



# REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------|----|
| DATE OF THOROUGH EXAMINATION                                                                                                                                                             |  | DATE OF REPORT                                                                                                 |                                      | REPORT NUMBER                                   |                                                                           | ASSET / REG NUMBER                                                                              |                                           | PAGE NUMBER                                                                                                |    |
| 25TH APRIL 2026                                                                                                                                                                          |  | 25TH APRIL 2026                                                                                                |                                      | 2026INS1599                                     |                                                                           | KS24 YFF                                                                                        |                                           | 1                                                                                                          |    |
| IS THIS THE FIRST EXAMINATION AFTER INSTALLATION OR AFTER ASSEMBLY AT A NEW SITE OR LOCATION?                                                                                            |  |                                                                                                                |                                      | YES<br>NO                                       |                                                                           | X<br>                                                                                           |                                           | IF THE ANSWER TO THE QUESTION ON THE LEFT IS YES, HAS THE EQUIPMENT BEEN INSTALLED CORRECTLY?<br>YES<br>NO |    |
| WAS THE EXAMINATION FOR AN IN SERVICE 6/12 MONTHLY OR FOR AN EXAMINATION SCHEME OR DUE TO AN EXCEPTIONAL OCCURRENCE?                                                                     |  |                                                                                                                |                                      | 6 MONTHLY EXAMINATION<br>12 MONTHLY EXAMINATION |                                                                           | X<br>                                                                                           |                                           | EXAMINATION SCHEME<br>X<br>EXCEPTIONAL OCCURRENCE                                                          |    |
| NAME AND ADDRESS OF EMPLOYER FOR WHOM THE THOROUGH EXAMINATION WAS MADE                                                                                                                  |  | ADDRESS OF PREMISES AT WHICH THE EXAMINATION WAS MADE                                                          |                                      |                                                 |                                                                           | NAME AND ADDRESS OF EMPLOYER OF PERSONS MAKING AND AUTHENTICATING THIS REPORT                   |                                           |                                                                                                            |    |
| WARTON FREIGHT SERVICES LTD<br>15 HORNDON INDUSTRIAL PARK<br>STATION ROAD<br>WEST HORNDON<br>ESSEX<br>CM13 3XL                                                                           |  | WARTON FREIGHT SERVICES LTD<br>15 HORNDON INDUSTRIAL PARK<br>STATION ROAD<br>WEST HORNDON<br>ESSEX<br>CM13 3XL |                                      |                                                 |                                                                           | SOUTHEAST LIFTING SERVICES LTD<br>14A THAMESVIEW<br>CLIFFE WOODS<br>ROCHSTER<br>KENT<br>ME3 8LR |                                           |                                                                                                            |    |
| DESCRIPTION AND IDENTIFICATION OF EQUIPMENT THOROUGHLY EXAMINED                                                                                                                          |  | SAFE TO USE                                                                                                    | SERIAL No PLANT No. OR BATCH No.     | SWL                                             | DATE OF MANUFACTURE (IF KNOWN)                                            | DATE OF THOROUGH EXAMINATION                                                                    | LATEST DATE FOR NEXT THOROUGH EXAMINATION | DETAILS OF ANY TEST CARRIED OUT                                                                            |    |
| RIGHT HAND BOTTOM LIFTER                                                                                                                                                                 |  | YES                                                                                                            | WF049                                | 12.5 TON                                        | UNKNOWN                                                                   | 25/04/2026                                                                                      | 24/10/2026                                | VISUAL                                                                                                     |    |
| RIGHT HAND BOTTOM LIFTER                                                                                                                                                                 |  | YES                                                                                                            | WF050                                | 12.5 TON                                        | UNKNOWN                                                                   | 25/04/2026                                                                                      | 24/10/2026                                | VISUAL                                                                                                     |    |
| LEFT HAND BOTTOM LIFTER                                                                                                                                                                  |  | YES                                                                                                            | WF051                                | 12.5 TON                                        | UNKNOWN                                                                   | 25/04/2026                                                                                      | 24/10/2026                                | VISUAL                                                                                                     |    |
| LEFT HAND BOTTOM LIFTER                                                                                                                                                                  |  | YES                                                                                                            | WF052                                | 12.5 TON                                        | UNKNOWN                                                                   | 25/04/2026                                                                                      | 24/10/2026                                | VISUAL                                                                                                     |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
| Identification of any part found to have a defect which is or could become a danger to persons and description of defect. If none state NONE.                                            |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
| NONE                                                                                                                                                                                     |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above                                                                                          |  |                                                                                                                |                                      |                                                 | Is the above defect which is of immediate danger to persons               |                                                                                                 | YES                                       |                                                                                                            | NO |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 | Is the above defect which is not yet but could become a danger to persons |                                                                                                 |                                           |                                                                                                            |    |
