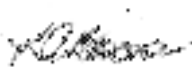



## REPORT OF THOROUGH EXAMINATION

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

|  |   |  |   |   |   |     |  |    |  |   |  |  |  |                                 |  |  |  |     |  |    |   |                                  |  |  |  |     |  |    |   |   |  |  |  |     |   |    |  |  |  |  |  |     |  |    |   |
|--|---|--|---|---|---|-----|--|----|--|---|--|--|--|---------------------------------|--|--|--|-----|--|----|---|----------------------------------|--|--|--|-----|--|----|---|---|--|--|--|-----|---|----|--|--|--|--|--|-----|--|----|---|
| Date of Thorough Examination:<br>22/02/2024  |   | Date of Report:<br>22/02/2024  |   | Report Number:<br>ABZ/543074/0014   |   |     |  |    |  |   |  |  |  |                                 |  |  |  |     |  |    |   |                                  |  |  |  |     |  |    |   |   |  |  |  |     |   |    |  |  |  |  |  |     |  |    |   |
| Name and Address of employer for whom the thorough examination was made:<br>ENQUEST HEATHER LTD<br>ANNAN HOUSE<br>PALMERSTON ROAD<br>ABERDEEN<br>AB11 5QP<br>Po: HEA-P210883-PR  |   |  | Address of premises at which the examination was made:<br>FIRST INTEGRATED SOLUTIONS<br>BROADFOLD ROAD<br>BRIDGE OF DON<br>ABERDEEN<br>AB23 8EE |   |   |     |  |    |  |   |  |  |  |                                 |  |  |  |     |  |    |   |                                  |  |  |  |     |  |    |   |   |  |  |  |     |   |    |  |  |  |  |  |     |  |    |   |
| Description and identification of the equipment:<br>4 X 5 TONNE X 6MTR EWL ROUND SLING (12MTR CIRC)<br>R5/189663/01-04   |   | Safe Working Load(s):<br>WLL<br>5 TONNE  | Date of manufacture if known:<br>01/02/2024   |   | Date of last thorough examination:<br>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="4">Within an interval of 6 months?</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> <tr> <td colspan="4">Within an interval of 12 months?</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> <tr> <td colspan="4">In accordance with an examination scheme?</td> </tr> <tr> <td>YES</td> <td>X</td> <td>NO</td> <td></td> </tr> <tr> <td colspan="4">After the occurrence of exceptional circumstances?</td> </tr> <tr> <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   |   |  |   |   |   |     |  |    |  |   |  |  |  |                                 |  |  |  |     |  |    |   |                                  |  |  |  |     |  |    |   |   |  |  |  |     |   |    |  |  |  |  |  |     |  |    |   |
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>  |   |  |   | YES   | X   |     |  |    |  |   |  |  |  |                                 |  |  |  |     |  |    |   |                                  |  |  |  |     |  |    |   |   |  |  |  |     |   |    |  |  |  |  |  |     |  |    |   |
| Name and Qualifications of person making this report<br>William Bloomer<br>   |   | Name of person authenticating this report:<br>Lewis McIntosh QC<br> |   | Latest date by which next thorough examination must be carried out:<br>21/09/2024 |   |     |  |    |  |   |  |  |  |                                 |  |  |  |     |  |    |   |                                  |  |  |  |     |  |    |   |   |  |  |  |     |   |    |  |  |  |  |  |     |  |    |   |
| Company Appointed Examiner   |   | Signature:   |   |   |   |     |  |    |  |   |  |  |  |                                 |  |  |  |     |  |    |   |                                  |  |  |  |     |  |    |   |   |  |  |  |     |   |    |  |  |  |  |  |     |  |    |   |
| Name and address of employer of persons making and authenticating this report:<br>FIRST INTEGRATED SOLUTIONS<br>BROADFOLD ROAD, BRIDGE OF DON<br>ABERDEEN, AB23 8EE  |   |  |   |   |   |     |  |    |  |   |  |  |  |                                 |  |  |  |     |  |    |   |                                  |  |  |  |     |  |    |   |   |  |  |  |     |   |    |  |  |  |  |  |     |  |    |   |