LEEA Development Member

GA1 **Fleet Number:** HFK21

REPORT OF THOROUGH EXAMINATION

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

Date of Thorough Examination:	Date of Report:	Report number:
22/12/2023	22/12/2023	6M2301015

Name and Address of employer for whom the thorough examination was made:	Address of premises at which the examination was made:
M J Hickey Plant, Unit 11 SBC Bristol Way, Slough, SL1 3TD	M J Hickey, Unit 11 SBC Bristol Way, Slough, SL1 3TD

Description and identification of the equipment:	Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:
Equipment Type: Dromone 10/24 Tonne Pallet Forks **ID:** CN2020662 **Quick Hitch Type:** N/A **Quick Hitch S/N:** N/A	In Accordance with manufacture specification: 2000 KGS	2023	N/A

Is this the first examination after installation or assembly at a new site or location?	YES	X	NO	
If the answer to the above question is YES has the equipment been installed correctly?	YES	X	NO	

Was the examination carried out:				
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

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		NO	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:	Name of person signing or authenticating this report on behalf of the author: Signature: Mr James Walsh	Latest date by which next thorough examination must be carried out:
James Walsh City & Guilds, CITB		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