



Development Member



GA1

Fleet Number:

HQH201

### 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: <b>24/01/2024</b>		Date of Report: <b>24/01/2024</b>		Report number: <b>6M240076</b>																					
Name and Address of employer for whom the thorough examination was made: <b>M J Hickey Plant, Unit 11 SBC Bristol Way, Slough, SL1 3TD</b>			Address of premises at which the examination was made: <b>Entex Projects, EPMK, V4 Watling Street, Milton Keynes, MK5 8AA</b>																						
Description and identification of the equipment: <b>Quick Hitch Type: Hill Tefra Quick Hitch Quick Hitch S/N: 84804 Equipment Type: Hitachi ZX48U-5A CLR Excavator ID: HCMAEA50C00035416</b>		Safe Working Load(s): <b>In Accordance with manufacture specification.</b>	Date of manufacture if known: <b>Unknown</b>	Date of last thorough examination: <b>25/01/2023</b>																					
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:																			
YES	<input checked="" type="checkbox"/>	NO	<input 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 <b>6 months</b> ? <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"/>	Within an interval of 12 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"/>	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"/>	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 checked="" type="checkbox"/>	NO	<input type="checkbox"/>																						
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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"/>																						
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) <b>None Found.</b>																									
Is the above an existing or imminent danger to persons <b>*Note-This is a reportable defect</b>				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) <b>N/A</b>			YES by:																						
Particulars of any repair, renewal or alteration required to remedy the defect identified above: <b>Equipment was found to be in safe working order at time of inspection.</b>																									
Particulars of any tests carried out as part of the examination: (If none state NONE) <b>None.</b>																									

**Observations / additional comments relative to this thorough examination:**  
**Equipment was found to be in safe working order at time of inspection.**

<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
<b>Name &amp; Qualifications of person making this report:</b>  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:  <b>23/07/2024</b>		
<b>Name and address of employer of persons making and authenticating this report:</b>  Walsh Machinery Ltd, 2 Stiven Crescent, Harrow, HA2 9AY						