

**Quantity & Description of Equipment, Serial Numbers** 

## Centurion UK Rentals & Services

Unit 12 Denmore Road, Bridge of Aberdeen, AB23 8JW Tel: 01224 826662

## REPORT OF THOROUGH EXAMINATION (AND CERTIFICATE OF TEST IF APPLICABLE)

This document is in accordance with; The Lifting Operations and Lifting Equipment Regulations SI 2307:1998

The Merchant Shipping and Fishing Vessels (Lifting Operations and Lifting Equipment) Regulations SI 2184:2006

The Merchant Shipping and Fishing Vessels (Lifting Operations and Lifting Equipment) (Amendment) Regulations SI 2166:2008

**Proof Load Applied** 

Working Load Limit

Manufacturer & Date of

First Examination Yes

/ No

Date of Last

Thorough

**Date Of Next** 

Thorough

Report Number: 461929

Date of Examination: 29/12/2023

**Date Next Test Due** 

Date of Report: 29/12/2023

Cust. Ref/PO No: 15146980

**Test Certificate Number** 

or Manufacturer

| Quantity & Description of Equipment, Serial Numbers                                                 |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Manufacturer (if known)                        |                                                                               |                                                                        | 7140 | Examination                                                          | Examination                     |     | Tracking Ref |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|------|----------------------------------------------------------------------|---------------------------------|-----|--------------|
| CHAINBLOCK 1TE 3M HACKETT C4                                                                        |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WILLIAM HACKETT                                | 1TE                                                                           | 1.5 TE                                                                 | YES  | N/A                                                                  | 28/07/2024                      | N/A | 461929       |
| SUBJECT TO LIGHT LOAD TEST @ 5% SWL                                                                 |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                               |                                                                        |      |                                                                      |                                 |     |              |
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| Serial No(s) : ATR21579L                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                               |                                                                        |      |                                                                      |                                 |     |              |
| Osmar (10(0) : 7(11(210702                                                                          |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                               |                                                                        |      |                                                                      |                                 |     |              |
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| Particulars of defects which are a danger to persons or 'None'                                      | Particulars of any other defects or<br>'none' NONE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date by which other defect are to be repaired  |                                                                               | Particulars of any repair, alteration to remedy defect or 'none'  NONE |      |                                                                      | Particulars of any Observations |     |              |
| NONE                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                               |                                                                        |      |                                                                      |                                 |     |              |
| was made: carried out.  ITHACA ENERGY UK LTD  HILL OF RUBISLAW  ABERDEEN  Centurion U  Unit 16 Deni |                                                    | premises at which the examination was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | Name, Address & qualifications of the person who carried out the examination: |                                                                        |      | Name & address of person signing the report on behalf of its author: |                                 |     |              |
|                                                                                                     |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | enturion UK Rentals &Services Ltd              |                                                                               | LIAM BEATTIE                                                           |      |                                                                      |                                 |     |              |
|                                                                                                     |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nore Road, Bridge of Don                       | СО                                                                            | COMPANY APPOINTED EXAMINER                                             |      |                                                                      | Reference No:15146980           |     |              |
| AB23 8JW Tel: 012                                                                                   |                                                    | Tel: 01224 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                               |                                                                        |      |                                                                      | Customer Order.235687           |     |              |
| Signature of the person who carried out the examination:                                            |                                                    | A. Reage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signature on behalf of author for  ATR Lifting |                                                                               |                                                                        |      |                                                                      |                                 |     |              |
|                                                                                                     |                                                    | SECTION AND ADDRESS OF THE PARTY OF THE PART |                                                |                                                                               | _                                                                      |      |                                                                      |                                 |     |              |

I hereby certify that on the above stated date the item(s) described above were thoroughly examined, and as far as is resonably practicable by this type of examination, considered to be safe to operate unless stipulated otherwise in 'Particulars of Defects'