

REPORT OF THOROUGH EXAMINATION

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

| Date of Thorough Examination: 22/02/2024 | Date of Report: 22/02/2024 | | Report Number: ABZ/543074/0007 | | | | |
|---|--|--|-------------------------------------|---------------|----|---|---|
| Name and Address of employer for whom the thorough examination was made: ENQUEST HEATHER LTD ANNAN HOUSE PALMERSTON ROAD ABERDEEN AB11 5QP Po: HEA-P210883-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 2 TONNE X 1MTR EWL ROUND SLING (2MTR CIRC) R2/189670/01-06 | | Safe Working Load(s): WLL 2 TONNE | Date of mar known: 01/02/2024 | anufacture if | | Date of last thorough examination: N/A | |
| | Was the examination carried out: | | | | | | |
| Is this the first examination after installation or assembly at a new | NO X | Within an interval of 6 | 6 months? | YES | | NO | Х |
| site or location? | | Within an interval of 2 months? | 12 | YES | | NO | Х |
| If the answer to the above question is YES, has the | NO | In accordance with an examination scheme? | | YES | Х | NO | |
| equipment been installed correctly? | | After the occurrence | | YES | | NO | Х |
| | exceptional circumsta | | . 20 | | | ^ | |
| 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 | | NO | Х |
| Is the above a defect which is not yet but could become a danger to persons? (if YES star when) N/A | | | he date by 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? | | | YES | Χ | NO | | |
| Name and Qualifications of person making this report William Bloomer | Name of person authenti Lewis Mcintosh QC | Latest date by which next thorough examination must be carried out: 21/09/2024 | | | | | |
| 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 | | | | | | | |