



REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998

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| Date of Thorough Examination: 23/02/2024 | | Date of Report: 23/02/2024 | | Report Number: ABZ/543069/0035 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of employer for whom the thorough examination was made: ENQUEST HEATHER LTD ANNAN HOUSE PALMERSTON ROAD ABERDEEN AB11 5QP Po: HEA-P210946-PR | | | Address of premises at which the examination was made: FIRST INTEGRATED SOLUTIONS BROADFOLD ROAD BRIDGE OF DON ABERDEEN AB23 8EE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description and identification of the equipment: 6 X 8.5 TONNE SCREW PIN BOW SHACKLE G-209 TZW142-147 | | Safe Working Load(s): WLL 8.5 TONNE | Date of manufacture if known: 02/02/2024 | | Date of last thorough examination: N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Is this the first examination after installation or assembly at a new site or location?</p> <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> </table> <p>If the answer to the above question is YES, has the equipment been installed correctly?</p> <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table> | | YES | | NO | X | YES | | NO | | <p>Was the examination carried out:</p> <table border="1"> <tr> <td colspan="2">Within an interval of 6 months?</td> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> <tr> <td colspan="2">Within an interval of 12 months?</td> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> <tr> <td colspan="2">In accordance with an examination scheme?</td> <td>YES</td> <td>X</td> <td>NO</td> <td></td> </tr> <tr> <td colspan="2">After the occurrence of exceptional circumstances?</td> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> </table> | | | | Within an interval of 6 months? | | YES | | NO | X | Within an interval of 12 months? | | YES | | NO | X | In accordance with an examination scheme? | | YES | X | NO | | After the occurrence of exceptional circumstances? | | YES | | NO | X |
| YES | | NO | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Within an interval of 6 months? | | YES | | NO | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Within an interval of 12 months? | | YES | | NO | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In accordance with an examination scheme? | | YES | X | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| After the occurrence of exceptional circumstances? | | YES | | NO | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: (if none state NONE) NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the above an existing or imminent danger to persons *Note- This is a reportable defect | | | | 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 | | | | NO | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Particulars of any repair, renewal, or alteration required to remedy the defect identified above: N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Particulars of any tests carried out as part of the examination: (if none state NONE) NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS THIS EQUIPMENT SAFE TO OPERATE? | | | | YES | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Qualifications of person making this report Marcin Krawczyk  | | Name of person authenticating this report: Lewis McIntosh QC  | | Latest date by which next thorough examination must be carried out: 22/09/2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Appointed Examiner | | Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and address of employer of persons making and authenticating this report: FIRST INTEGRATED SOLUTIONS BROADFOLD ROAD, BRIDGE OF DON ABERDEEN, AB23 8EE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |