

**REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT**  
**Lifting Operations and lifting equipment regulation 1998 (Regulations 9)**

Employer (and or plant owner.) Philip Shovlin Plant Hire LTD

Address. The Brook Business Complex  
 Bennett Street  
 West Gorton  
 Manchester M12 5AU

Address at which the examination was made. As above

Description of lifting equipment. 535-125 FORKED TELEHANDLER  
 Makers Name. JCB  
 SWL & Configuration. 3500KGS  
 Distinguishing Number JCB5AN7GCH2471948  
 Year of Manufacture. N/K  
 Fleet No FP17 NJN

| Nature of Examination. | 9(1) | 9(2) | 9(3)(a)(i) | 9(3)(a)(ii)<br>X | 9(3)(a)(iii) | 9(3)(a)(iv) |
|------------------------|------|------|------------|------------------|--------------|-------------|
|                        |      |      |            | X                |              |             |

Particulars of any test. None

Observations and conditions of ropes, chains, attachments etc.

| Description             | Condition | WLL | Pass Y/N |
|-------------------------|-----------|-----|----------|
| Auxiliary Lifting Point | N/A       | N/A | YES      |
| Height and Slew Limiter | N/A       | N/A | YES      |
|                         | N/A       | N/A | YES      |

Identification of any part found to have a defect which is or could become a danger to persons.

None

State description of the defect and any repair or renewal or alterations required to remedy the defect either immediately or within a specified time.

None.

Other defects and remedies

None

Date of last thorough examination. 30.06.24

Latest date by which the next thorough examination must be carried out. 14.07.25

Date of thorough examination. 15.07.24

I certify that the above equipment was thoroughly examined (unless otherwise stated) and, subject to any remedial action to defects noted on this report, which are or could become a danger to persons, the equipment is safe to operate.

Name and Address of Competent Person. Damian Schofield. Brook Business Complex, Bennett Street, West Gorton, Manchester.

Signature

Date 15.07.24

Qualifications. Fitter

Name and Address of person authenticating report if different from above

Signature

Date 15.07.24

Date of report 15.07.24

|               |             |
|---------------|-------------|
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