

APPENDIX 05 - REPORT OF THOROUGH EXAMINATION FOR LIFTING EQUIPMENT
RMP.14

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

Date Of Thorough Examination	Date Of Report	Job No/Report No
11/10/2021	11/10/2021	1354189-1

Name and Address of Employer for whom Thorough Examination was made	Address of Premises at which Thorough Examination was made
PERSPECTIVE BROADCASTS UNIT 20 OAKLANDS IND. ESTATE BRAYDON SWINDON. WILTS. SN5 OAN.	CERTEX UK LTD UNIT E2 125 BUSINESS PARK LLANTHONY ROAD. GLOUCESTER. GL2 5JQ.

Description and Identification of The Equipment	Safe Working Loads(s)	Date of Manufacture if known	Date of Last Thorough Examination
JIMMY JIB TRIANGLE CAMERA CRANE SYSTEM AND ASSOCIATED CABLES SERIAL NO: C156. EXTREME MODE: 50lbs @ 30 ft REACH.	AS DETAILED LEFT.	NOT KNOWN	05.10.2020

Is this the first examination after installation or after assembly at a new site or location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the answer to the previous question is Yes, has the equipment been installed correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	---------------------------------	--------------------------------	--	---------------------------------	--------------------------------

Was the examination carried out: -

Within an interval of 6 months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In accordance with an examination scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Within an interval of 12 months	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	After the occurrence of exceptional circumstances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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						
Is the above a defect which is of immediate danger to persons? If yes, a copy of this report should be forwarded to the relevant enforcing authority'				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the above a defect which is not yet, but could become a danger to persons? If Yes, please state date by when :				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Particulars of any repair, renewal or alteration required to remedy the defect identified above: (If not applicable, state NOT APPLICABLE) NOT APPLICABLE						
Particulars of any tests carried out as part of the examination: (If none state NONE) NONE						
IS THIS EQUIPMENT SAFE TO OPERATE?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Name of the person making this report: PAUL CLARE	Name of the person authenticating this report: PAUL CLARE Signature:	Latest date by which next thorough examination must be carried out: 11/10/2022
--	--	---

Name and address of employer of persons making and authenticating this report: Certex UK, Unit C1, Harworth Industrial Estate, Blyth Road, Harworth, Nr Doncaster, South Yorkshire, DN11 8RY
