



**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> 26/08/11		<b>Date Of Report:</b> 26/08/11		<b>Report Number:</b> FR697/01	
<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 Station Car park Station Road Kingslangley		
<b>Description and Identification of the Equipment:</b>  Make : <b>Terrex</b> Model : <b>TW180 Gigacrane</b> Serial Number : <b>1805301305</b> Stock Number : <b>FR697</b> Number of Components :		<b>Safe Working Load(s):</b>  <i>Check valves &amp; RCI Prolec PC fitted refer to lift chart supplied.</i>	<b>Date of Manufacture if Known:</b>  2008	<b>Date of last thorough examination</b>  24/12/10	
<i>Delete as necessary</i>		<i>Delete as necessary</i>			
<b>Is this the first examination after installation</b> No		<i>Was the examination carried out:</i>			
<b>Has the equipment been installed correctly</b> Yes		<i>Within an interval of 6 Months?</i>		No	
		<i>Within an interval of 12 Months?</i>		Yes	
		<i>After the occurrence of exceptional circumstances?</i> 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				1154	
<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>  26/08/2012	
<b>Name and Address of employer making and authenticating this report</b> <i>Fitzgerald plant services Limited</i> Avondale Way, Avondale Ind. Est., Cwmbran, South Wales, NP44 1TS					