



Development Member



GA1

Fleet Number:

H272

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: 07/03/2024		Date of Report: 07/03/2024		Report number: 12M240520	
Name and Address of employer for whom the thorough examination was made: M J Hickey Plant, Unit 11, SBC Bristol Way, Slough, SL1 3TD			Address of premises at which the examination was made: M J Hickey, Unit 11 SBC Bristol Way, Slough, SL1 3TD		
Description and identification of the equipment: Equipment Type: Komatsu 6CB41 / D61-24EO Dozer ID: DI1914 Quick Hitch Type: N/A Quick Hitch S/N: N/A			Date of manufacture if known: Unknown		Date of last thorough examination: Unknown
Is this the first examination after installation or assembly at a new site or location?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Was the examination carried out:	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Within an interval of 6 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" 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) None Found.					
Is the above an existing or imminent danger to persons *Note-This is a reportable defect				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) N/A			YES by:		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: Equipment was found to be in safe working order at time of inspection.					
Particulars of any tests carried out as part of the examination: (If none state NONE) None					
Observations / additional comments relative to this thorough examination: Equipment was found to be in safe working order at time of inspection.					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name & Qualifications of person making this report: 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: 06/03/2025	
Name and address of employer of persons making and authenticating this report: Walsh Machinery Ltd, 2 Stiven Crescent, Harrow, HA2 9AY					