



Development Member



GA1

Fleet number
HQH190
Registration
M/A
Expiry
02/09/25

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
03/03/25	03/03/25	6M250070
Name and address of employer for whom the thorough examination was made	Address of premises at which the examination was made	
MJ Hickey Plant Hire, Unit 11, CBC Bristol Way, Slough, SL1 3TD	Engineering Mews, 48 Heritage Walk, Slough, SL1 3GP	

Description and identification of equipment

Equipment type	N/A	Quick hitch type	Hill Tefra
ID / Serial Number	N/A	Quick hitch ID	No I.D.
Date of manufacture	Unknown	Last examination date	N/A

Safe working load (s):

N/A

For all duties refer to the Manufacturers lifting charts

1. SWL of the Lifting Points (e.g on hitch) must be greater than the maximum lift weight detailed on the duty chart
2. The weight of any hitch or attachment must be taken into account as it is not included in the manufacturer's duty charts

N/A

N/A

Is the first examination after installation or assembly at a new site or location ?	Yes	No
If the answer to the above is Yes has the equipment been installed correctly ?	Yes	No

Was the examination carried out :

Within an interval of 12months or 6months ?	12m	6m
In accordance with an examination scheme ?	Yes	No
After the occurrence of exceptional circumstances ?	Yes	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

Is the above an existing or imminent danger to persons ?	Yes	No
Is the above a defect which is not yet but could become a danger to persons ?	Yes	No

Particulars of any repair, renewal or alteration required to remedy the defect found above:

No alterations required

Particulars of any test carried out as part of the examination: (if none state NONE)

None

Observations / additional comments relative to this thorough examination:

Asset in good safe working order

Is this equipment safe to operate ?	Yes	No
-------------------------------------	-----	----

Name & Qualifications of person making this report:	James Walsh. City&Guilds. CITB
Name of person signing or authenticating this report	<i>Md James Walsh</i>

Latest date by which next thorough examination must be carried out: 02/09/25

Name and address of employer of persons making and authenticating this report:

Walsh Machinery LTD, 2 Stiven crescent, Harrow, Middlesex, HA2 9AY