

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

Basra, North Rumaila, Quality Control Yard - Iraq

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**CERTIFICATE OF THOROUGH EXAMINATION**

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

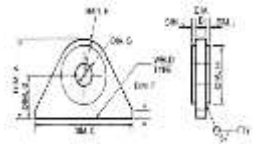
<b>Date of Examination:</b>	<b>09/07/2025</b>	<b>Date of Report:</b>	<b>09/07/2025</b>	<b>Certificate No:</b>	<b>QC/25/HALL-0907-005</b>
<b>Client Name:</b>	<b>Halliburton</b>	<b>Location:</b>	<b>Sperry Workshop</b>	<b>Job Number:</b>	<b>09072025</b>

<b>Last Inspection</b>	<b>Last Proof Load Test Date</b>	<b>Next Proof Load Test Due</b>
<b>04/11/2024</b>	<b>02.2009</b>	<b>After Any Repair/Modification</b>

Serial Number:	QTY	Description
<b>Serial No: 210275</b> <b>Equipment No:11255407</b>	01	<p align="center"><b><u>GEOSPAN DOWNLINK SYSTEM</u></b></p> <p><b>Dimension: 1.80 m (L) x 0.70 m (W) x 1.10 m (H)</b></p> <p><b>Fully Welded Steel Construction with Four Top Mounted Pad eyes</b></p> <p><b>Tare Weight: 450 Kg</b></p> <p><b>Payload: 450 Kg</b></p> <p><b>Maximum Gross Weight: 900 Kg</b></p>

<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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Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:
	26 mm	21 mm	72 mm	60 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 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>MOHAMED ABDALLAH</b>		
<b>Date of Next Through Examination:</b>	<b>08/01/2026</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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**CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION**

<b>Client:</b>	HALLIBURTON	<b>Report No:</b>	QC-2025-0907-006
<b>Location:</b>	SPERRY YARD	<b>Job Number:</b>	9072025
<b>Inspection Date:</b>	Wednesday, July 9, 2025	<b>Next Inspection Date:</b>	Thursday, January 8, 2026
<b>Type Of Inspection:</b>	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	<b>Specification:</b>	ASTM E709 -21 LATEST EDITION
	<b>UNIT DESCRIPTION:</b>		GEOSPAN DOWNLINK SYSTEM PAD EYES
	<b>UNIT S/N:</b>		11255407 / 210275
	<b>UNIT DIM:</b>		1.80 M (L) X 0.70 M (W) X 1.10 M (H)
	<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>	unit found satisfactory and free of defects at the time of inspection	
<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>QUALIFICATION</b> ASNT LEVEL II MT & PT & VT  <b>STAMP &amp; SIGNATURE:</b> 	<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>	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>	<b>CLIENT:</b>			
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3640 Lux				

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

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<b>Date of Examination:</b>	09/07/2025	<b>Date of Report:</b>	09/07/2025	<b>Certificate No:</b>	QC/25/HALL-0907-007				
<b>Client Name:</b>	Halliburton	<b>Location:</b>	Sperry Workshop	<b>Job Number:</b>	09072025				
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>				
115431	01	<p><b>FOUR LEG WIRE ROPE SLING</b></p> <p><b>Dimension:</b> 2 M (L) x 18 MM (Dia)</p> <p><b>Manufacture:</b> SAFETY MARINE</p> <p>IWRC, Mechanically Spliced with Aluminum Ferrule C/W Master Link Assembly.</p> <p>Hard Eye Both Ends</p> <p><b>F.O.S:</b> 5:1</p>	900 KG AT 30 DEG	4/18	04/11/2024				
<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?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>√</td> </tr> </table>		YES		NO	√	Was the examination carried out:	
YES		NO	√						
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES		NO		Within an interval of 6 months?	
YES		NO							
				Within an interval of 12 months?					
				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 State NONE) NONE									
Is the above a defect which is of immediate danger to persons:				YES					
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	√				
				NO					
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>						
ASHRAF ELSAID	MOHAMED ABDALLAH								
<b>Date of Next Through Examination:</b>	08/01/2026								

REV: 01 Dated: 20 June 2022

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<b>Client Name:</b>	Halliburton	<b>Location:</b>	Sperry Workshop	<b>Job Number:</b>	09072025
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
D 7836 D 7837 D 7842	03	<u><b>SAFETY PIN BOW SHACKLE</b></u>  <b>MANUFACTURE: CROSBY</b>  <b>SIZE: 5/8"</b>  <b>GRADE:6</b>  <b>S.F: 5:1</b>	3.25 TON	N/A	04/11/2024
<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?		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 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 type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input 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) <b>NONE</b>					
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	MOHAMED ABDALLAH				
<b>Date of Next Through Examination:</b>	08/01/2026				

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<b>Client Name:</b>	Halliburton	<b>Location:</b>	Sperry Workshop	<b>Job Number:</b>	09072025
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A4791	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>MANUFACTURE: TOYOLIFT</b></p> <p><b>SIZE: 5/8"</b></p> <p><b>GRADE:6</b></p> <p><b>S.F: 5:1</b></p>	3.25 TON	N/A	04/11/2024
<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?		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	MOHAMED ABDALLAH				
<b>Date of Next Through Examination:</b>	08/01/2026				

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