

(GA1) REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) & Safety, Health and Welfare at Work (General Application) Regulations 2007 - SI. No. 299/2007 and The Work at Height Regulations 2005 when safety equipment is being inspected.

Date of Thorough Examination: 21/05/2025	Report #: 396523	Colour Code: None	Job No: SOR242489
Name and Address of employer for whom the thorough examination was made: SAMS LTD, BLESSINGTON, CO. WICKLOW	Address of premises at which the examination was made: SAMS LTD, BLESSINGTON, CO. WICKLOW		
		Internal Location:	
Description and identification of the equipment: BLACK T.TUB SAFE WORKING LOAD 400KG - CCSA9462	Manufacture & date of manufacture if known: Unknown 2025		
Safe Working Load 400 KG			

Is this the first examination after installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly?	<table border="1"> <tr><th>Yes</th><th>No</th></tr> <tr><td style="text-align: center;">✓</td><td></td></tr> <tr><td style="text-align: center;">✓</td><td></td></tr> </table>	Yes	No	✓		✓		Was the examination carried out: PERIODIC EXAMINATION	<table border="1"> <tr><th>Yes</th><th>No</th></tr> <tr><td></td><td style="text-align: center;">✓</td></tr> <tr><td style="text-align: center;">✓</td><td></td></tr> <tr><td></td><td style="text-align: center;">✓</td></tr> <tr><td></td><td style="text-align: center;">✓</td></tr> </table>	Yes	No		✓	✓			✓		✓
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Yes	No																		
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	✓																		
		Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?																	

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect (If none state NONE):

NONE ONLY NEW

Is the above a defect which is of immediate danger to persons?	YES		NO	✓
Is the above a defect which is not yet but could become a danger to persons (if YES state the date by when the defect should be remedied)	N/A			

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

NONE

Identification of any parts not accessible for examination:

NONE

Particulars of any tests carried out as part of the examination: (If none state NONE):

LOAD TESTED TO SWL 400 KG PL 500KG

IS THIS EQUIPMENT SAFE TO OPERATE?	YES	✓	NO	
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Name / Signature of person making and authentication this report with occupation: MARTIN GRAHAM Competent, certified inspector. All certificates available on request.	Latest date by which next thorough examination must be carried out: 21/05/2026
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Date of Thorough Examination: 22/05/2025	Report #: 396521	Colour Code: None	Job No: SOR242489
Name and Address of employer for whom the thorough examination was made: SAMS LTD, BLESSINGTON, CO. WICKLOW		Address of premises at which the examination was made: SAMS LTD, BLESSINGTON, CO. WICKLOW	
		Internal Location:	
Description and identification of the equipment: BLACK T.TUB SAFE WORKING LOAD 400KG - CCSA9561		Manufacture & date of manufacture if known: Unknown 2025	
Safe Working Load 400 KG			

Is this the first examination after installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly?	<table border="1"> <tr><th>Yes</th><th>No</th></tr> <tr><td style="text-align: center;">✓</td><td></td></tr> <tr><td style="text-align: center;">✓</td><td></td></tr> </table>	Yes	No	✓		✓		Was the examination carried out: PERIODIC EXAMINATION Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	<table border="1"> <tr><th>Yes</th><th>No</th></tr> <tr><td></td><td style="text-align: center;">✓</td></tr> <tr><td style="text-align: center;">✓</td><td></td></tr> <tr><td></td><td style="text-align: center;">✓</td></tr> <tr><td></td><td style="text-align: center;">✓</td></tr> </table>	Yes	No		✓	✓			✓		✓
	Yes	No																	
✓																			
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Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect (If none state NONE):

NONE ONLY NEW

Is the above a defect which is of immediate danger to persons?	YES		NO	✓
Is the above a defect which is not yet but could become a danger to persons (if YES state the date by when the defect should be remedied)	N/A			

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

NONE

Identification of any parts not accessible for examination:

NONE

Particulars of any tests carried out as part of the examination: (If none state NONE):

LOAD TESTED TO SWL 400KG PL 500 KG

IS THIS EQUIPMENT SAFE TO OPERATE?	YES	✓	NO
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Name / Signature of person making and authentication this report with occupation: MARTIN GRAHAM Competent, certified inspector. All certificates available on request.	Latest date by which next thorough examination must be carried out: 22/05/2026
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