



Development Member



GA1

Fleet Number:

HQH225

### 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:<br><b>13/09/2022</b>   |  | Date of Report:<br><b>13/09/2022</b>  |   | Report number:<br><b>6M2200598</b>                                  |  |
| Name and Address of employer for whom the thorough examination was made:<br><b>M J Hickey Plant,<br/>Unit 11 SBC Bristol Way, Slough, SL1 3TD</b>  |  |   | Address of premises at which the examination was made:<br><b>Buxted Construction,<br/>c/o Bellway, Steers Lane, Crawley, RH10</b> |   |  |
| Description and identification of the equipment:<br><b>Quick Hitch Type: Hill Tefra<br/>Quick Hitch S/N: 101476<br/>Equipment Type: Hitachi ZX225U-6 CLR Excavator<br/>ID: HCMAEQ5ZC00060252</b> |  | Safe Working Load(s):<br><b>In Accordance with manufacture specification.</b> | Date of manufacture if known:<br><b>Unknown</b>   | Date of last thorough examination:<br><b>24/09/2022</b>             |  |
| Is this the first examination after installation or assembly at a new site or location?  |  | Was the examination carried out:  |   |   |  |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | Within an interval of 6 months?   |   | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| If the answer to the above question is YES has the equipment been installed correctly?   |  | Within an interval of 12 months?  |   | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | In accordance with an examination scheme?                                     |   | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
|  |  | After the occurrence of exceptional circumstances?                            |   | YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> 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:**  
**Equipment was found to be in safe working order at time of inspection.**

|  |  |   |     |  |    |                          |
|--|--|---|-----|--|----|--------------------------|
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>  |  |   | YES | <input checked="" type="checkbox"/>  | NO | <input type="checkbox"/> |
| <b>Name &amp; Qualifications of person making this report:</b><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>Mr James Walsh</i> |     | Latest date by which next thorough examination must be carried out:<br><br><b>12/03/2023</b> |    |                          |
| <b>Name and address of employer of persons making and authenticating this report:</b><br><br>Walsh Plant Ltd, Unit 3 Birchwood Industrial Estate, Hoe Lane, Nazeing, EN9 2RJ |  |   |     |  |    |                          |