



COYLE EQUIPMENT SERVICES LTD

Report of Thorough Examination

Date of Thorough Examination:	15/05/2024	Date of Report:	15/05/2024
Certificate Number:	BS369/01	Fleet No:	NA
Equipment Type:	PALLET FORKS	Serial No:	BS369
Safe Working Load(s):	1000kg		
Name and address of the owner of the equipment:		Address of premises at which the examination was made:	
M J Hickey Plant Hire Ltd Unit 11 CBC Bristol Way Slough SL1 3TD		COYLE EQUIPMENT SERVICES LIMITED UNIT 1 CANAL WHARF HORSENDEN LANE NORTH GREENFORD UB6 7PH	
Examination Results:			
Is this the first examination after installation or assembly at a new site or location?			YES
If the answer to the above question is YES has the equipment been installed correctly?			YES
Was the examination carried out within an interval of 6 months?			YES
Was the examination carried out within an interval of 12 months?			NO
Was the examination carried out in accordance with an examination scheme?			NO
Was the examination carried out after the occurrence of exceptional circumstances?			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: (If none state NONE)			NONE
Is the above an existing or imminent danger to persons *Note-This is a reportable defect			NO
Is the above a defect which is not yet but could become a danger to persons:			NO
If the above is a defect that could become a danger to persons, when could it become a danger.			N/A
Particulars of any repair, renewal or alteration required to remedy the defect identified above:			N/A
Particulars of any tests carried out as part of the examination: (If none state NONE)			NONE
Observations / additional comments relative to this thorough examination			NONE

Date of last thorough examination:	Latest Date by which next thorough examination must be carried out:
N/A – First Cert	14/11/2024

IS THIS EQUIPMENT SAFE TO OPERATE:	YES
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Declaration: I hereby declare that the equipment on this record was thoroughly examined in accordance with appropriate provisions and found free of any defects likely to affect the safe working of the item, other than listed above.

Name of person making this report	Name of person signing or authenticating this report on behalf of the author
NAME: Lucy-May Bennett SIGNATURE: <i>Lucy Bennett</i>	NAME: Tomasz Michalek CAPS Training LOLER for Accessories & Forks SIGNATURE: <i>T. Michalek</i>

Report of thorough examination in accordance with LOLER 1998 (lifting operations and lifting equipment regulations 1998) and Pwuer 1998 (Provision and use of work Equipment Regulations)
NOTE: Your attention is directed to the regulations quoted which requires the machine to be subject to on – going thorough examinations. This Document is important and should be retained by you for production to His Majesty’s inspectorate, if required.