

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/543074/0001				
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 1 TONNE X 0.5MTR EWL ROUND SLING (1MTR CIRC) R1/189676/01-06		Safe Working Load(s): WLL 1 TONNE	Date of mar known: 01/02/2024	anufacture if 24		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 state when) N/A			ne date by	y 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							