

REPORT OF THOROUGH EXAMINATION

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

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| Date of Thorough Examination: 16/03/2022 | | Date of Report: 16/03/2022 | | Report number: 12M2200383 | |
| Name and Address of employer for whom the thorough examination was made: M J Hickey Plant, 10 Woodlane Close, Iver Heath, Bucks, SL0 0LT | | | Address of premises at which the examination was made: Buxted Construction Ltd, Steels Road, Hope Grant's Road, Wellesley, Aldershot, GU11 2DD | | |
| Description and identification of the equipment: Equipment Type: Hitachi ZX135US-6 Excavator ID: HCMDAS50L00102333 Quick Hitch Type: Hill Tefra Quick Hitch S/N: 84776 | | | Date of manufacture if known: 2018 | | Date of last thorough examination: 19/03/2021 |
| Is this the first examination after installation or assembly at a new site or location? | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | Was the examination carried out: | |
| If the answer to the above question is YES has the equipment been installed correctly? | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | Within an interval of 6 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | | | Within an interval of 12 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | After the occurrence of 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 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 checked="" type="checkbox"/> | NO <input 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>Mrd James Walsh</i> | | Latest date by which next thorough examination must be carried out: 15/03/2023 | |
| 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 | | | | | |