Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Phillip Whiteside

Date of Thorough Examination *

29-Sep-2025

dd-MMM-yyyy

Date of Report *

29-Sep-2025

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

Manitou mi30d

SWL

3000kg

Year of Manufacture

Serial Number

Fleet number

Fl11

Hours

2970

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Date of last examination:

26-Sep-2024

dd-MMM-yyyy

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

No

Within an interval of 12 months?

Yes

In accordance with an examination scheme?

Yes

After the occurence of exceptional circumstances?

No

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Insert photos for equipment or accessories including defects. *

image.jpg

Insert photos for equipment or accessories including defects. *

image.jpg

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

Is the equipment/accessory safe to operate/use? *

- [x] Yes - no defects
- [ ] Yes - with repairs needed
- [ ] No - unsafe to use

Address of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Signature of person who authenticating this report. *

Latest Date by which next thorough examination must be carried out: *

29-Sep-2026

dd-MMM-yyyy

Name & Address of employer of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

☐ **Report defects to the Garage?**

This Report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 & Provision and Use of Work Equipment Regulations 1998

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Phillip Whiteside

Date of Thorough Examination *

29-Sep-2025

dd-MMM-yyyy

Date of Report *

29-Sep-2025

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

Liebherr lh60

SWL

Year of Manufacture

2022

Serial Number

Wlhz1217czk146106

Fleet number

Hours

1726

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Date of last examination:

27-Sep-2024

dd-MMM-yyyy

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

No

Within an interval of 12 months?

Yes

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

No

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Insert photos for equipment or accessories including defects. *

image.jpg

Insert photos for equipment or accessories including defects. *

image.jpg

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

Is the equipment/accessory safe to operate/use? *

- [x] Yes - no defects
- [ ] Yes - with repairs needed
- [ ] No - unsafe to use

Address of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Signature of person who authenticating this report. *

Latest Date by which next thorough examination must be carried out: *

29-Sep-2026

dd-MMM-yyyy

Name & Address of employer of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

☐ **Report defects to the Garage?**

This Report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 & Provision and Use of Work Equipment Regulations 1998

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Phillip Whiteside

Date of Thorough Examination *

29-Sep-2025

dd-MMM-yyyy

Date of Report *

29-Sep-2025

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

Hyundai ex320lc7

SWL

Year of Manufacture

Serial Number

N90210455

Fleet number

Rgdig5

Hours

8869

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Date of last examination:

29-Sep-2026

dd-MMM-yyyy

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

No

Within an interval of 12 months?

Yes

In accordance with an examination scheme?

Yes

After the occurence of exceptional circumstances?

No

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

Beacon is missing

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Insert photos for equipment or accessories including defects. *

image.jpg

Insert photos for equipment or accessories including defects. *

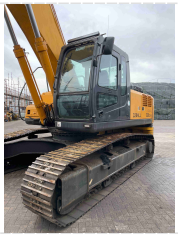


image.jpg

Time Scale for defects to be rectified

Status *

- [ ] No Faults detected
- [x] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

Is the equipment/accessory safe to operate/use? *

- [ ] Yes - no defects
- [x] Yes - with repairs needed
- [ ] No - unsafe to use

Address of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Signature of person who authenticating this report. *

Latest Date by which next thorough examination must be carried out: *

29-Sep-2026

dd-MMM-yyyy

Name & Address of employer of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

☑ **Report defects to the Garage?**

This Report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 & Provision and Use of Work Equipment Regulations 1998

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Phillip Whiteside

Date of Thorough Examination *

29-Sep-2025

dd-MMM-yyyy

Date of Report *

29-Sep-2025

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

Liebherr lh60

SWL

Year of Manufacture

2022

Serial Number

Wlhz1217jzk144158

Fleet number

Hours

1879

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Date of last examination:

25-Sep-2024

dd-MMM-yyyy

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

No

Within an interval of 12 months?

Yes

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

No

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Insert photos for equipment or accessories including defects. *

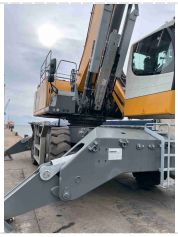


image.jpg

Insert photos for equipment or accessories including defects. *

image.jpg

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

Is the equipment/accessory safe to operate/use? *

- [x] Yes - no defects
- [ ] Yes - with repairs needed
- [ ] No - unsafe to use

Address of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Signature of person who authenticating this report. *

Latest Date by which next thorough examination must be carried out: *

29-Sep-2026

dd-MMM-yyyy

Name & Address of employer of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

☐ **Report defects to the Garage?**

This Report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 & Provision and Use of Work Equipment Regulations 1998

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Phillip Whiteside

Date of Thorough Examination *

05-Mar-2025

dd-MMM-yyyy

Date of Report *

08-Sep-2025

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Name & Address of premises at which the Examination took place: *

Regen Waste - 7 Shepherds Drive, Carnbane Industrial Est

Description & Identification of equipment or accessories: *

Manitou 200atj

SWL

230kg

Year of Manufacture

2019

Serial Number

Man00000ap102061

Fleet number

Hours

4015

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Date of last examination:

08-Mar-2026

dd-MMM-yyyy

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

Unit 1a, 11 Chancellors Road, Newry, BT35 8PR

Within an interval of 6 months?

