

CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION						
Client:	HALLIBURTON (SPERRY)		Report No:	QC-25-07-SPERRY-NDT-001		
Location:	SPERRY YARD		JOB NO:	15072025		
Inspection Date:	Tuesday, July 15, 2025		Next Inspection Date:	Wednesday, January 14, 2026		
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION		Specification:	ASTM E709-21		
	UNIT DESCRIPTION:		CVE BASKET PAD EYES AND WELDING AREAS			
	UNIT S/N:		13892100			
	UNIT DIM:		1 M (L) X 1 M (W) X 2.3 M (H)			
	UNIT G.W:		465 KG			
	PAD EYES		LIFTING PAD EYE DIM:			PAD EYE SWL
		Thickness :	Pin Hole :	Length :	Height :	
	04	14mm	31mm	133mm	248mm	2 TON
	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		
Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	
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:	JUNE,2026	
White Contrast Paint Manufacture:	Magnaflux	Batch No:	230408	EXPIRE 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)			3620 Lux
INSPECTOR NAME:			ASHRAF ELSAID		SENIOR INSPECTOR:	MOHAMED ABDALLAH
QUALIFICATION			ASNT LEVEL II MT & PT & VT		SUPERVISOR:	HANI ALI
STAMP & SIGNATURE:					CLIENT:	

Original - Client Files      Copy - Area Office      QC/FN/MPI/065 Rev.00      DATED 07 Nov 2021

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
AND PROFESSIONAL SAFETY LIMITED**

Basra, North Rumaila, Quality Control Yard - Iraq

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Email: OP@qualitycontrol-iraq.com / 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>15-July-2025</b>	<b>Date of Report:</b>	<b>15-July-2025</b>	<b>Certificate No:</b>	<b>QC-25-07-HALL-SPY-02</b>
<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>SPERRY YARD</b>	<b>Job Number:</b>	<b>15072025</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>
<b>W6352</b>	<b>01</b>	<p><b><u>FIVE LEGS WIRE ROPE SLING</u></b></p> <p><b>FOUR LEG DIM : 2.13 M (L) X 19 MM (DIA)</b>  <b>MASTER LEG DIM : 1.52 M (L) X 22 MM (DIA)</b>  <b>Manufacture: SAFETY MARINE</b>  <b>FOS: 5 : 1</b>  <b>IWRC MECHANICALLY SPLICED WITH STEEL FERRULES C\W MASTER LINK ASSEMBLY</b>  <b>HARD EYE BOTH ENDS</b></p>	<b>6.2 TON</b>	<b>N\A</b>	<b>11-Jan-2024</b>
<b>Reference Standard:</b>		<b>BS EN 13889\ HAL DOC: WM-GL-HAL-HSE-0420F &amp; WM-GL-HAL-HSE-0420C REV1</b>			
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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			With an interval of 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme? 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 Sate 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)					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					
<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>			
<b>ASHRAF ELSAID</b>	<b>MUHAMMAD ABDULLAH</b>				
<b>Date of Next Through Examination:</b>	<b>14-Jan-2026</b>				

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>Client Name:</b>	Halliburton	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	15072025
<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>
AZ 906 AZ 908 AZ 909	03	<b>SAFETY PIN BOW SHACKLE</b>  SIZE: 7\8" GRADE: 6 MANUFACTURE: CROSBY S.F: 6:1	6.5 TON	N/A	2-Jan-2024
<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?		<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:				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:					
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ASHRAF ELSAID	MUHAMMAD ABDULLAH				
<b>Date of Next Through Examination:</b>	14-Jan-2026				

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<b>Client Name:</b>	Halliburton	<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	15072025																
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