



**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: 30/09/11 | | Date Of Report: 30/09/11 | | Report Number: FR659/01 | |
| 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: Make : Case Model : CX135 Serial Number : DCH13U0403 Stock Number : FR659 Number of Components : | | Safe Working Load(s): Check valves & RCI Prolec LW5 fitted refer to lift chart supplied. | Date of Manufacture if Known: 2005 | Date of last thorough examination 30/08/11 | |
| <i>Delete as necessary</i> | | <i>Delete as necessary</i> | | | |
| 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) | | | | | |
| Visual Inspection Only | | | | | |
| Yes | | | | | |
| Brake Test | | | | | |
| Yes | | | | | |
| Lift Test | | | | | |
| Yes | | | | | |
| Machine Hrs | | | | | |
| 2872.1 | | | | | |
| IS THIS APPLIANCE OR ACCESSORY SAFE TO OPERATE? | | | | | |
| Yes | | | | | |
| Name of person making this report: Print Name: Andrew Fox Signature: <i>Andrew Fox</i> | | Name of this person authenticating this report: Print Name: Chris Fitzgerald Signature: <i>C Fitzgerald</i> | | Latest date by which next thorough examination must be carried out: 30/09/2012 | |
| 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 | | | | | |