



**REPORT OF A THOROUGH 12 MONTHLY EXAMINATION
INCLUDING LIFTING ATTACHMENTS**

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

Date of thorough Examination: 17/08/2011		Date Of Report: 17/08/2011		Report Number: FR615/01	
Name and Address of Employer for whom the Thorough examination was made Readypower Readypower House Molly Millers Bridge Wokingham Berkshire RG41 2WY			Address of premises at which the examination was made. Readypower Roundtree Road Wembley Middlesex		
Description and Identification of the Equipment:		Safe Working Load(s):	Date of Manufacture if Known:	Date of last thorough examination	
<i>Make</i>	: <i>Case</i>	<i>Check valves & RCI Prolec LWPC fitted refer to lift chart supplied.</i>	2002	25/07/11	
<i>Model</i>	: <i>988</i>				
<i>Serial Number</i>	: <i>CGG0232176</i>				
<i>Stock Number</i>	: <i>FR615</i>				
<i>Number of Components</i>	:				
<i>Delete as necessary</i>		<i>Delete as necessary</i>			
Is this the first examination after installation <i>No</i>		<i>Was the examination carried out:</i>			
		<i>Within an interval of 6 Months?</i>		<i>No</i>	
Has the equipment been installed correctly <i>Yes</i>		<i>Within an interval of 12 Months?</i>		<i>Yes</i>	
		<i>After the occurrence of exceptional circumstances?</i>		<i>No</i>	
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)					
<i>None</i>					
Is the above a defect which is of immediate danger to persons?					
<i>No</i>					
Is the above defect, which is not yet but could be become a danger to persons? (If yes state the date by when)					
<i>No</i>					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<i>None</i>					
Particulars of any tests carried out as a part of the examination: (if none state NONE)					
<i>Visual Inspection Only</i>				<i>Yes</i>	
<i>Brake Test</i>				<i>Yes</i>	
<i>Lift Test</i>				<i>Yes</i>	
<i>Machine Hrs</i>				<i>6505</i>	
IS THIS APPLIANCE OR ACCESSORY SAFE TO OPERATE?					
Yes					
Name of person making this report:		Name of this person authenticating this report:		Latest date by which next thorough examination must be carried out:	
Print Name: Lewis Rae Signature: <i>L Rae</i>		Print Name: Chris Fitzgerald Signature: <i>C Fitzgerald</i>		17/08/2012	
Name and Address of employer making and authenticating this report <i>Fitzgerald plant services Limited</i> Avondale Way, Avondale Ind. Est., Cwmbran, South Wales, NP44 1TS					