|                                                                                                                                                                                          |  |                                                                                                                |                                      |                                                 | (If YES state the date by when)                                           |                                                                                                 | YES by:                                   |                                                                                                            |    |
| DETAILS OF ANY TEST CARRIED OUT:- FT (Functional Test) LL (Light Load- <b>State Load Applied</b> ) SWL ( Safe Working Load) <b>PROOF</b> ( Proof Load) <b>NDT</b> (Non Destructive Test) |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
| <b>IF ANY EQUIPMENT HAS BEEN REPORTED UNSAFE TO USE, PLEASE SEE RELEVANT DEFECT REPORT</b>                                                                                               |  |                                                                                                                |                                      |                                                 |                                                                           |                                                                                                 |                                           |                                                                                                            |    |
| NAME AND QUALIFICATIONS OF PERSON MAKING REPORT                                                                                                                                          |  |                                                                                                                | NAME OF PERSON AUTHENTICATING REPORT |                                                 |                                                                           | SIGNATURE OF AUTHENTICATOR                                                                      |                                           |                                                                                                            |    |
| C WALLACE                                                                                                                                                                                |  |                                                                                                                | C WALLACE                            |                                                 |                                                                           | C Wallace                                                                                       |                                           |                                                                                                            |    |



# REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

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|                                                                                                                                                                                                                                                                        |  |                                          |                                                                                                                |                                                 |            |                                                                                                  |                                     |                                                                                               |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------|--------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------|
| <b>DATE OF THOROUGH EXAMINATION</b><br>25TH APRIL 2026                                                                                                                                                                                                                 |  | <b>DATE OF REPORT</b><br>25TH APRIL 2026 |                                                                                                                | <b>REPORT NUMBER</b><br>2026/INS1599            |            | <b>ASSET / REG NUMBER</b><br>KS24 YFF                                                            |                                     | <b>PAGE NUMBER</b><br>1                                                                       |                                        |
| IS THIS THE FIRST EXAMINATION AFTER INSTALLATION OR AFTER ASSEMBLY AT A NEW SITE OR LOCATION?                                                                                                                                                                          |  |                                          |                                                                                                                | YES<br>NO                                       |            | X                                                                                                |                                     | IF THE ANSWER TO THE QUESTION ON THE LEFT IS YES, HAS THE EQUIPMENT BEEN INSTALLED CORRECTLY? |                                        |
| WAS THE EXAMINATION FOR AN IN SERVICE 6/12 MONTHLY OR FOR AN EXAMINATION SCHEME OR DUE TO AN EXCEPTIONAL OCCURRENCE?                                                                                                                                                   |  |                                          |                                                                                                                | 6 MONTHLY EXAMINATION<br>12 MONTHLY EXAMINATION |            | X                                                                                                |                                     | EXAMINATION SCHEME<br>X<br>EXCEPTIONAL OCCURRENCE                                             |                                        |
| <b>NAME AND ADDRESS OF EMPLOYER FOR WHOM THE THOROUGH EXAMINATION WAS MADE</b>                                                                                                                                                                                         |  |                                          | <b>ADDRESS OF PREMISES AT WHICH THE EXAMINATION WAS MADE</b>                                                   |                                                 |            | <b>NAME AND ADDRESS OF EMPLOYER OF PERSONS MAKING AND AUTHENTICATING THIS REPORT</b>             |                                     |                                                                                               |                                        |
| WARTON FREIGHT SERVICES LTD<br>15 HORNDON INDUSTRIAL PARK<br>STATION ROAD<br>WEST HORNDON<br>ESSEX<br>CM13 3XL                                                                                                                                                         |  |                                          | WARTON FREIGHT SERVICES LTD<br>15 HORNDON INDUSTRIAL PARK<br>STATION ROAD<br>WEST HORNDON<br>ESSEX<br>CM13 3XL |                                                 |            | SOUTHEAST LIFTING SERVICES LTD<br>14A THAMESVIEW<br>CLIFFE WOODS<br>ROCHESTER<br>KENT<br>ME3 8LR |                                     |                                                                                               |                                        |
| <b>DESCRIPTION AND IDENTIFICATION OF EQUIPMENT THOROUGHLY EXAMINED</b>                                                                                                                                                                                                 |  |                                          | <b>SAFE TO USE</b>                                                                                             | <b>SERIAL No PLANT No. OR BATCH No.</b>         | <b>SWL</b> | <b>DATE OF MANUFACTURE (IF KNOWN)</b>                                                            | <b>DATE OF THOROUGH EXAMINATION</b> | <b>LATEST DATE FOR NEXT THOROUGH EXAMINATION</b>                                              | <b>DETAILS OF ANY TEST CARRIED OUT</b> |
