

# 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:
-------------------------------	-----------------	----------------

Name and address of employer for whom the thorough examination was made:	Address of premises at which the examination was made:
--	--

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? If the answer to the above question is YES, has the equipment been installed correctly?	YES	NO	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?	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)

<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES	NO
---	-----	----

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

Name and address of employer of persons making and authenticating this report:  
**XYZ Lifting Equipment Co Ltd, Any Street, Any Town, Any County**