FITZGERALD
PLANT SERVICES LTD

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:	***Date Of Report:***	***Report Number:***
15/09/11	15/09/11	FR634/01

Name and Address of Employer for whom the Thorough examination was made	***Address of premises at which the examination was made.***
Readypower Readypower House Molly Millers Bridge Wokingham Berkshire RG41 2WY	Readypower Kings Langley

Description and Identification of the Equipment:	***Safe Working Load(s):***	***Date of Manufacture if Known:***	***Date of last thorough examination***
Make : ***Terex*** *Model* : ***Gigarailer*** *Serial Number* :*168M301648* *Stock Number* : *FR634* *Number of Components* :	*Check valves & RCI Prolec LWPC fitted refer to lift chart supplied.*	*2006*	*30/08/11*

Delete as necessary		*Delete as necessary*	
Is this the first examination after installation	*No*	*Was the examination carried out:*	
		Within an interval of 6 Months?	*No*
Has the equipment been installed correctly	*Yes*	*Within an interval of 12 Months?*	*Yes*
		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 a defect which is of immediate danger to persons?	*No*
Is the above defect, which is not yet but could be become a danger to persons? (If yes state the date by when)	*No*
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	*None*
Particulars of any tests carried out as a part of the examination: (if none state NONE)	*None*
Visual Inspection Only	*Yes*
Brake Test	*Yes*
Lift Test	*Yes*
Machine Hrs	*3223*
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:** *L Rae*	**Print Name: Chris Fitzgerald** **Signature:** *C Fitzgerald*	15/09/2012

Name and Address of employer making and authenticating this report

Fitzgerald plant services Limited

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