Yes

Within an interval of 12 months?

No

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

No

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Insert photos for equipment or accessories including defects. *

image.jpg

Insert photos for equipment or accessories including defects. *

image.jpg

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

Is the equipment/accessory safe to operate/use? *

- [x] Yes - no defects
- [ ] Yes - with repairs needed
- [ ] No - unsafe to use

Address of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

Machinery - Report of Thorough Examination of Lifting Equipment and Accessories

Signature of person who authenticating this report. *

Latest Date by which next thorough examination must be carried out: *

08-Mar-2026

dd-MMM-yyyy

Name & Address of employer of person making this report:

National Auditing & Training Ltd
Unit 1, 11 Chancellors Road,
Newry,
BT35 8PR

☐ **Report defects to the Garage?**

This Report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 & Provision and Use of Work Equipment Regulations 1998

Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Alison Kean

Date of Thorough Examination *

06-Dec-2024

dd-MMM-yyyy

Date of Report *

06-Dec-2024

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

Regen Waste
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

3t 8m webbed flat sling

SWL

3000kg

Date of Manufacture

dd-MMM-yyyy

Serial Number *

Z0036

Date of last examination:

dd-MMM-yyyy

Report of Thorough Examination of Lifting Equipment and Accessories

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

-Select-

Within an interval of 12 months?

-Select-

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

-Select-

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Insert photos for equipment or accessories including defects. *

Image_1733477716459.jpg

Report of Thorough Examination of Lifting Equipment and Accessories

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

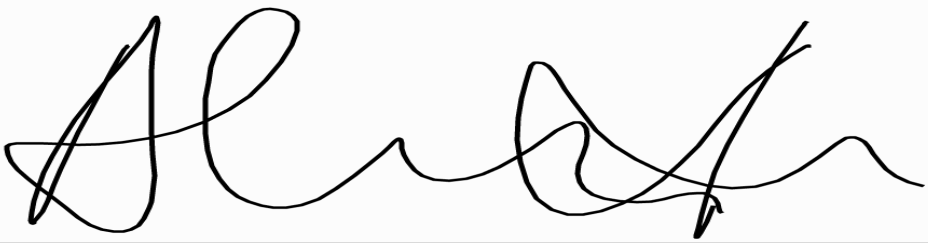
Is the equipment/accessory safe to operate/use? *

- [x] Yes
- [ ] No

Address of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Signature of person who authenticating this report. *



Latest Date by which next thorough examination must be carried out: *

06-Jun-2025

dd-MMM-yyyy

Name & Address of employer of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

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

Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Alison Kean

Date of Thorough Examination *

06-Dec-2024

dd-MMM-yyyy

Date of Report *

06-Dec-2024

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

Regen Waste
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

10m 5t webbed sling

SWL

5000kg

Date of Manufacture

dd-MMM-yyyy

Serial Number *

Z0034

Date of last examination:

dd-MMM-yyyy

Report of Thorough Examination of Lifting Equipment and Accessories

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

-Select-

Within an interval of 12 months?

-Select-

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

-Select-

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Insert photos for equipment or accessories including defects. *

Image_1733479223776.jpg

Report of Thorough Examination of Lifting Equipment and Accessories

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

Is the equipment/accessory safe to operate/use? *

- [x] Yes
- [ ] No

Address of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Signature of person who authenticating this report. *

Latest Date by which next thorough examination must be carried out: *

06-Dec-2024

dd-MMM-yyyy

Name & Address of employer of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

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

Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Alison Kean

Date of Thorough Examination *

06-Dec-2024

dd-MMM-yyyy

Date of Report *

06-Dec-2024

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

Regen Waste
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

10m 5t webbed sling

SWL

Date of Manufacture

dd-MMM-yyyy

Serial Number *

Z0035

Date of last examination:

dd-MMM-yyyy

Report of Thorough Examination of Lifting Equipment and Accessories

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

-Select-

Within an interval of 12 months?

-Select-

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

-Select-

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Insert photos for equipment or accessories including defects. *

Image_1733478897333.jpg

Report of Thorough Examination of Lifting Equipment and Accessories

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

Is the equipment/accessory safe to operate/use? *

- [x] Yes
- [ ] No

Address of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Signature of person who authenticating this report. *

Latest Date by which next thorough examination must be carried out: *

06-Dec-2024

dd-MMM-yyyy

Name & Address of employer of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

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

Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Alison Kean

Date of Thorough Examination *

06-Dec-2024

dd-MMM-yyyy

Date of Report *

06-Dec-2024

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

Regen Waste
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

12m Fall Arrest Block

SWL

Date of Manufacture

31-Mar-2020

dd-MMM-yyyy

Serial Number *

H0076

Date of last examination:

dd-MMM-yyyy

Report of Thorough Examination of Lifting Equipment and Accessories

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

-Select-

Within an interval of 12 months?

