

Report of a thorough examination of lifting equipment

Date of thorough examination:	Date of report:	Report number:
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Name and address of employer for whom thorough examination was made:	Address of premises at which examination was made:
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Description and identification of the equipment:	Safe working load:	Date of manufacture (if known):	Date of last thorough examination:
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Is this the first examination after installation or after assembly at a new site or location? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to the above question is Yes, has the equipment been installed correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the examination carried out: <input type="checkbox"/> Within an interval of 6 months <input type="checkbox"/> Within an interval of 12 months <input type="checkbox"/> In accordance with an examination scheme <input type="checkbox"/> After the occurrence of exceptional circumstances
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the above a defect which is not yet but could become a danger to persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes state the date by when:
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):	
Is the equipment safe to operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name and address of the person making this report:	Name and address of the person authenticating this report:	Latest date by which the next thorough examination must be carried out:
Self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	