| 2 LEG, 6 MTR CHAIN SLING C/W SHORTENERS & SELF LOCKING SAFETY HOOKS X 10MM DIA GRADE 8                                                                                                                                                                                 |  |                                          | YES                                                                                                            | LE 1178-3                                       | 6.7 TON    | UNKNOWN                                                                                          | 25/04/2026                          | 24/10/2026                                                                                    | VISUAL                                 |
| 2 LEG, 3 MTR CHAIN SLING C/W SHORTENERS & SELF LOCKING SAFETY HOOK X 10MM DIA GRADE 8                                                                                                                                                                                  |  |                                          | YES                                                                                                            | 23/1B                                           | 4.25 TON   | UNKNOWN                                                                                          | 25/04/2026                          | 24/10/2026                                                                                    | VISUAL                                 |
| 2 LEG, 1.5 MTR CHAIN SLING C/W SELF LOCKING SAFETY HOOK X 13MM DIA GRADE 8                                                                                                                                                                                             |  |                                          | YES                                                                                                            | LTR426.6A                                       | 7.5 TON    | UNKNOWN                                                                                          | 25/04/2026                          | 24/10/2026                                                                                    | VISUAL                                 |
| 1 LEG, 1 MTR CHAIN SLING C/W SELF LOCKING SAFETY HOOK X 13MM DIA GRADE 8                                                                                                                                                                                               |  |                                          | YES                                                                                                            | LC40408                                         | 5.3 TON    | UNKNOWN                                                                                          | 25/04/2026                          | 24/10/2026                                                                                    | VISUAL                                 |
| <b>Identification of any part found to have a defect which is or could become a danger to persons and description of defect. If none state NONE.</b><br><b>NONE</b>                                                                                                    |  |                                          |                                                                                                                |                                                 |            |                                                                                                  |                                     |                                                                                               |                                        |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above                                                                                                                                                                        |  |                                          |                                                                                                                |                                                 |            | Is the above defect which is of immediate danger to persons                                      |                                     | YES                                                                                           | NO                                     |
|                                                                                                                                                                                                                                                                        |  |                                          |                                                                                                                |                                                 |            | Is the above defect which is not yet but could become a danger to persons                        |                                     |                                                                                               |                                        |
|                                                                                                                                                                                                                                                                        |  |                                          |                                                                                                                |                                                 |            | (If YES state the date by when)                                                                  |                                     | YES by:                                                                                       |                                        |
| <b>DETAILS OF ANY TEST CARRIED OUT:- FT (Functional Test) LL (Light Load-State Load Applied) SWL ( Safe Working Load) PROOF ( Proof Load) NDT (Non Destructive Test)</b><br><b>IF ANY EQUIPMENT HAS BEEN REPORTED UNSAFE TO USE, PLEASE SEE RELEVANT DEFECT REPORT</b> |  |                                          |                                                                                                                |                                                 |            |                                                                                                  |                                     |                                                                                               |                                        |
| <b>NAME AND QUALIFICATIONS OF PERSON MAKING REPORT</b>                                                                                                                                                                                                                 |  |                                          | <b>NAME OF PERSON AUTHENTICATING REPORT</b>                                                                    |                                                 |            | <b>SIGNATURE OF AUTHENTICATOR</b>                                                                |                                     |                                                                                               |                                        |
| C WALLACE                                                                                                                                                                                                                                                              |  |                                          | C WALLACE                                                                                                      |                                                 |            | C Wallace                                                                                        |                                     |                                                                                               |                                        |



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|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|----------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|---------|------------------------|--|----|---|
| DATE OF THOROUGH EXAMINATION                                                                                                                                               |  | DATE OF REPORT  |  | REPORT NUMBER                                                                                                  |                                  | ASSET / REG NUMBER |                                                                           | PAGE NUMBER                                                                                     |                                           |                                 |         |                        |  |    |   |
