GA1 **Fleet Number:** HQH257

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:
12/04/2024	12/04/2024	6M240350

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, Unit 11 SBC Bristol Way, Slough, SL1 3TD	GallifordTry Southern Water, New Southern House, Winchester, SO21 2SW

Description and identification of the equipment:	Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:
Quick Hitch Type: Hill Tefra **Quick Hitch S/N:** 114590 **Equipment Type:** Hitachi ZX85USB-6 Excavator **ID:** HCMDER50H00111743	In Accordance with manufacture specification.	Unknown	25/07/2023

	YES	NO
Is this the first examination after installation or assembly at a new site or location?		X
If the answer to the above question is YES has the equipment been installed correctly?	X	

Was the examination carried out:	YES	NO
Within an interval of 6 months?		X
Within an interval of 12 months?		X
In accordance with an examination scheme?	X	
After the occurrence of exceptional circumstances?		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	NO
	X	

Name & Qualifications of person making this report:	Name of person signing or authenticating this report on behalf of the author: Signature: Mid James Walsh	Latest date by which next thorough examination must be carried out:
James Walsh City & Guilds, CITB		11/10/2024

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

Walsh Machinery Ltd, 2 Stiven Crescent, Harrow, HA2 9AY