 30-06-2025 Signature		
Date of Next Through Examination:	28/12/2025				

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.

