



Development Member



GA1

Fleet Number:

H236

REPORT OF THOROUGH EXAMINATION

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

Date of Thorough Examination: <b>06/03/2024</b>		Date of Report: <b>06/03/2024</b>		Report number: <b>12M240485</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>Volkerfitzpatrick Ltd, Baytree Way, London, RM10</b>				
Description and identification of the equipment: <b>Equipment Type: Hitachi ZX135-7 Excavator ID: HCMDA450K00095890 Quick Hitch Type: Hill Tefra Quick Hitch S/N: Illegible</b>			Date of manufacture if known: <b>2022</b>	Date of last thorough examination: <b>16/03/2023</b>			
Is this the first examination after installation or assembly at a new site or location?		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>		
If the answer to the above question is YES has the equipment been installed correctly?		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>		
Was the examination carried out:			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) <b>None Found.</b>							
Is the above an existing or imminent danger to persons <b>*Note-This is a reportable defect</b>				YES	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>Mal James Walsh</i>		Latest date by which next thorough examination must be carried out:  <b>05/03/2025</b>			
<b>Name and address of employer of persons making and authenticating this report:</b>  Walsh Machinery Ltd, 2 Stiven Crescent, Harrow, HA2 9AY							