

REPORT OF A THOROUGH 12 MONTHLY EXAMINATION INCLUDING LIFTING ATTACHMENTS

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

This report complies with the requirements of	• •				
Date of thorough Examination:	Date Of Report:			oort Number:	
18/06/2018	18/06/2018 I		LB32	204-1/2/3/4/01	
ame and Address of Employer for whom the	Address of premises at which the examination was made.				
horough examination was made	Fig. 11 Di 10 1 1 1 1				
The Really Handy Company	Fitzgerald Plant Services Ltd				
Rose Cottage	Avondale Way				
Semmerleaze	Avondale Industrial Estate				
Nr redwick		Cwmbr			
Monmouthshire	South Wales				
NP26 3EE		NP44 1TS			
escription and Identification of the Equipment:	Safe Working Load(s):	Date of Manufo Known:		Date of last thorough examination:	
Take : Unknown					
odel : Container	3T	** 1		** 1	
ctensions, clips & straps		Unknov	vn	Unknown	
erial Number : LB3204-1/2/3/4					
ock Number : LB3204-1/2/3/4					
umber of Components : 1					
Delete as necessary	Delete as necessary				
	, in the second				
Is this the first examination after installation No	Was the examination carried or	ut:			
				3.7	
	Within an interval of 6 Months?			No	
as the equipment been installed correctly Yes	Within an interval of 12 Months?			No	
	After the occurrence of e.	xceptional circur	nstances?	Yes	
lentification of any part found to have a defect wh f none state NONE)	hich is or could become a	ı danger to perso	ns and a des	cription of the defect: None	
Is the above a defect which is of immediate danger to persons?				No	
Is the above defect, which is not yet but could be become a danger to persons? No					
If yes state the date by when)					
articulars of any repair, renewal or alteration re	aguined to nome by the def	eat identified abo			
incaiars of any repair, renewal or alleration re	quired to remedy the defe	сі шеніуши иво	ve.	None	
articulars of any tests carried out as a part of the	e oramination: (if none s	tate NONE		HOILE	
arneulars of any tesis carried out as a part of the isual Inspection Only	: елинининоп. (ij nome si	iaie MONE)		Yes	
isual Inspection Only If Test				Yes	
	TO OPENATES				
STHIS APPLIANCE OR ACCESSORY SAFE	TO OPERATE?			Yes	
ame of person making this report: Name of report:	me of this person authenticating this ort:		Latest date by which next thorough examination must be carried out:		
int Manie. Ixici dii Miccol mack	me: Clare Groves re: <i>C Groves</i>		17/06/2019		
gnature: K McCormack Signatur		uthenticating this		06/201	

Name and Address of employer making and authenticating this report Fitzgerald Plant Services Limited

Avondale Way, Avondale Industrial Estate, Cwmbran. South Wales. NP44 1TS