

## REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998

|   |  |  |                          |                       |                                     |  |  |  |                                     |                          |                                     |
|---|--|--|--------------------------|-----------------------|-------------------------------------|--|--|--|-------------------------------------|--------------------------|-------------------------------------|
| <b>Date of Thorough Examination:</b>  |  | 09 May 2023  |                          | <b>Report Number:</b> |                                     | 14690/0001   |  | <b>Order Number:</b>                     |                                     | 6623                     |                                     |
| <b>Name and Address for whom the thorough examination was made:</b>   |  |  |                          |                       |                                     | <b>Address of premises at which the examination was made:</b>  |  |  |                                     |                          |                                     |
| Ashvale Civil Engineering<br>Firbank Trading Estate<br>Dallow Road<br>Luton<br>Bedfordshire<br>LU1 1TD  |  |  |                          |                       |                                     | Ashvale Civil Engineering, Hitchin - Castlefield<br>C/O Beechwood Homes<br>Off Templars Lane<br>Preston<br>SG4 7AZ |  |  |                                     |                          |                                     |
| <b>Identification of the equipment</b>  |  | <b>Description of the equipment</b>  |                          |                       |                                     | <b>Safe Working Load</b>   |  | <b>Date of last thorough examination</b> |                                     |                          |                                     |
| ASH16<br>(DXCCEBBRJJ0020Q91)  |  | DOOSAN EXCAVATOR TYPE DX140LC-5 ONE PIECE BOOM - 3.0<br>METRE DIPPERSTICK<br><br>QUICK HITCH SERIAL NUMBER : ASH16 |                          |                       |                                     | 1670KG (not inc.<br>hitch)   |  | 26/05/2022                               |                                     |                          |                                     |
|   |  |  |                          |                       |                                     | <b>Examination carried out : -</b>   |  |  |                                     |                          |                                     |
| Is this the first examination after installation or assembly at a new site or location?   |  | YES  | <input type="checkbox"/> | NO                    | <input checked="" type="checkbox"/> | Within an interval of 6 months?  |  | YES                                      | <input type="checkbox"/>            | NO                       | <input checked="" type="checkbox"/> |
|   |  |  |                          |                       |                                     | Within an interval of 12 months?   |  | YES                                      | <input checked="" type="checkbox"/> | NO                       | <input type="checkbox"/>            |
| If the answer to the above question is YES, has the equipment been installed correctly?   |  | YES  | <input type="checkbox"/> | NO                    | <input type="checkbox"/>            | In accordance with an examination scheme?  |  | YES                                      | <input type="checkbox"/>            | NO                       | <input checked="" type="checkbox"/> |
|   |  |  |                          |                       |                                     | After the occurrence of exceptional circumstances?   |  | YES                                      | <input type="checkbox"/>            | NO                       | <input checked="" type="checkbox"/> |
| <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  |  |  |                          |                       |                                     |  |  |  |                                     |                          |                                     |
| Is the above an existing or imminent danger to persons *Note-This is a reportable defect  |  |  |                          |                       |                                     |  |  | YES                                      | <input type="checkbox"/>            | NO                       | <input type="checkbox"/>            |
| Is the above a defect which is not yet but could become a danger to persons:<br>(If YES state the date by when)   |  |  |                          |                       |                                     | YES by:  |  |  | NO                                  | <input type="checkbox"/> |                                     |
| <b>Particulars of any repair, renewal or alteration required to remedy the defect identified above: (If none state NONE)</b>  |  |  |                          |                       |                                     |  |  |  |                                     |                          |                                     |
| <b>Particulars of any tests carried out as part of the examination: (If none state NONE)</b>  |  |  |                          |                       |                                     |  |  |  |                                     |                          |                                     |
| The safe working load at a height of approximately 3.0 metres was applied to the end of the arm at a maximum radius from centre of slew, less the weight of the hitch. Test carried out using a fixed dead weight with load cell over the side. |  |  |                          |                       |                                     |  |  |  |                                     |                          |                                     |
| <b>IS THIS EQUIPMENT SAFE TO USE?</b>   |  |  |                          |                       |                                     |  |  | YES                                      | <input checked="" type="checkbox"/> | NO                       | <input type="checkbox"/>            |

**Name & Qualifications of person making this report:**

Aaron Lovell  
LEEA Qualified  
Company Approved Technician

**Name of person authenticating this report:**

Ashleigh Trotter



**Latest date by which next thorough examination must be carried out:**

09/05/2024

**Name and address of employer of persons making and authenticating this report:**

Bramley Engineering, 22 Eden Way, Pages Industrial Park, Leighton Buzzard, Bedfordshire, LU7 4TZ.