



Development Member



GA1

Fleet Number:

HQH226

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: 25/04/2023		Date of Report: 25/04/2023		Report number: 6M2300322													
Name and Address of employer for whom the thorough examination was made: M J Hickey Plant, Unit 11 SBC Bristol Way, Slough, SL1 3TD			Address of premises at which the examination was made: GTM JV Southern, Dumbrells Farm Way, Ansty, Haywards Heath, RH17														
Description and identification of the equipment: Quick Hitch Type: Hill Tefra Quick Hitch Quick Hitch S/N: 10282 Equipment Type: Hitachi ZX85USB-6 Excavator ID: HCMDER50P00111053		Safe Working Load(s): In Accordance with manufacture specification.	Date of manufacture if known: 2021	Date of last thorough examination: 26/04/2022													
Is this the first examination after installation or assembly at a new site or location? <table border="1"><tr><td>YES</td><td>X</td><td>NO</td><td></td></tr></table>		YES	X	NO		Was the examination carried out: Within an interval of 6 months ? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td>X</td></tr></table>				YES		NO	X				
YES	X	NO															
YES		NO	X														
If the answer to the above question is YES has the equipment been installed correctly? <table border="1"><tr><td>YES</td><td>X</td><td>NO</td><td></td></tr></table>		YES	X	NO		Within an interval of 12 months? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td>X</td></tr></table>		YES		NO	X	In accordance with an examination scheme? <table border="1"><tr><td>YES</td><td>X</td><td>NO</td><td></td></tr></table>		YES	X	NO	
YES	X	NO															
YES		NO	X														
YES	X	NO															
After the occurrence of exceptional circumstances? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td>X</td></tr></table>		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.											
YES		NO	X														
Is the above an existing or imminent danger to persons *Note -This is a reportable defect <table border="1"><tr><td>YES</td><td></td><td>NO</td><td>X</td></tr></table>			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		NO	X														
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: 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: 24/10/2023		
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						