

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: 22/12/2023		Date of Report: 22/12/2023		Report number: 6M2301017																									
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: Dromone 6 Tonne Pallet Forks ID: 046989 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: 2021	Date of last thorough examination: 18/08/2023																								
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: <table border="1"> <tr> <td>Within an interval of 6 months?</td> <td>YES</td> <td>X</td> <td>NO</td> <td></td> </tr> <tr> <td>Within an interval of 12 months?</td> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> <tr> <td>In accordance with an examination scheme?</td> <td>YES</td> <td>X</td> <td>NO</td> <td></td> </tr> <tr> <td>After the occurrence of exceptional circumstances?</td> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> </table>			Within an interval of 6 months?	YES	X	NO		Within an interval of 12 months?	YES		NO	X	In accordance with an examination scheme?	YES	X	NO		After the occurrence of exceptional circumstances?	YES		NO	X
YES	X	NO																											
Within an interval of 6 months?	YES	X	NO																										
Within an interval of 12 months?	YES		NO	X																									
In accordance with an examination scheme?	YES	X	NO																										
After the occurrence of exceptional circumstances?	YES		NO	X																									
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																					
YES	X	NO																											
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: 21/06/2024		
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						