

## 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>19/09/2023</b>                                                                                                                                                        |          | Date of Report:<br><b>19/09/2023</b> |                                                                                                                                      | Report number:<br><b>6M2300742</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>GallifordTry Southern Water,<br/>Handcross WTW, Haywards Heath, RH7</b> |                                                 |                                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| Description and identification of the equipment:<br><b>Quick Hitch Type: Hill Tefra Quick Hitch<br/>Quick Hitch S/N: 116547<br/>Equipment Type: Hitachi ZX85USB-6 Excavator<br/>ID: HCMDER50T00111813</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>Unknown</b> |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| Is this the first examination after installation or assembly at a new site or location?<br><table border="1"> <tr> <td>YES</td> <td><b>X</b></td> <td>NO</td> <td></td> </tr> </table>                    |          |                                      | YES                                                                                                                                  | <b>X</b>                                        | NO                                                   |     | Was the examination carried out:<br><table border="1"> <tr> <td>Within an interval of 6 months?</td> <td>YES</td> <td></td> <td>NO</td> <td><b>X</b></td> </tr> <tr> <td>Within an interval of 12 months?</td> <td>YES</td> <td></td> <td>NO</td> <td><b>X</b></td> </tr> <tr> <td>In accordance with an examination scheme?</td> <td>YES</td> <td><b>X</b></td> <td>NO</td> <td></td> </tr> <tr> <td>After the occurrence of exceptional circumstances?</td> <td>YES</td> <td></td> <td>NO</td> <td><b>X</b></td> </tr> </table> |    |  | Within an interval of 6 months? | YES |  | NO | <b>X</b> | Within an interval of 12 months? | YES |  | NO | <b>X</b> | In accordance with an examination scheme? | YES | <b>X</b> | NO |  | After the occurrence of exceptional circumstances? | YES |  | NO | <b>X</b> |
| YES                                                                                                                                                                                                       | <b>X</b> | NO                                   |                                                                                                                                      |                                                 |                                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| Within an interval of 6 months?                                                                                                                                                                           | YES      |                                      | NO                                                                                                                                   | <b>X</b>                                        |                                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| Within an interval of 12 months?                                                                                                                                                                          | YES      |                                      | NO                                                                                                                                   | <b>X</b>                                        |                                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| In accordance with an examination scheme?                                                                                                                                                                 | YES      | <b>X</b>                             | NO                                                                                                                                   |                                                 |                                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| After the occurrence of exceptional circumstances?                                                                                                                                                        | YES      |                                      | NO                                                                                                                                   | <b>X</b>                                        |                                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| If the answer to the above question is YES has the equipment been installed correctly?<br><table border="1"> <tr> <td>YES</td> <td><b>X</b></td> <td>NO</td> <td></td> </tr> </table>                     |          |                                      |                                                                                                                                      |                                                 |                                                      | YES | <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| YES                                                                                                                                                                                                       | <b>X</b> | NO                                   |                                                                                                                                      |                                                 |                                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| 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                                             | <b>X</b>                                             |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |                                 |     |  |    |          |                                  |     |  |    |          |                                           |     |          |    |  |                                                    |     |  |    |          |
| 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.**

|                                                                                                                                                                       |  |                                                                                                                       |     |                                                                                              |    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------|----|--|
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                    |  |                                                                                                                       | YES | <b>X</b>                                                                                     | NO |  |
| Name & Qualifications of person making this report:<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>18/03/2024</b> |    |  |
| Name and address of employer of persons making and authenticating this report:<br><br>Walsh Plant Ltd, Unit 3 Birchwood Industrial Estate, Hoe Lane, Nazeing, EN9 2RJ |  |                                                                                                                       |     |                                                                                              |    |  |