REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT



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		

Description and Identification of the equipment SAPPHIRE AV MANUFACTURING LTD Description and Identification of the equipment SAPPHIRE STRAP FALL SELF LOCK BLOCK 2.5M SHOCK LOADED TO DESTRUCTION=125KGS SAFE Working Date of Manufacture thorough examination is yes, has the equipment been installed correctly? TES NO In accordance with an examination scheme YES Circumstances SHOCK LOADED TO DESTRUCTION TO After the occurrence of exceptional circumstances SHOCK LOADED TO DESTRUCTION TO After the occurrence of exceptional circumstances SHOCK LOADED TO DESTRUCTION TO After the occurrence of exceptional circumstances TO After the occurrence of exceptional circumstances SHOCK LOADED TO DESTRUCTION TO After the occurrence of exceptional circumstances TO	Name and Address of Employer for whom thorough		Address of Premises at which thorough examination						
Description and Identification of the equipment Safe Working Loads Manufacture 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? Was the examination carried out:- Within an interval of 6 months YES NO In accordance with an examination scheme YES Circumstances Within an interval of 12 months YES NO After the occurrence of exceptional Circumstances 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. Is the above a defect which is not yet, but could become a danger to persons? If yes, please state date by when: 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	examination was made				was made				
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PROOF TESTED TO DESTRUCTION		ration r	equire	ed to remedy the	defect identified	above: (If	not		
Is this Equipment safe to operate? YES		rt of the	e exam	nination: (if none	state NONE)				
	Is this Equipment safe to operate	?					YES	NO	
Name of person making this report RUSSELL BRATCHER PAT NELMES PAT NELMES Latest date by which next thorough examination must be carried out: 10/02/15	Name of person making this report RUSSELL BRATCHER PAT NE		puth	enticating report	examination must be carried out:				

Part of SWL Group