



**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

<b>Date of thorough Examination:</b> 30/09/11		<b>Date Of Report:</b> 30/09/11		<b>Report Number:</b> FR622/01	
<b>Name and Address of Employer for whom the Thorough examination was made</b> Readypower Readypower House Molly Millers Bridge Wokingham Berkshire RG41 2WY			<b>Address of premises at which the examination was made.</b>  Readypower Bracknell Yard		
<b>Description and Identification of the Equipment:</b>		<b>Safe Working Load(s):</b>	<b>Date of Manufacture if Known:</b>	<b>Date of last thorough examination</b>	
<i>Make</i>	: <i>Case</i>	<i>Check valves &amp; RCI Prolec LW5 fitted refer to lift chart supplied.</i>	<i>2003</i>	<i>23/09/11</i>	
<i>Model</i>	: <i>988</i>				
<i>Serial Number</i>	: <i>CGG0232382</i>				
<i>Stock Number</i>	: <i>FR622</i>				
<i>Number of Components</i>	:				
<i>Delete as necessary</i>		<i>Delete as necessary</i>			
<b>Is this the first examination after installation</b> <i>No</i>		<i>Was the examination carried out:</i>			
		<i>Within an interval of 6 Months?</i>		<i>No</i>	
<b>Has the equipment been installed correctly</b> <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>	
<b>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)</b>					
<i>None</i>					
<b>Is the above a defect which is of immediate danger to persons?</b>					
<i>No</i>					
<b>Is the above defect, which is not yet but could be become a danger to persons? ( If yes state the date by when)</b>					
<i>No</i>					
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above:</b>					
<i>None</i>					
<b>Particulars of any tests carried out as a part of the examination: ( if none state NONE)</b>					
<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>5664.2</i>	
<b>IS THIS APPLIANCE OR ACCESSORY SAFE TO OPERATE?</b>					
<i>Yes</i>					
<b>Name of person making this report:</b>		<b>Name of this person authenticating this report:</b>		<b>Latest date by which next thorough examination must be carried out:</b>	
<b>Print Name: Andrew Fox</b> <b>Signature: <i>Andrew Fox</i></b>		<b>Print Name: Chris Fitzgerald</b> <b>Signature: <i>C Fitzgerald</i></b>		<b>30/09/2012</b>	
<b>Name and Address of employer making and authenticating this report</b> <i>Fitzgerald plant services Limited</i> <b>Avondale Way, Avondale Ind. Est., Cwmbran, South Wales, NP44 1TS</b>					