



Development Member



GA1

Fleet Number:

HQH257

REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 and Power Regulations 1998

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|--|----------|---|--|--|----------|---|--|--|-----|----------|--|----------|-----|--|----|----------|
| Date of Thorough Examination: 25/07/2023 | | Date of Report: 25/07/2023 | | Report number: 6M2300598 | | | | | | | | | | | | |
| 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: GallifordTry Southern Water, 73-77 Waterworks Road, Otterbourne, Winchester, SO21 | | | | | | | | | | | | | |
| Description and identification of the equipment: Quick Hitch Type: Hill Tefra Quick Hitch S/N: 114590 Equipment Type: Hitachi ZX85USB-6 Excavator ID: HCMDER50H0011743 | | Safe Working Load(s): In Accordance with manufacture specification. | Date of manufacture if known: Unknown | Date of last thorough examination: Unknown | | | | | | | | | | | | |
| 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: | | | | | | | | | | |
| YES | X | NO | | | | | | | | | | | | | | |
| 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 6 months ? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td>X</td></tr></table> | YES | | NO | X | 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 |
| YES | X | NO | | | | | | | | | | | | | | |
| YES | | NO | X | | | | | | | | | | | | | |
| 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 | | 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 | | | | |
| YES | X | NO | | | | | | | | | | | | | | |
| 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 | 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.

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|--|--|---|-----|--|----|
| 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: 24/01/2024 | |
| 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 | | | | | |