Name of person inspection the lifting a	ccessory: *		
Phillip Whiteside			
Data of There work 5			
Date of Thorough Examination *			
29-Sep-2025 dd-MMM-yyyy			
aa minin 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			
2.33 31 K			
Name & Address of premises at which	the Examination took រុ	place: *	
Warrenpoint Harbour	~		
Description & Identification of equipme	ent or accessories: *		
Manitou mi30d			
SWL			
3000kg			
Voor of Manufacture			
Year of Manufacture			
Serial Number			
Fleet number			
Fl11			
Hours			
2970			

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 identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)	or
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.jpg

Insert photos for equipment or accessories including defects. \*



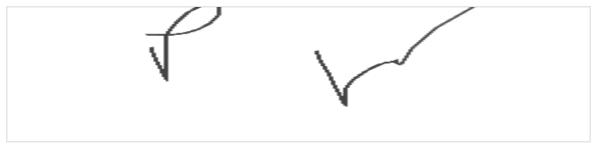
Unit 1, 11 Chancellors Road,

Newry, BT35 8PR

image.jpg

Time Scale for defects to be rectified
Chapters
Status *  ✓ No Faults detected
NO Faults detected
$\square$ 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
☐ Yes - with repairs needed
□ No - unsafe to use
Address of person making this report:
National Auditing & Training Ltd

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

Name of person inspection the lifting accessory: *  Phillip Whiteside	
Thinp Willeside	
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 ma	de:
National Auditing & Training Ltd	
Unit 1, 11 Chancellors Road,	
Newry, BT35 8PR	
Name & Address of premises at which the Examination took place:	•
Warrenpoint Harbour Y	
Description & Identification of equipment or accessories: *	
Description & Identification of equipment or accessories: * Liebherr lh60	
Liebherr lh60	
SWL  Year of Manufacture  2022	
SWL  Year of Manufacture  2022  Serial Number	
SWL  Year of Manufacture  2022	
SWL  Year of Manufacture  2022  Serial Number  Wlhz1217czk146106	
SWL  Year of Manufacture  2022  Serial Number  Wlhz1217czk146106	
SWL  Year of Manufacture  2022  Serial Number	
SWL  Year of Manufacture  2022  Serial Number  Wlhz1217czk146106	
SWL  Year of Manufacture  2022  Serial Number  Wlhz1217czk146106	

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.	

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

Unit 1, 11 Chancellors Road,

Newry, BT35 8PR

Time state for defects to be retained
Status *
☑ No Faults detected
$\square$ Faults have been detected and the above actions are required within the time limits specified
$\square$ 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
☐ Yes - with repairs needed
□ No - unsafe to use
Address of person making this report:
National Auditing & Training Ltd

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

Name of person inspection the lifting acce	ssory: *
Phillip Whiteside	
Date of Thorough Examination *	
29-Sep-2025 dd-MMM-yyyy	
uu-iviiviivi-yyyy	
Date of Report *	
29-Sep-2025	
dd-MMM-yyyy	
Name & Address of employer for whom tho	rough examination was made:
National Auditing & Training Ltd Unit 1, 11 Chancellors Road,	
Newry, BT35 8PR	
2133 OF IX	
Name & Address of premises at which the	Examination took place: *
Warrenpoint Harbour	~
Description & Identification of equipment	or accessories: *
Hyundai ex320lc7	
SWL	
Voor of Manufacture	
Year of Manufacture	
Serial Number	
Serial Humber	
N90210455	
Fleet number	
Rgdig5	
Hours	
8869	

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

Insert photos for equipment or accessories including defects. \*

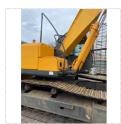


image.jpg

Insert photos for equipment or accessories including defects. \*



image.jpg

Time Scale for defects to be rectified

Status *
□ No Faults detected
$oldsymbol{arphi}$ Faults have been detected and the above actions are required within the time limits specified
$\square$ 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
☑ Yes - with repairs needed
$\square$ No - unsafe to use
Address of person making this report:
National Auditing & Training Ltd

