

REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

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

Date of thorough examination:	Date of report:	Report number:
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Name and address of employer for whom the thorough examination was made:	Address of premises at which the examination was made:
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Description and identification of the equipment:	Safe working load(s):	Date of manufacture if known:	Date of last thorough examination:

Is this the first examination after installation or after assembly at a new site or location?	YES	NO	Was the examination carried out:	YES	NO
				within an interval of 6 months?	
If the answer to the above question is YES, has the equipment been installed correctly?	YES	NO	within an interval of 12 months?	YES	NO
			in accordance with an examination scheme?		
			after the occurrence of exceptional circumstances?	YES	NO

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)

Is the above a defect which is of immediate danger to persons? YES NO

Is the above a defect which is not yet but could become a danger to persons? (If YES state the date by when) YES by: NO

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

Particulars of any tests carried out as part of the examination: (If none state NONE)

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

Name of the person making this report:	Name of the person authenticating this report:	Latest date by which next thorough examination must be carried out:
	Signature:	

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

XYZ Lifting Equipment Co Ltd, Any Street, Any Town, Any County

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