



Development Member



GA1

Fleet Number:

HFK04

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: 11/01/2024		Date of Report: 11/01/2024		Report number: 6M240015													
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: GallifordTry Thames Water, Aspenden Road, Buntingford, SG9 9JS														
Description and identification of the equipment: Equipment Type: Dromone Excavator Forks 6-8 Tonne ID: AT 002205 Quick Hitch Type: N/A Quick Hitch S/N: N/A		Safe Working Load(s): In Accordance with manufacture specification: 2000 kgs	Date of manufacture if known: 2010	Date of last thorough examination: 11/07/2023													
Is this the first examination after installation or assembly at a new site or location? <table border="1"><tr><td>YES</td><td>X</td><td>NO</td><td></td></tr></table>		YES	X	NO		Was the examination carried out:											
YES	X	NO															
If the answer to the above question is YES has the equipment been installed correctly? <table border="1"><tr><td>YES</td><td>X</td><td>NO</td><td></td></tr></table>		YES	X	NO		Within an interval of 6 months ? <table border="1"><tr><td>YES</td><td>X</td><td>NO</td><td></td></tr></table>		YES	X	NO		Within an interval of 12 months? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td>X</td></tr></table>		YES		NO	X
YES	X	NO															
YES	X	NO															
YES		NO	X														
		In accordance with an examination scheme? <table border="1"><tr><td>YES</td><td>X</td><td>NO</td><td></td></tr></table>		YES	X	NO		After the occurrence of exceptional circumstances? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td>X</td></tr></table>		YES		NO	X				
YES	X	NO															
YES		NO	X														
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	X												
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	X	NO	
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>Mr James Walsh</i>		Latest date by which next thorough examination must be carried out: 10/07/2024		
Name and address of employer of persons making and authenticating this report: Walsh Plant Ltd, Unit 3 Birchwood Industrial Estate, Hoe Lane, Nazeing, EN9 2RJ						