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

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

Name of person inspection the lifting accessory: *  Phillip Whiteside	
Primitip Writteside	
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	on was made:
National Auditing & Training Ltd	
Unit 1, 11 Chancellors Road,	
Newry, BT35 8PR	
Name & Address of premises at which the Examination too	
Warrenpoint Harbour ×	
Description & Identification of equipment or accessories: *	
Description & Identification of equipment or accessories: *	
Liebherr lh60	
Liebherr lh60  SWL  /ear of Manufacture  2022	
SWL  Year of Manufacture 2022	
Liebherr lh60  SWL  Year of Manufacture  2022  Serial Number	
Liebherr lh60  SWL  Year of Manufacture  2022  Serial Number  Wlhz1217jzk144158	
Liebherr lh60  SWL  Year of Manufacture  2022  Serial Number  Wlhz1217jzk144158	
Liebherr lh60  SWL  Year of Manufacture	
Liebherr lh60  SWL  Year of Manufacture  2022  Serial Number  Wlhz1217jzk144158	
SWL  Year of Manufacture  2022  Serial Number  Wlhz1217jzk144158	

Date of last examination:	
25-Sep-2024	
dd-MMM-yyyyy	
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.	

Insert photos for equipment or accessories including defects. \*



image.jpg

Insert photos for equipment or accessories including defects. \*



image.jpg

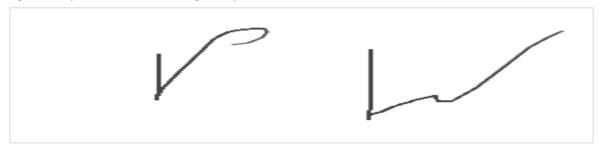
Time Scale for defects to be rectified

Unit 1, 11 Chancellors Road,

Newry, BT35 8PR

Status *
☑ No Faults detected
$\square$ Faults have been detected and the above actions are required within the time limits specified
$\square$ 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
☐ Yes - with repairs needed
□ No - unsafe to use
Address of person making this report:
National Auditing & Training Ltd

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

Name of person inspection the lifting accessory: *	
Phillip Whiteside	V
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	n 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 $^{\vee}$	
Description & Identification of equipment or accessories: *	
Manitou 200atj	
Wallitou 2004g	
SWL	
230kg	
Year of Manufacture	
2019	
Serial Number	
Map00000ap102061	
Man00000ap102061	
Fleet number	
Hours	
4015	

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: *	
M/A  Immediate. Defects which are a danger to persons, againment or acceptains must be REMOVED FROM SERVICE.	
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.jpg

Insert photos for equipment or accessories including defects. \*



image.jpg

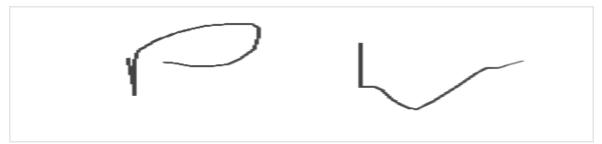
Time Scale for defects to be rectified

Unit 1, 11 Chancellors Road,

Newry, BT35 8PR

Status *
☑ No Faults detected
$\square$ Faults have been detected and the above actions are required within the time limits specified
$\square$ 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
☐ Yes - with repairs needed
□ No - unsafe to use
Address of person making this report:
National Auditing & Training Ltd

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

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	
20050	
Date of last examination:	
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?	
-Select-	~
-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 defe	ect or
Identification of any part to have a defect which is or could become a danger to persons and description of defeidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)	
Identification of any part to have a defect which is or could become a danger to persons and description of defeidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None	
Identification of any part to have a defect which is or could become a danger to persons and description of defeidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:	
Identification of any part to have a defect which is or could become a danger to persons and description of defeidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:  Fault Code Reference: *	ect or
Identification of any part to have a defect which is or could become a danger to persons and description of defect identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:  Fault Code Reference: *  N/A	ect or

Time Scale for defects to be rectified
Status *
✓ No Faults detected
☐ Faults have been detected and the above actions are required within the time limits specified
$\square$ Equipment or Accessories should not be used until the above instructions are carried out.
Is the equipment/accessory safe to operate/use? *  Ves
□ 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. *
Al Colon
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

