



Full Member

## REPORT OF THOROUGH EXAMINATION

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

Date of Thorough Examination: 22/09/2015		Date of Report: 22/09/2015		Report number: G000000563																	
Name and Address of employer for whom the thorough examination was made: SCAFFOLDING SUPPLIES UNIT 2 ESTATE ROAD No 8 SOUTH HUMBERSIDE INDUSTRIAL ESTATE GRIMSBY DN31 2 TG			Address of premises at which the examination was made: TOPLIFTING SERVICES UNIT 5A,EUROPA PARK GILBEY ROAD GRIMSBY DN31 2UJ																		
Description and identification of the equipment:  POLYPROPLENE HESSIEN SCAFFOLD FITTING BAG  ONE OF BATCH		Safe Working Load(s):  30 KGS	Date of manufacture if known: NOT KNOWN	Date of last thorough examination: NOT KNOWN																	
Is this the first examination after installation or 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>YES</td> <td>X</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES	X	NO		YES		NO		YES		NO		YES		NO	
YES	X	NO																			
YES		NO																			
YES		NO																			
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) NONE																					
Is the above an existing or imminent danger to persons *Note-This is a reportable defect				YES	NO X																
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:																		
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)  PROOF LOAD TEST 200 KGS ONE OF BATCH																					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	X NO																
Name & Qualifications of person making this report: D EDWARDS COMPANY APPOINTED EXAMINER		Name of person authenticating this report: D EDWARDS  Signature: <i>D S Edwards</i>		Latest date by which next thorough examination must be carried out:  22/09/2016																	
Name and address of employer of persons making and authenticating this report: TOPLIFTING SERVICES , GRIMSBY																					