



Development Member



GA1

Fleet Number:

H220

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>25/01/2023</b>		Date of Report: <b>25/01/2023</b>		Report number: <b>12M2300133</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>De'ath Bros Ltd, Centenary Quay, 41 Grafton House, John Thornycroft Road, Southampton, SO19 9SP</b>										
Description and identification of the equipment: <b>Equipment Type: Hitachi ZX130LCN-6 Excavator ID: HCMDAQ51L00510151 Quick Hitch Type: Hill Tefra Quick Hitch S/N: 98052</b>			Date of manufacture if known: <b>2020</b>	Date of last thorough examination: <b>15/02/2022</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: 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 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"/>										
		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"/>										
		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"/>										
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: <b>Equipment was found to be in safe working order at time of inspection.</b>													
<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>Mrd James Walsh</i>		Latest date by which next thorough examination must be carried out:  <b>24/01/2024</b>									
<b>Name and address of employer of persons making and authenticating this report:</b>  Walsh Plant Ltd, Unit 3 Birchwood Industrial Estate, Hoe Lane, Nazeing, EN9 2RJ													