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	

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-	~
-select-	
Within an interval of 12 months?	
-Select-	~
In accordance with an examination scheme?	
No	~
After the occurence of exceptional circumstances?	
· ·	
*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 def	ect or
*For classifications please refer to fault code reference below*	
*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 defidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)	
*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 defidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None	
*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 defidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:	
*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 defidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:  Fault Code Reference: *	ect or
*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 defidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:  Fault Code Reference: *  N/A	ect or

Time Scale for defects to be rectified
Status *  ✓ 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.
= Equipment of Accessories should not be used until the above instructions are carried out.
Is the equipment/accessory safe to operate/use? *
<b>▼</b> 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

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-yyyyy	
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	
од-мини-уууу	
Serial Number *	
Z0035	
Date of last examination:	
Sate of last examination.	
dd-MMM-yyyy	

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 description	efect or
Identification of any part to have a defect which is or could become a danger to persons and description of deidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None	
Identification of any part to have a defect which is or could become a danger to persons and description of deidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:	
Identification of any part to have a defect which is or could become a danger to persons and description of de identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:  Fault Code Reference: *	
Identification of any part to have a defect which is or could become a danger to persons and description of deidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:	
Identification of any part to have a defect which is or could become a danger to persons and description of de identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)  None  *Fault Code:  Fault Code Reference: *  N/A	

Time Scale for defects to be rectified
Status *
✓ No Faults detected
$\square$ Faults have been detected and the above actions are required within the time limits specified
$\square$ Equipment or Accessories should not be used until the above instructions are carried out.
Is the equipment/accessory safe to operate/use? *  Ves
□ 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

Alison Kean	
Pate 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 examinat	tion was made:
Regen Waste	
7 Shepherds Drive,	
Carnbane Industrial Estate,	
Newry, BT35 6JQ	
Name & Address of premises at which the Examination to	ook place: *
Warrenpoint Harbour	<b>~</b>
12m Fall Arrest Block	
SWL	
Date of Manufacture	
31-Mar-2020	
dd-MMM-yyyy	
Serial Number *	
H0076	
Date of last examination:	

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-	~
-select-	
Within an interval of 12 months?	
-Select-	~
In accordance with an examination scheme?	
No	~
After the occurence of exceptional circumstances?	
-Select-	~
Identification of any part to have a defect which is or could become a danger to persons and description of c	defect or
Identification of any part to have a defect which is or could become a danger to persons and description of cidentification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE	
identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE	
identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE  None	
identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE  None  *Fault Code:	
identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE  None  *Fault Code:  Fault Code Reference: *	:)
identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE  None  *Fault Code:  Fault Code Reference: *  N/A	:)

Time Scale for defects to be rectified
Status *
▼ 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? *  Ves
□ 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

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	
5WL	
Data of Mary factors	
Date of Manufacture	
dd-MMM-yyyy	
Serial Number *	
H0074	
Date of last examination:	
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?	
-Select-	~
- Select	
Within an interval of 12 months?	
-Select-	~
In accordance with an examination scheme?	
No.	~
After the occurence of exceptional circumstances?	
	~
*For classifications please refer to fault code reference below*	
*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 or identification of deteriorating conditions which require attention, repair or adjustment. (If none state NON)	
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*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 o identification of deteriorating conditions which require attention, repair or adjustment. (If none state NON None  *Fault Code:  Fault Code Reference: *  N/A	NE)



Image_1733479914512.jpg
Time Scale for defects to be rectified
Status *
✓ No Faults detected
$\square$ Faults have been detected and the above actions are required within the time limits specified
$\square$ Equipment or Accessories should not be used until the above instructions are carried out.
Is the equipment/accessory safe to operate/use? ★  ✓ 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

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:	
Date of last examination.	
dd MMM year	
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?	
-Select-	~
Within an interval of 12 months?	
-Select-	~
In accordance with an examination scheme?	
No	~
After the occurence of exceptional circumstances?	
*For classifications please refer to fault code reference below*	fort or
*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 de identification of deteriorating conditions which require attention, repair or adjustment. (If none state NONE)	
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Time Scale for defects to be rectified
Status *
✓ No Faults detected
☐ Faults have been detected and the above actions are required within the time limits specified
$\square$ Equipment or Accessories should not be used until the above instructions are carried out.
Is the equipment/accessory safe to operate/use? ★  ✓ 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