

## 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>	146911/0001	<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 Firbank Trading Estate Dallow Road Luton Bedfordshire LU1 1TD			Ashvale Civil Engineering, Kings Langley							
<b>Identification of the equipment</b>	<b>Description of the equipment</b>		<b>Safe Working Load</b>	<b>Date of last thorough examination</b>						
ASH31 (62603)	KUBOTA EXCAVATOR TYPE U27-4 ONE PIECE BOOM - 1.3 METRE DIPPERSTICK,  QUICK HITCH SERIAL NUMBER : 194332-4		250KG (not inc. 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										
<b>Is the above an existing or imminent danger to persons *Note-This is a reportable defect</b>							YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)</b>						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.