

THOROUGH EXAMINATION OF LIFTING OR WORK EQUIPMENT

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

Date of Thorough Examination: **25/10/2022** Date of Report: **25/10/2022** Report No: **0012405**

Address of Organisation or Employer Responsible for this Equipment Ashvale Civil Engineering Firbank Trading Estate Dallow Road Luton LU1 1TD	Address of Location Examination Carried Out Ashvale Civil Engineering Firbank Trading Estate Dallow Road Luton LU1 1TD						
Description and Identification of the equipment: CONQUIP BLOCK GRAB SN: CQ28187 PN: BG 06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">SWL/WLL</td> <td style="width: 25%;">Date of manufacture if Known:</td> <td style="width: 25%;">Date of last thorough</td> </tr> <tr> <td>2000KG</td> <td>N/K</td> <td>N/K</td> </tr> </table>	SWL/WLL	Date of manufacture if Known:	Date of last thorough	2000KG	N/K	N/K
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2000KG	N/K	N/K					

Is this the first examination after installation Or after assembly at a new site or location? If the answer to the above question is YES, Has the equipment been installed correctly?	Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme After the occurrence of exceptional circumstances?																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%;">NO</td> <td style="width: 25%;">X</td> </tr> <tr> <td>YES</td> <td>N/A</td> <td>NO</td> </tr> </table>	YES	NO	X	YES	N/A	NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%;">NO</td> <td style="width: 25%;"></td> </tr> <tr> <td>YES</td> <td>X</td> <td>NO</td> </tr> <tr> <td>YES</td> <td>X</td> <td>NO</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>X</td> </tr> </table>	YES	NO		YES	X	NO	YES	X	NO	Yes	No	X
YES	NO	X																	
YES	N/A	NO																	
YES	NO																		
YES	X	NO																	
YES	X	NO																	
Yes	No	X																	

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: None				
Is the above defect of immediate danger to persons?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%;">NO</td> <td style="width: 25%;">X</td> </tr> </table>	YES	NO	X
YES	NO	X		
Is the above defect which is not yet but could become a danger to persons?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES by:</td> <td style="width: 25%;">NO</td> <td style="width: 25%;">X</td> </tr> </table>	YES by:	NO	X
YES by:	NO	X		

Particulars of any repair, renewal or alteration required to remedy the defect identified above: None						
Particulars of any tests carried out as part of the examination: (If none state NONE): Visual inspection and functionality test						
IS THIS EQUIPMENT SAFE TO OPERATE?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">YES</td> <td style="width: 25%;">X</td> <td style="width: 25%;">NO</td> </tr> </table>	YES	X	NO
YES	X	NO				

Name of person making this report: DAVID BRADLEY	Signature:	Latest date by which next thorough examination must be carried out: 25/04/2023
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