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REPORT OF A THOROUGH EXAMINATION

Reference : "Lifting Operations and Lifting Equipment Regulations 1998" Regulations 10 Schedule 1

1. Company:
 Address:
 Postcode:

2. Site Address (if different from above):

3. **EQUIPMENT**
 Manufacturer: Model:
 Serial Number: Date of Manufacture:

4. Date of last thorough examination: 5. Safe working load:

6a. Is this the first thorough examination since assembly? Yes No
 6b. Is it safe to operate? Yes No
 7a. (i) Is this a 6 monthly thorough examination for a personnel lift? Yes No
 (ii) Or a 12 monthly thorough examination for a material handler? Yes No
 (iii) Is it in accordance with an examination scheme? Yes No
 (iv) Or is it due to exceptional circumstances eg. major repair? Yes No
 7b. **IS IT SAFE TO OPERATE?** Yes No

Further notes:

8a. Description of defect or defective part:
 b. Details of repair required:
 c. Details of any defect that could become a danger:
 (i) Time by which it could become a danger:
 (ii) Particulars of repair to remedy it:

d. Date next thorough examination due:
 e. Details of test:
 Safe working load: Overload:
 Other observations and recommendations:

f. Date of this thorough examination: 9. Engineers name:
 Engineers CAP number or qualifications:
 Engineers signature:

Employed by: **Access Platform Sales Ltd.**

10. Name of person authenticating this report:
 Address:
 Signature:
 11. Date of this report:
 12. Report received by:
 Signature: Date: