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REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

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

Examination Report No: 77785

EQUIPMENT OWNER

LOCATION OF EQUIPMENT AT TIME OF EXAMINATION:

SAFETY PLATFORMS

Date of thorough Examination: 18.11.08	Date of Report: 27.11.08	CCC Job No: J16160
Date of last Examination:	Latest Date for next Examination:	18.11.09

I.D. NO.	DESCRIPTION	S.W.L.	Date of Man. <small>(If known)</small>	Details of any defect which is or could become a danger to persons. (If none, state "NONE")
LT12137	1 X ACCESS STEP (PLASTIC)	150KGS		NONE

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

Is defect an immediate danger to persons? <input type="checkbox"/> YES / <input type="checkbox"/> NO	If "No", date by which it could become a danger: +12 MONTHS
Is this the first examination after installation or after assembly at a new site or location? If the answer to the above question is "YES", has the equipment been installed correctly? <input type="checkbox"/> YES / <input type="checkbox"/> NO <input type="checkbox"/> YES / <input type="checkbox"/> N/A	Was the examination carried out: 1) Prior to New Delivery <input type="checkbox"/> YES / <input type="checkbox"/> NO 2) Within an interval of 6 months <input type="checkbox"/> YES / <input type="checkbox"/> NO 3) Within an interval of 12 months? <input type="checkbox"/> YES / <input type="checkbox"/> NO 4) In accordance with an examination scheme? <input type="checkbox"/> YES / <input type="checkbox"/> NO 5) After an exceptional incident? <input type="checkbox"/> YES / <input type="checkbox"/> NO

Details of any test completed as part of examination: (If none, state "NONE")
PROOF LOAD 300KGS L/P 47373

Name of Inspector making this report: N.SANSOM	Is this equipment safe to operate? <input type="checkbox"/> YES / <input type="checkbox"/> NO
Name of person authenticating this report: K.CHAMBERS	Signature: