



Development Member



GA1

Fleet Number:

HQH229

### 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>05/04/2024</b>		Date of Report: <b>05/04/2024</b>		Report number: <b>6M240332</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>GTM JV Southern, 89-99 East Hampnett Lane, East Hampnett, Easthampnett, Chickester, PO18</b>													
Description and identification of the equipment: <b>Quick Hitch Type: Hill Tefra Quick Hitch S/N: 105367 Equipment Type: Hitachi ZX48U-6 CLR Excavator ID: HCMAEP50C00050492</b>		Safe Working Load(s): <b>In Accordance with manufacture specification.</b>	Date of manufacture if known: <b>Unknow</b>	Date of last thorough examination: <b>Unknown</b>												
Is this the first examination after installation or assembly at a new site or location? <table border="1"><tr><td>YES</td><td><b>X</b></td><td>NO</td><td></td></tr></table>		YES	<b>X</b>	NO		Was the examination carried out:										
YES	<b>X</b>	NO														
If the answer to the above question is YES has the equipment been installed correctly? <table border="1"><tr><td>YES</td><td><b>X</b></td><td>NO</td><td></td></tr></table>		YES	<b>X</b>	NO		Within an interval of <b>6 months</b> ? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td><b>X</b></td></tr></table>	YES		NO	<b>X</b>	Within an interval of 12 months? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td><b>X</b></td></tr></table>		YES		NO	<b>X</b>
YES	<b>X</b>	NO														
YES		NO	<b>X</b>													
YES		NO	<b>X</b>													
		In accordance with an examination scheme? <table border="1"><tr><td>YES</td><td><b>X</b></td><td>NO</td><td></td></tr></table>	YES	<b>X</b>	NO		After the occurrence of exceptional circumstances? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td><b>X</b></td></tr></table>		YES		NO	<b>X</b>				
YES	<b>X</b>	NO														
YES		NO	<b>X</b>													
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</b> -This is a reportable defect				YES	<b>X</b>											
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	<b>X</b>	NO
<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>04/10/2024</b>	
<b>Name and address of employer of persons making and authenticating this report:</b>  Walsh Machinery Ltd, 2 Stiven Crescent, Harrow, HA2 9AY					