



**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> 05/08/11		<b>Date Of Report:</b> 05/08/11		<b>Report Number:</b> FR624/01	
<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>  Network Rail Yard Canton Cardiff		
<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>	
Make : Case Model : 988 Serial Number : CGG0232387 Stock Number : FR624 Number of Components :		Check valves & RCI Prolec LWPC fitted refer to lift chart supplied.	2003	09/11/10	
Delete as necessary		Delete as necessary			
<b>Is this the first examination after installation</b> No		<b>Was the examination carried out:</b>			
		Within an interval of 6 Months?		No	
<b>Has the equipment been installed correctly</b> Yes		Within an interval of 12 Months?		Yes	
		After the occurrence of exceptional circumstances?		No	
<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>					
None					
<b>Is the above a defect which is of immediate danger to persons?</b>					
No					
<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>					
No					
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above:</b>					
None					
<b>Particulars of any tests carried out as a part of the examination: ( if none state NONE)</b>					
Visual Inspection Only				Yes	
Brake Test				Yes	
Lift Test				Yes	
Machine Hrs 4105					
<b>IS THIS APPLIANCE OR ACCESSORY SAFE TO OPERATE?</b>					
Yes					
<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>	
Print Name: Andrew Fox Signature: <i>A Fox</i>		Print Name: Chris Fitzgerald Signature: <i>C Fitzgerald</i>		05/08/2012	
Name and Address of employer making and authenticating this report					
Fitzgerald plant services Limited					
Avondale Way, Avondale Ind. Est., Cwmbran, South Wales, NP44 1TS					