



**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> 22/09/11		<b>Date Of Report:</b> 22/09/11		<b>Report Number:</b> FR663/01	
<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 Kings Langley		
<b>Description and Identification of the Equipment:</b>  Make : Case Model : CX135SR Serial Number : DCH13U0547 Stock Number : FR663 Number of Components :		<b>Safe Working Load(s):</b>  Check valves & RCI Prolec LW5 fitted refer to lift chart supplied.	<b>Date of Manufacture if Known:</b>  2006	<b>Date of last thorough examination</b>  24/10/10	
<i>Delete as necessary</i>		<i>Delete as necessary</i>			
<b>Is this the first examination after installation</b> No		<b>Was the examination carried out:</b>			
<b>Has the equipment been installed correctly</b> Yes		Within an interval of 6 Months?		No	
		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> None					
Visual Inspection Only Yes					
Brake Test Yes					
Lift Test Yes					
Machine Hrs 1873					
<b>IS THIS APPLIANCE OR ACCESSORY SAFE TO OPERATE?</b> Yes					
<b>Name of person making this report:</b>  Print Name: Lewis Rae Signature: <i>L Rae</i>		<b>Name of this person authenticating this report:</b>  Print Name: Chris Fitzgerald Signature: <i>C Fitzgerald</i>		<b>Latest date by which next thorough examination must be carried out:</b>  22/09/2012	
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					