

## REPORT OF THOROUGH EXAMINATION

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

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| Date of Thorough Examination:<br><b>14/02/2022</b>                                                                                                                                           |  | Date of Report:<br><b>14/02/2022</b>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Report number:<br><b>12M2200247</b>                                                          |                                                         |
| Name and Address of employer for whom the thorough examination was made:<br><b>M J Hickey Plant,<br/>10 Woodlane Close, Iver Heath, Bucks, SL0 0LT</b>                                       |  |                                                                                                                        | Address of premises at which the examination was made:<br><b>Buxted Construction Ltd, Redfields Lane,<br/>Church Crookham, Hampshire, GU52 0RF</b>                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                                                         |
| Description and identification of the equipment:<br><b>Equipment Type: Hitachi ZX135US-6 Excavator<br/>ID: HCMDAS50V00100451<br/>Quick Hitch Type: Hill Tefra<br/>Quick Hitch S/N: 79246</b> |  |                                                                                                                        | Date of manufacture if known:<br><b>2017</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | Date of last thorough examination:<br><b>17/02/2021</b> |
| Is this the first examination after installation or assembly at a new site or location?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                               |  |                                                                                                                        | Was the examination carried out:<br>Within an interval of 6 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>Within an interval of 12 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                                                                              |                                                         |
| If the answer to the above question is YES has the equipment been installed correctly?<br>YES <input checked="" type="checkbox"/> NO <input 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:<br>(If none state NONE) <b>None Found.</b>                   |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                         |
| Is the above an existing or imminent danger to persons <b>*Note-This is a reportable defect</b>                                                                                              |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES                                                                                          | NO <input checked="" type="checkbox"/>                  |
| Is the above a defect which is not yet but could become a danger to persons:<br>(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:<br><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)<br><b>None</b>                                                                                         |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                         |
| Observations / additional comments relative to this thorough examination:<br><b>Equipment was found to be in safe working order at time of inspection.</b>                                   |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                         |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                           |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES                                                                                          | NO <input checked="" type="checkbox"/>                  |
| Name & Qualifications of person making this report:<br><br>James Walsh<br>City & Guilds, CITB                                                                                                |  | Name of person signing or authenticating this report on behalf of the author:<br><br>Signature: <i>Mal James Walsh</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Latest date by which next thorough examination must be carried out:<br><br><b>13/02/2023</b> |                                                         |
| Name and address of employer of persons making and authenticating this report:<br><br>Walsh Plant Ltd, Unit 3 Birchwood Industrial Estate, Hoe Lane, Nazeing, EN9 2RJ                        |  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                         |