

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	06/05/2016	Date of Report	06/05/2016	Job Number 00024604 Report Nu			ımber	00584034	
Name and Address of e was made:	Address at premises where the examination was made:								
DAYTONA EXHIBITIONS				B&B TRUCKS					
DO BOY 43 HUDDEDSEIELD WEST VO				HIGHAM LANE DODWORTH BARNSLEY SOUTH YORKSHIRE					
PO BOX 43 HUDDERSFIELD WEST YO									
				S75 3LA N/A					
HD8 8XW				Location Name (if any):					
Description and Identification of the equipment:				Safe Working Date of			ate of	[Date of Last
Asset Number DS60				Load(s) Manufacture (if known)			Thorough Examination		
Serial No:	DS60			N/A		(11)	(nown)		Examination
Asset Description	MISC MINI P	LANT							
							N/A		14/05/2015
TRAILER MOUNTED STAGING UNIT									
Is this the first examination after installation or after assembly at a new site or location?			No	Was the Examination carried out within a 6 months or a 12 months interval?			12 Months		
				Was the examination carried out in accordance with an examination scheme?				No	
If answer to above is Yes, has equipment been installed correctly?			Yes					No	
				occurence of exceptional circumstances?					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:				NONE					
Is the above a defect which is of immediate				danger to persons?					N/A
Is the above a defect which is not yet but could bec				come a danger to persons?					N/A
If the answer to the above is Yes, state the date by which t				the defect could become a danger					N/A
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				NONE					
Particular of another control and an activity of				NOVE					
Particulars of any tests carried out as part of the examination.				NONE					
Inspection Notes or Observations				NONE					
Is this equipment safe t				o operate?					Yes
Name and qualifications of the parson making Name (and				A signature) of the person suthenticating					
Name and qualifications of the person making hame (and this report:				d signature) of the person authenticating this report:				Latest date by which	
wynn.kimberley							ł		next thorough mination must be
Company Approved and Qualified Examiner				wynn.kimberley				Ехаі	carried out:
Thorough Exam 2				KK	_ (7			06/05/2017

Name and Address of employer of persons making and authenticating this report: