



Development Member



GA1

Fleet number
HQH249
Registration
N/A
Expiry
31/10/26

**REPORT OF THOROUGH EXAMINATION**

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

<b>Date of Thorough Examination</b>	<b>Date of report</b>	<b>Report number</b>
01/05/26	01/05/26	6M260463
<b>Name and address of employer for whom the thorough examination was made</b>		<b>Address of premises at which the examination was made</b>
MJ Hickey Plant Hire, Unit 11, CBC Bristol Way, Slough, SL1 3TD		Heritage Walk, Slough, SL1 3GP

**Description and identification of equipment**

<b>Equipment type</b>	N/A	<b>Quick hitch type</b>	Hill Tefra
<b>ID / Serial Number</b>	N/A	<b>Quick hitch ID</b>	Illegible
<b>Date of manufacture</b>	Unknown	<b>Last examination date</b>	N/A

**Safe working load (s):**

N/A	
For all duties refer to the Manufacturers lifting charts	
1. SWL of the Lifting Points (e.g on hitch) must be greater than the maximum lift weight detailed on the duty chart	
2. The weight of any hitch or attachment must be taken into account as it is not included in the manufacturer's duty charts	
N/A	
N/A	

<b>Is the first examination after installation or assembly at a new site or location ?</b>	Yes	No
<b>If the answer to the above is Yes has the equipment been installed correctly ?</b>	Yes	No

**Was the examination carried out :**

<b>Within an interval of 12months or 6months ?</b>	12m	6m
<b>In accordance with an examination scheme ?</b>	Yes	No
<b>After the occurrence of exceptional circumstances ?</b>	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	
<b>Is the above an existing or imminent danger to persons ?</b>	Yes No
<b>Is the above a defect which is not yet but could become a danger to persons ?</b>	Yes No

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

No alterations required
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**Particulars of any test carried out as part of the examination: (if none state NONE)**

None
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**Observations / additional comments relative to this thorough examination:**

Asset in good safe working order
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<b>Is this equipment safe to operate ?</b>	Yes	No
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<b>Name &amp; Qualifications of person making this report:</b>	James Walsh. City&Guilds. CITB
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<b>Name of person signing or authenticating this report</b>	<i>Md James Walsh</i>
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<b>Latest date by which next thorough examination must be carried out:</b>	31/10/26
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**Name and address of employer of persons making and authenticating this report:**

Walsh Machinery LTD, 2 Stiven crescent, Harrow, Middlesex, HA2 9AY
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