



REPORT OF THOROUGH EXAMINATION

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

Date of Thorough Examination: 23/02/2024		Date of Report: 23/02/2024		Report Number: ABZ/543069/0031																									
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: 10 X 1 TONNE SCREW PIN BOW SHACKLE G-209 TZW96-105		Safe Working Load(s): WLL 1 TONNE	Date of manufacture if known: 01/02/2024 (9ZK) 15/02/2024 (9YJ)		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> <p>Within an interval of 6 months?</p> <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> </table> <p>Within an interval of 12 months?</p> <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> </table> <p>In accordance with an examination scheme?</p> <table border="1"> <tr> <td>YES</td> <td>X</td> <td>NO</td> <td></td> </tr> </table> <p>After the occurrence of exceptional circumstances?</p> <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> </table>				YES		NO	X	YES		NO	X	YES	X	NO		YES		NO	X
YES		NO	X																										
YES		NO																											
YES		NO	X																										
YES		NO	X																										
YES	X	NO																											
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			<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> </table>			YES		NO	X																				
YES		NO	X																										
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			YES by:																										
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?			<table border="1"> <tr> <td>YES</td> <td>X</td> <td>NO</td> <td></td> </tr> </table>			YES	X	NO																					
YES	X	NO																											
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																													