

### REPORT OF THOROUGH EXAMINATION

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

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| Date of Thorough Examination:<br><b>14/03/2024</b>                                                                                                                                          |  | Date of Report:<br><b>14/03/2024</b>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Report number:<br><b>12M240555</b>                                                           |                                                                     |
| Name and Address of employer for whom the thorough examination was made:<br><b>M J Hickey Plant,<br/>Unit 11, SBC Bristol Way, Slough, SL1 3TD</b>                                          |  |                                                                                                                        | Address of premises at which the examination was made:<br><b>Buxted Construction Ltd.<br/>Old London Road, Tonbridge and Malling, ME20</b>                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                     |
| Description and identification of the equipment:<br><b>Equipment Type: Hitachi ZX26U-6 Excavator<br/>ID: HCMACK50E00052923<br/>Quick Hitch Type: Hill Tefra<br/>Quick Hitch S/N: 112184</b> |  |                                                                                                                        | Date of manufacture if known:<br><b>2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | Date of last thorough examination:<br><b>20/03/2023</b>             |
| Is this the first examination after installation or assembly at a new site or location?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                              |  |                                                                                                                        | Was the examination carried out:<br>Within an interval of 6 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>Within an interval of 12 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                                                                              |                                                                     |
| If the answer to the above question is YES has the equipment been installed correctly?<br>YES <input checked="" type="checkbox"/> NO <input 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:<br>(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:<br>(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:<br><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)<br><b>None</b>                                                                                        |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                     |
| Observations / additional comments relative to this thorough examination:<br><b>Equipment was found to be in safe working order at time of inspection.</b>                                  |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                     |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                          |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| Name & Qualifications of person making this report:<br><br>James Walsh<br>City & Guilds, CITB                                                                                               |  | Name of person signing or authenticating this report on behalf of the author:<br><br>Signature: <i>Mal James Walsh</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Latest date by which next thorough examination must be carried out:<br><br><b>13/03/2025</b> |                                                                     |
| Name and address of employer of persons making and authenticating this report:<br><br>Walsh Machinery Ltd, 2 Stiven Crescent, Harrow, HA2 9AY                                               |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                     |