



Development Member



GA1

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| Fleet number |
| HQH292 |
| Registration |
| N/A |
| Expiry |
| 16/06/26 |

REPORT OF THOROUGH EXAMINATION

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

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| Date of Thorough Examination | Date of report | Report number |
| 17/12/25 | 17/12/25 | 6M250888 |
| Name and address of employer for whom the thorough examination was made | | Address of premises at which the examination was made |
| MJ Hickey Plant Hire, Unit 11, CBC Bristol Way, Slough, SL1 3TD | | Engineering Mews, 47 Heritage Walk, Slough, SL1 3GP |

Description and identification of equipment

| | | | |
|----------------------------|---------|------------------------------|------------|
| Equipment type | N/A | Quick hitch type | Hill Tefra |
| ID / Serial Number | N/A | Quick hitch ID | No I.D. |
| Date of manufacture | Unknown | Last examination date | 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 | |

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

Was the examination carried out :

| | | |
|--|-----|----|
| Within an interval of 12months or 6months ? | 12m | 6m |
| In accordance with an examination scheme ? | Yes | No |
| 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)

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|--|--------|
| None | |
| Is the above an existing or imminent danger to persons ? | Yes No |
| Is the above a defect which is not yet but could become a danger to persons ? | Yes No |

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

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

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

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| Asset in good safe working order |
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| Is this equipment safe to operate ? | Yes | No |
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| Name & Qualifications of person making this report: | James Walsh. City&Guilds. CITB |
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|---|-----------------------|
| Name of person signing or authenticating this report | <i>Md James Walsh</i> |
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| Latest date by which next thorough examination must be carried out: | 16/06/26 |
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Name and address of employer of persons making and authenticating this report:

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