



GA1 **Fleet Number:**

**HQH176**

### 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: <b>03/11/2021</b>		Date of Report: <b>03/11/2021</b>		Report number: <b>6M2100759</b>																					
Name and Address of employer for whom the thorough examination was made: <b>M J Hickey Plant, 10 Woodlane Close, Iver Heath, Bucks, SL0 0LT</b>			Address of premises at which the examination was made: <b>Buxted Construction Ltd, c/o Bellway Homes, Dorking Way, Calcot, Reading, RG31 7AE</b>																						
Description and identification of the equipment: <b>Quick Hitch Type: Hill Tefra Quick Hitch Quick Hitch S/N: 72691 Equipment Type: Hitachi ZX48U-5A CLR Excavator ID: HCMAEA50H00032772</b>		Safe Working Load(s): <b>In Accordance with manufacture specification.</b>	Date of manufacture if known: <b>Unknown</b>	Date of last thorough examination: <b>11/11/2020</b>																					
Is this the first examination after installation or assembly at a new site or location? <table border="1"><tr><td>YES</td><td><b>X</b></td><td>NO</td><td></td></tr></table>		YES	<b>X</b>	NO		Was the examination carried out:																			
YES	<b>X</b>	NO																							
If the answer to the above question is YES has the equipment been installed correctly? <table border="1"><tr><td>YES</td><td><b>X</b></td><td>NO</td><td></td></tr></table>		YES	<b>X</b>	NO		Within an interval of <b>6 months</b> ? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td><b>X</b></td></tr></table>	YES		NO	<b>X</b>	Within an interval of 12 months? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td><b>X</b></td></tr></table>	YES		NO	<b>X</b>	In accordance with an examination scheme? <table border="1"><tr><td>YES</td><td><b>X</b></td><td>NO</td><td></td></tr></table>	YES	<b>X</b>	NO		After the occurrence of exceptional circumstances? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td><b>X</b></td></tr></table>	YES		NO	<b>X</b>
YES	<b>X</b>	NO																							
YES		NO	<b>X</b>																						
YES		NO	<b>X</b>																						
YES	<b>X</b>	NO																							
YES		NO	<b>X</b>																						
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) <b>None Found.</b>																									
Is the above an existing or imminent danger to persons <b>*Note</b> -This is a reportable defect				YES	<b>X</b>																				
Is the above a defect which is not yet but could become a danger to persons: (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: <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) <b>None.</b>																									

**Observations / additional comments relative to this thorough examination:**

**Equipment was found to be in safe working order at time of inspection.**

<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			YES	<b>X</b>	NO
<b>Name &amp; Qualifications of person making this report:</b>  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:  <b>02/05/2022</b>	
<b>Name and address of employer of persons making and authenticating this report:</b>  Walsh Plant Ltd, Unit 3 Birchwood Industrial Estate, Hoe Lane, Nazeing, EN9 2RJ					