

Report of Thorough Examination

NOTE:

This form may be used to record the thorough examination and testing of Lifting Equipment, as set out in the Safety, Health and Welfare at Work (General Application) Regulations, 2007. This form was produced by the HSA to facilitate the recording of information, as per Schedule 1 Part E of these regulations. This form must be completed by a **competent** person. This is not an approved or statutory form. Reports of Thorough examination may be produced in other formats.

Date:

Reference:

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Name and address of employer or owner for whom the thorough examination was made:

(Please include a contact number and email, if possible)

Address where thorough examination was made:

Particulars identifying the lifting equipment:

Type of lifting equipment:

Serial Number:

Year of manufacture:

Safe Working Load	Configuration(s)

Note: Each configuration should reflect the working arrangements, for example length of jib; fly jib; radius; angle; ballast; number of rope falls; height under hook. Please detail the safe working loads for all configurations, as per manufacturer's instructions. Use additional sheets if more than three configurations.

Testing

Thorough Examination

Purpose of testing:

Purpose of thorough examination:

Particulars of tests carried out:

Latest date for next thorough examination:

Defect which is a danger to persons:

Repair, renewal or alteration required to remedy this defect: Indicate if immediate cessation of use has been advised

Defect which could become a danger to persons:

Timeframe for defect becoming a danger:

Repair, renewal or alteration required to remedy this defect, including date(s):

Parts not accessible for examination:

Name, address and qualifications of competent person making the report: (print name in BLOCK CAPITALS)

Name and position of person authenticating the report: (print name in BLOCK CAPITALS)

Employer:

Employer:

We certify that: (tick when done)

We have undertaken the test / thorough examination as prescribed

We have identified defects which are or could be a danger to persons

This test/thorough examination has been carried out by a competent person

The particulars in this report of thorough examination are correct

You must: (tick to confirm you understand)

Keep this report of thorough examination safe and available for inspection

Undertake identified repairs

Arrange for a thorough examination or test before the latest date or as prescribed

Signed:
Competent person performing tests or thorough examination

Signed:
Person receiving report of thorough examination