| 25TH APRIL 2026                                                                                                                                                            |  | 25TH APRIL 2026 |  | 2026INS1599                                                                                                    |                                  | KS24 YFF           |                                                                           | 1                                                                                               |                                           |                                 |         |                        |  |    |   |
| IS THIS THE FIRST EXAMINATION AFTER INSTALLATION OR AFTER ASSEMBLY AT A NEW SITE OR LOCATION?                                                                              |  |                 |  | YES<br>NO                                                                                                      |                                  | X                  |                                                                           | IF THE ANSWER TO THE QUESTION ON THE LEFT IS YES, HAS THE EQUIPMENT BEEN INSTALLED CORRECTLY?   |                                           |                                 |         | YES<br>NO              |  | X  |   |
| WAS THE EXAMINATION FOR AN IN SERVICE 6/12 MONTHLY OR FOR AN EXAMINATION SCHEME OR DUE TO AN EXCEPTIONAL OCCURRENCE?                                                       |  |                 |  | 6 MONTHLY EXAMINATION<br>12 MONTHLY EXAMINATION                                                                |                                  | X                  |                                                                           | EXAMINATION SCHEME                                                                              |                                           | X                               |         | EXCEPTIONAL OCCURRENCE |  |    |   |
| NAME AND ADDRESS OF EMPLOYER FOR WHOM THE THOROUGH EXAMINATION WAS MADE                                                                                                    |  |                 |  | ADDRESS OF PREMISES AT WHICH THE EXAMINATION WAS MADE                                                          |                                  |                    |                                                                           | NAME AND ADDRESS OF EMPLOYER OF PERSONS MAKING AND AUTHENTICATING THIS REPORT                   |                                           |                                 |         |                        |  |    |   |
| WARTON FREIGHT SERVICES LTD<br>15 HORNDON INDUSTRIAL PARK<br>STATION ROAD<br>WEST HORNDON<br>ESSEX<br>CM13 3XL                                                             |  |                 |  | WARTON FREIGHT SERVICES LTD<br>15 HORNDON INDUSTRIAL PARK<br>STATION ROAD<br>WEST HORNDON<br>ESSEX<br>CM13 3XL |                                  |                    |                                                                           | SOUTHEAST LIFTING SERVICES LTD<br>14A THAMESVIEW<br>CLIFFE WOODS<br>ROCHSTER<br>KENT<br>ME3 8LR |                                           |                                 |         |                        |  |    |   |
| DESCRIPTION AND IDENTIFICATION OF EQUIPMENT THOROUGHLY EXAMINED                                                                                                            |  |                 |  | SAFE TO USE                                                                                                    | SERIAL No PLANT No. OR BATCH No. | SWL                | DATE OF MANUFACTURE (IF KNOWN)                                            | DATE OF THOROUGH EXAMINATION                                                                    | LATEST DATE FOR NEXT THOROUGH EXAMINATION | DETAILS OF ANY TEST CARRIED OUT |         |                        |  |    |   |
| HALFEN LIFTING CLUTCH                                                                                                                                                      |  |                 |  | YES                                                                                                            | 1909                             | 5.0 TON            | UNKNOWN                                                                   | 25/04/2026                                                                                      | 24/10/2026                                | VISUAL                          |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
| Identification of any part found to have a defect which is or could become a danger to persons and description of defect. If none state NONE.                              |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
| NONE                                                                                                                                                                       |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above                                                                            |  |                 |  |                                                                                                                |                                  |                    | Is the above defect which is of immediate danger to persons               |                                                                                                 |                                           |                                 | YES     |                        |  | NO | X |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    | Is the above defect which is not yet but could become a danger to persons |                                                                                                 |                                           |                                 |         |                        |  |    |   |
|                                                                                                                                                                            |  |                 |  |                                                                                                                |                                  |                    | (If YES state the date by when)                                           |                                                                                                 |                                           |                                 | YES by: |                        |  |    |   |
| DETAILS OF ANY TEST CARRIED OUT:- FT (Functional Test) LL (Light Load- <b>State Load Applied</b> ) SWL ( Safe Working Load) PROOF ( Proof Load) NDT (Non Destructive Test) |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
| IF ANY EQUIPMENT HAS BEEN REPORTED UNSAFE TO USE, PLEASE SEE RELEVANT DEFECT REPORT                                                                                        |  |                 |  |                                                                                                                |                                  |                    |                                                                           |                                                                                                 |                                           |                                 |         |                        |  |    |   |
| NAME AND QUALIFICATIONS OF PERSON MAKING REPORT                                                                                                                            |  |                 |  | NAME OF PERSON AUTHENTICATING REPORT                                                                           |                                  |                    |                                                                           | SIGNATURE OF AUTHENTICATOR                                                                      |                                           |                                 |         |                        |  |    |   |
| C WALLACE                                                                                                                                                                  |  |                 |  | C WALLACE                                                                                                      |                                  |                    |                                                                           | C Wallace                                                                                       |                                           |                                 |         |                        |  |    |   |



# REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

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|                                                                                                                                                                                                                                                                        |  |                                          |                                                                                                                |                                                                                                              |            |                                                                                                                                                                                                                                                                                    |                                                |                                                  |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|----------------------------------------|
| <b>DATE OF THOROUGH EXAMINATION</b><br>25TH APRIL 2026                                                                                                                                                                                                                 |  | <b>DATE OF REPORT</b><br>25TH APRIL 2026 |                                                                                                                | <b>REPORT NUMBER</b><br>2026/INS1599                                                                         |            | <b>ASSET / REG NUMBER</b><br>KS24 YFF                                                                                                                                                                                                                                              |                                                | <b>PAGE NUMBER</b><br>1                          |                                        |
| IS THIS THE FIRST EXAMINATION AFTER INSTALLATION OR AFTER ASSEMBLY AT A NEW SITE OR LOCATION?                                                                                                                                                                          |  |                                          |                                                                                                                | <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO                                       |            | IF THE ANSWER TO THE QUESTION ON THE LEFT IS YES, HAS THE EQUIPMENT BEEN INSTALLED CORRECTLY?<br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO                                                                                                            |                                                |                                                  |                                        |
| WAS THE EXAMINATION FOR AN IN SERVICE 6/12 MONTHLY OR FOR AN EXAMINATION SCHEME OR DUE TO AN EXCEPTIONAL OCCURRENCE?                                                                                                                                                   |  |                                          |                                                                                                                | <input checked="" type="checkbox"/> 6 MONTHLY EXAMINATION<br><input type="checkbox"/> 12 MONTHLY EXAMINATION |            | <input checked="" type="checkbox"/> EXAMINATION SCHEME<br><input type="checkbox"/> EXCEPTIONAL OCCURRENCE                                                                                                                                                                          |                                                |                                                  |                                        |
| <b>NAME AND ADDRESS OF EMPLOYER FOR WHOM THE THOROUGH EXAMINATION WAS MADE</b>                                                                                                                                                                                         |  |                                          | <b>ADDRESS OF PREMISES AT WHICH THE EXAMINATION WAS MADE</b>                                                   |                                                                                                              |            | <b>NAME AND ADDRESS OF EMPLOYER OF PERSONS MAKING AND AUTHENTICATING THIS REPORT</b>                                                                                                                                                                                               |                                                |                                                  |                                        |
| WARTON FREIGHT SERVICES LTD<br>15 HORNDON INDUSTRIAL PARK<br>STATION ROAD<br>WEST HORNDON<br>ESSEX<br>CM13 3XL                                                                                                                                                         |  |                                          | WARTON FREIGHT SERVICES LTD<br>15 HORNDON INDUSTRIAL PARK<br>STATION ROAD<br>WEST HORNDON<br>ESSEX<br>CM13 3XL |                                                                                                              |            | SOUTHEAST LIFTING SERVICES LTD<br>14A THAMESVIEW<br>CLIFFE WOODS<br>ROCHESTER<br>KENT<br>ME3 8LR                                                                                                                                                                                   |                                                |                                                  |                                        |
| <b>DESCRIPTION AND IDENTIFICATION OF EQUIPMENT THOROUGHLY EXAMINED</b>                                                                                                                                                                                                 |  |                                          | <b>SAFE TO USE</b>                                                                                             | <b>SERIAL No PLANT No. OR BATCH No.</b>                                                                      | <b>SWL</b> | <b>DATE OF MANUFACTURE (IF KNOWN)</b>                                                                                                                                                                                                                                              | <b>DATE OF THOROUGH EXAMINATION</b>            | <b>LATEST DATE FOR NEXT THOROUGH EXAMINATION</b> | <b>DETAILS OF ANY TEST CARRIED OUT</b> |
| 6 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                             |  |                                          | YES                                                                                                            | 231222282                                                                                                    | 2.0 TON    | UNKNOWN                                                                                                                                                                                                                                                                            | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 6 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                             |  |                                          | YES                                                                                                            | 251227818                                                                                                    | 2.0 TON    | NEW ISSUE                                                                                                                                                                                                                                                                          | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 6 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                             |  |                                          | YES                                                                                                            |                                                                                                              | 2.0 TON    | NEW ISSUE                                                                                                                                                                                                                                                                          | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 