



# 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 FARRINGTON BUSINESS PK LOWER FARRINGTON GU34 3DZ	Record Number: <b>0533427</b>
	Examination Date: 22-5-18

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

### DETAILS OF TRUCK

Make: MANITOU	Model: TMT 255	Serial No: 751627	Fleet No:	Date of Manufacture: 2015	Attachments: N/A
Hours: 882	Description: PILLYBACK FORKTRUCK	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: or hours:
Other tests performed / Comments					Latest date for next examination: 22-11-18 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

No faults have been detected -  
 Faults have been detected and the above actions are required within the time limits specified -  
 The equipment must not be used until the above recommendations are carried out -

Name N SMITH	Authorised Examiner	Signature <i>N Smith</i>
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Name and address of CFTS company responsible for this Thorough Examination:

MES EQUIPMENT  
BROADWATER LANE  
HARRFIELD  
MIDDLESEX UB9 6AN