-Select-

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

-Select-

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Insert photos for equipment or accessories including defects. *

Image_1733477994621.jpg

Report of Thorough Examination of Lifting Equipment and Accessories

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

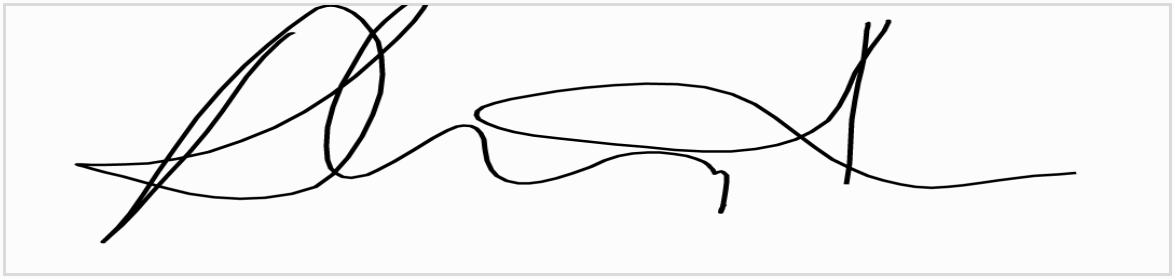
Is the equipment/accessory safe to operate/use? *

- [x] Yes
- [ ] No

Address of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Signature of person who authenticating this report. *



Latest Date by which next thorough examination must be carried out: *

06-Jun-2025

dd-MMM-yyyy

Name & Address of employer of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

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

Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Alison Kean

Date of Thorough Examination *

06-Dec-2024

dd-MMM-yyyy

Date of Report *

06-Dec-2024

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

Regen Waste
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

15m Fall arrest block

SWL

Date of Manufacture

dd-MMM-yyyy

Serial Number *

H0074

Date of last examination:

dd-MMM-yyyy

Report of Thorough Examination of Lifting Equipment and Accessories

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

-Select-

Within an interval of 12 months?

-Select-

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

-Select-

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Insert photos for equipment or accessories including defects. *

Image_1733479901209.jpg

Report of Thorough Examination of Lifting Equipment and Accessories

Image_1733479914512.jpg

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

Is the equipment/accessory safe to operate/use? *

- [x] Yes
- [ ] No

Address of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Signature of person who authenticating this report. *

Latest Date by which next thorough examination must be carried out: *

06-Dec-2024

dd-MMM-yyyy

Report of Thorough Examination of Lifting Equipment and Accessories

Name & Address of employer of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

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

Report of Thorough Examination of Lifting Equipment and Accessories

Name of person inspection the lifting accessory: *

Alison Kean

Date of Thorough Examination *

06-Dec-2024

dd-MMM-yyyy

Date of Report *

06-Dec-2024

dd-MMM-yyyy

Name & Address of employer for whom thorough examination was made:

Regen Waste
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Name & Address of premises at which the Examination took place: *

Warrenpoint Harbour

Description & Identification of equipment or accessories: *

15m Fall Arrest block

SWL

Date of Manufacture

dd-MMM-yyyy

Serial Number *

H0075

Date of last examination:

dd-MMM-yyyy

Report of Thorough Examination of Lifting Equipment and Accessories

Name of employer/examiner who carried out the previous thorough examination *

N/A

Address of employer/examiner who carried out the previous thorough examination: *

N/A

Within an interval of 6 months?

-Select-

Within an interval of 12 months?

-Select-

In accordance with an examination scheme?

No

After the occurence of exceptional circumstances?

-Select-

For classifications please refer to fault code reference below

Identification of any part to have a defect which is or could become a danger to persons and description of defect or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)

None

***Fault Code:**

Fault Code Reference: *

N/A

Immediate - Defects which are a danger to persons - equipment or accessories must be REMOVED FROM SERVICE.

Insert photos for equipment or accessories including defects. *

Image_1733478408398.jpg

Report of Thorough Examination of Lifting Equipment and Accessories

Time Scale for defects to be rectified

Status *

- [x] No Faults detected
- [ ] Faults have been detected and the above actions are required within the time limits specified
- [ ] Equipment or Accessories should not be used until the above instructions are carried out.

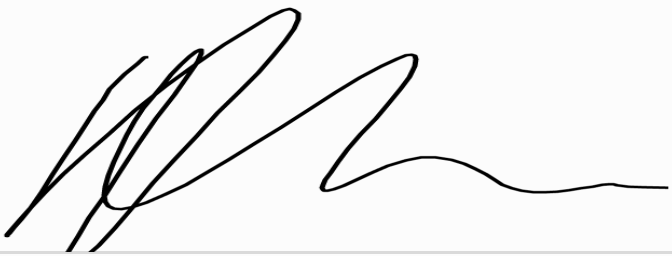
Is the equipment/accessory safe to operate/use? *

- [x] Yes
- [ ] No

Address of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

Signature of person who authenticating this report. *



Latest Date by which next thorough examination must be carried out: *

06-Jun-2025

dd-MMM-yyyy

Name & Address of employer of person making this report:

Regen Waste,
7 Shepherds Drive,
Carnbane Industrial Estate,
Newry,
BT35 6JQ

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