



## 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/543069/0036	
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: 6 X 9.5 TONNE SAFETY PIN BOW SHACKLE G-2130 TZW148-153		Safe Working Load(s): WLL 9.5 TONNE	Date of manufacture if known: 02/02/2024	Date of last thorough examination: N/A	
Is this the first examination after installation or assembly at a new site or location?  YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:  Within an interval of 6 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
If the answer to the above question is YES, has the equipment been installed correctly?  YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			YES <input type="checkbox"/> X <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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					