



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

Date of Thorough Examination	Date of Report	Job No/Report No
10/02/15	10/02/15	03-1995

Name and Address of Employer for whom thorough examination was made	Address of Premises at which thorough examination was made
PREMIER GROUP NEWPORT SAPPHIRE AV MANUFACTURING LTD	LLOYDS BEAL

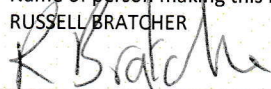

Description and Identification of the equipment SAPPHIRE STRAP FALL SELF LOCK BLOCK 2.5M	Safe Working Loads	Date of Manufacture	Date of last thorough examination
SHOCK LOADED TO DESTRUCTION=125KGS	60KGS	NOT KNOWN	NOT KNOWN

Is this the first examination after installation or after assembly at a new site or location?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If the answer to the previous question is yes, has the equipment been installed correctly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Was the examination carried out:-

Within an interval of 6 months	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Within an interval of 12 months	YES <input type="checkbox"/>	NO <input type="checkbox"/>	After the occurrence of exceptional circumstances	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 a defect which is of immediate danger to persons? If yes a copy of this report should be forwarded to the relevant enforcing authority.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the above a defect which is not yet, but could become a danger to persons? If yes, please state date by when:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: (If not applicable state NOT APPLICABLE) N/A		
Particulars of any tests carried out as part of the examination: (if none state NONE) PROOF TESTED TO DESTRUCTION		
Is this Equipment safe to operate?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Name of person making this report RUSSELL BRATCHER 	Name of person authenticating report PAT NELMES 	Latest date by which next thorough examination must be carried out: 10/02/15
Lloyds Beal Site Services, Unit 8 Premier Buildings, Old Newport Road, Caerphilly, CF83 8YE		

Part of SWL Group



**SWL**  
Rope Lifting & Testing Ltd