LEEA Development Member

GA1 **Fleet Number:** H193

## 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: |
|---|---|---|
| 16/01/2023 | 16/01/2023 | 12M2300085 |

| 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,<br>Unit 11, SBC Bristol Way, Slough, SL1 3TD | Buxted Constuction Ltd,<br>22 Bullnose Close, Haywards Heath, RH17 5GZ |

| Description and identification of the equipment: | Date of manufacture if known: | Date of last thorough examination: |
|---|---|---|
| **Equipment Type:** Hitachi ZX135US-6 Excavator<br>**ID:** HCMDAS50A00102329<br>**Quick Hitch Type:** Hill Tefra<br>**Quick Hitch S/N:** 84775 | 2018 | 04/02/2022 |

| | | | | |
|---|---|---|---|---|
| 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 | | NO | X |
| Within an interval of 12 months? | YES | X | NO | |
| 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: | Latest date by which next thorough examination must be carried out: |
|---|---|---|
| James Walsh<br>City & Guilds, CITB | Signature: Mr James Walsh | 15/01/2024 |

**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