



Arbil Ltd  
 Providence Street  
 Lye, Stourbridge  
 West Midlands DY9 8HS  
 United Kingdom  
 Phone: +44 1384 424007  
 Fax: +44 1384 891994  
 E-Mail: info@arbil.co.uk  
 Website: www.arbil.co.uk

# REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

Customer Order No.  
 VISA CARD

Date of Examination 26/04/24	Date of Report 26/04/24	Report Number 697500/1
---------------------------------	----------------------------	---------------------------

Name and Address of employer for whom the thorough examination was made : Socotec UK Limited Socotec House, Bretby Business Ashby Road Bretby, Burton Upon Trent	Address of Premises at which the examination was made : Brandon Road Binley, Coventry CV3 2AG
--	--

Qty	Description & Identification of the Equipment	Safe Working Load(s)	Date of Manufacture if known	Date of Last Thorough Examination
1	Inspection, Repair, Test & Cert of a 10mm Dia S8 4 Leg Chain Sling c/w Shortening Clutches and Locking Hooks EWL - 4 metres 76558	6.7 t @ 0 to 45 4.75 t @ 45 to 60		

<b>Is this Equipment Supplied New</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Was the Examination carried out</b> Before being issued for the first time Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Within an interval of 6 months? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Within an interval of 12 months? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> As part of an examination scheme Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> After Exceptional Circumstances Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	--

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

NONE

Is the above a defect which is of immediate danger to persons? Yes  No

If not an immediate danger, when might it become dangerous to persons without recertification? Date

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

Particulars of any tests carried out as part of the examination (if none state NONE) Where relevant this information is taken from the original manufacturer's certificate

**IS THIS EQUIPMENT SAFE TO USE/OPERATE?** Yes  No

Name of Person making this report Alan Harrison QUALIFICATION <b>LEEA-LGG</b>	Name of person authenticating this report Alan Harrison Signature	Latest date by which next thorough examination must be carried out. Date <input type="text" value="26/10/24"/>
--	---	---

This equipment was manufactured in accordance with the Machinery Directive, Declaration of Conformity Issued which is held at our offices and available on request. Yes  No