



Development Member



GA1

Fleet Number:

H179

REPORT OF THOROUGH EXAMINATION

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

Date of Thorough Examination: 12/04/2023		Date of Report: 12/04/2023		Report number: 12M2300665									
Name and Address of employer for whom the thorough examination was made: M J Hickey Plant, Unit 11, SBC Bristol Way, Slough, SL1 3TD			Address of premises at which the examination was made: Michael Shanley Homes, 43 Anne's Walk, Caterham, CR3 5EL										
Description and identification of the equipment: Equipment Type: Hitachi ZX350LC-6 Excavator ID: HCMDQ50T00080061 Quick Hitch Type: Hill Tefra Quick Hitch S/N: 72805			Date of manufacture if known: 2016		Date of last thorough examination: 21/04/2022								
Is this the first examination after installation or assembly at a new site or location? <table border="1"><tr><td>YES</td><td><input checked="" type="checkbox"/></td><td>NO</td><td><input type="checkbox"/></td></tr></table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? <table border="1"><tr><td>YES</td><td><input type="checkbox"/></td><td>NO</td><td><input checked="" type="checkbox"/></td></tr></table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>										
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>										
If the answer to the above question is YES has the equipment been installed correctly? <table border="1"><tr><td>YES</td><td><input checked="" type="checkbox"/></td><td>NO</td><td><input type="checkbox"/></td></tr></table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	Within an interval of 12 months? <table border="1"><tr><td>YES</td><td><input checked="" type="checkbox"/></td><td>NO</td><td><input type="checkbox"/></td></tr></table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>										
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>										
		In accordance with an examination scheme? <table border="1"><tr><td>YES</td><td><input checked="" type="checkbox"/></td><td>NO</td><td><input type="checkbox"/></td></tr></table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>										
		After the occurrence of exceptional circumstances? <table border="1"><tr><td>YES</td><td><input type="checkbox"/></td><td>NO</td><td><input checked="" type="checkbox"/></td></tr></table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 Found.													
Is the above an existing or imminent danger to persons *Note-This is a reportable defect				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>								
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when) N/A			YES by:										
Particulars of any repair, renewal or alteration required to remedy the defect identified above: Equipment was found to be in safe working order at time of inspection.													
Particulars of any tests carried out as part of the examination: (If none state NONE) None													
Observations / additional comments relative to this thorough examination: Equipment was found to be in safe working order at time of inspection.													
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>								
Name & Qualifications of person making this report: James Walsh City & Guilds, CITB		Name of person signing or authenticating this report on behalf of the author: Signature: <i>Mal James Walsh</i>		Latest date by which next thorough examination must be carried out: 11/04/2024									
Name and address of employer of persons making and authenticating this report: Walsh Plant Ltd, Unit 3 Birchwood Industrial Estate, Hoe Lane, Nazeing, EN9 2RJ													