



REPORT OF THOROUGH EXAMINATION

IN ACCORDANCE WITH GN28
Only to be used by a competent person



Name and address of employer (user) for whom this examination is made: FENCE HIRE SOUTHERN COMPOUND 1 FARRINGTON BUSINESS PK FARRINGTON GU34 3DZ	Record Number: 0422137
	Examination Date: 16-5-17

Location or address examined at (if different):	Reason for Thorough Examination	Tick box
	After installation or assembly -	<input type="checkbox"/>
	In service - within an interval of 6 months -	<input checked="" type="checkbox"/>
	In service - within an interval of 12 months -	<input type="checkbox"/>
	In accordance with an examination scheme -	<input type="checkbox"/>
	Following exceptional circumstances - (e.g. accident)-	<input type="checkbox"/>

DETAILS OF TRUCK

Make: MANITOU	Model: TMT 255	Serial No: 915627	Fleet No: -	Date of Manufacture: 2015	Attachments: -
Hours: 537	Description: PICTBACK Forklift	Mast Configuration: N/A	Safe Working Load: (SWL) kg 2500 at 500 mm	SWL with Attachments: kg - at - mm	
Chain Certificate Seen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:		

DEFECTS

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect and particulars of any repair, renewal or alteration required to remedy a defect found to be a danger to persons. (Action to take).

Description of Defect	Timescale for repair, renewal or alteration (If immediate state NOW)

MEASUREMENTS AND OTHER EXAMINATIONS:

Chain elongation (1): Dimension Wear %	Chain elongation (2): Dimension Wear %	Chain elongation (3): Dimension Wear %	Chain elongation (4): Dimension Wear %	Forks: Dimension Wear %	Date of previous examination: 9-11-16	or hours:
Other tests performed / Comments TEST SLI SYSTEM					Latest date for next examination: 16-11-17	or hours:

DECLARATION BY THE COMPETENT PERSON

I hereby declare that the equipment described in this report was thoroughly examined in accordance with GN28 and

<input checked="" type="checkbox"/>	No faults have been detected-
<input type="checkbox"/>	Faults have been detected and the above actions are required within the time limits specified -
<input type="checkbox"/>	The equipment must not be used until the above recommendations are carried out -

Name N SMITH	Authorised Examiner	Signature
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Name and address of CFTS company responsible for this Thorough Examination: MEB EQUIPMENT LTD BROADWATER LANE HAREFIELD MIDDLESSEX UB9 6AH
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