



**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

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|--|---------------------|---|---|--|--|
| Date of thorough Examination: 21/10/11 | | Date Of Report: 21/10/11 | | Report Number: FR621/01 | |
| 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 Bracknell Yard | | |
| 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 LW5 fitted refer to lift chart supplied.</i> | <i>2003</i> | <i>17/11/10</i> | |
| <i>Model</i> | : <i>988</i> | | | | |
| <i>Serial Number</i> | : <i>CGG0232381</i> | | | | |
| <i>Stock Number</i> | : <i>FR621</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> | Was the examination carried out: | | | |
| | | <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> | |
| 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: Andrew Fox Signature: <i>Andrew Fox</i> | | Print Name: Chris Fitzgerald Signature: <i>C Fitzgerald</i> | | 21/10/2012 | |
| 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 | | | | | |