6 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                             |  |                                          | YES                                                                                                            |                                                                                                              | 2.0 TON    | NEW ISSUE                                                                                                                                                                                                                                                                          | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 10 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                            |  |                                          | YES                                                                                                            | 92443453                                                                                                     | 2.0 TON    | UNKNOWN                                                                                                                                                                                                                                                                            | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 10 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                            |  |                                          | YES                                                                                                            | 92443449                                                                                                     | 2.0 TON    | UNKNOWN                                                                                                                                                                                                                                                                            | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 4 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                             |  |                                          | YES                                                                                                            | 251004788                                                                                                    | 3.0 TON    | NEW ISSUE                                                                                                                                                                                                                                                                          | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 4 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                             |  |                                          | YES                                                                                                            | 250350228                                                                                                    | 3.0 TON    | NEW ISSUE                                                                                                                                                                                                                                                                          | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 6 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                             |  |                                          | YES                                                                                                            | 250323964                                                                                                    | 3.0 TON    | NEW ISSUE                                                                                                                                                                                                                                                                          | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| 6 MTR DUPLEX WEBBING SLING                                                                                                                                                                                                                                             |  |                                          | YES                                                                                                            | 250323996                                                                                                    | 3.0 TON    | NEW ISSUE                                                                                                                                                                                                                                                                          | 25/04/2026                                     | 24/10/2026                                       | VISUAL                                 |
| <b>Identification of any part found to have a defect which is or could become a danger to persons and description of defect. If none state NONE.</b><br>NONE                                                                                                           |  |                                          |                                                                                                                |                                                                                                              |            |                                                                                                                                                                                                                                                                                    |                                                |                                                  |                                        |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above                                                                                                                                                                        |  |                                          |                                                                                                                |                                                                                                              |            | Is the above defect which is of immediate danger to persons <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> X<br>Is the above defect which is not yet but could become a danger to persons<br>(If YES state the date by when) YES by: |                                                |                                                  |                                        |
| <b>DETAILS OF ANY TEST CARRIED OUT:- FT (Functional Test) LL (Light Load-State Load Applied) SWL ( Safe Working Load) PROOF ( Proof Load) NDT (Non Destructive Test)</b><br><b>IF ANY EQUIPMENT HAS BEEN REPORTED UNSAFE TO USE, PLEASE SEE RELEVANT DEFECT REPORT</b> |  |                                          |                                                                                                                |                                                                                                              |            |                                                                                                                                                                                                                                                                                    |                                                |                                                  |                                        |
| <b>NAME AND QUALIFICATIONS OF PERSON MAKING REPORT</b><br>C WALLACE                                                                                                                                                                                                    |  |                                          | <b>NAME OF PERSON AUTHENTICATING REPORT</b><br>C WALLACE                                                       |                                                                                                              |            |                                                                                                                                                                                                                                                                                    | <b>SIGNATURE OF AUTHENTICATOR</b><br>C Wallace |                                                  |                                        |



# REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

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

[illegible]