

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

Date of Thorough Examination	Date of Report	Job No/Report No
03/03/15	03/03/2015	03-2331 -3

Name and Address of Employer for whom thorough examination was made	Address of Premises at which thorough examination was made
PREMIER GROUP NEWPORT SAPPHIRE AV MANUFACTURING LTD	LLOYDS BEAL SITE SERVICES CAERPHILLY

Description and Identification of the equipment	Safe Working Loads	Date of Manufacture	Date of last thorough examination
BRACKET 760MM			
PROOF TEST TO DESTRUCTION 40KGS		NOT KNOWN	03/03/2015

Is this the first examination after installation or after assembly at a new site or location?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If the answer to the previous question is yes, has the equipment been installed correctly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Was the examination carried out:-

Within an interval of 6 months	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Within an interval of 12 months	YES <input type="checkbox"/>	NO <input type="checkbox"/>	After the occurrence of exceptional circumstances	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: (if none state NONE) NONE		
Is the above a defect which is of immediate danger to persons? If yes a copy of this report should be forwarded to the relevant enforcing authority.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the above a defect which is not yet, but could become a danger to persons? If yes, please state date by when:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: (If not applicable state NOT APPLICABLE) N/A		
Particulars of any tests carried out as part of the examination: (if none state NONE) TESTED TO DESTRUCTION 40KGS		
Is this Equipment safe to operate?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Name of person making this report RUSSELL BRATCHER <i>R Bratcher</i>	Name of person authenticating report PAT NELMES	Latest date by which next thorough examination must be carried out:
Lloyds Beal Site Services, Unit 8 Premier Buildings, Old Newport Road, Caerphilly, CF83 8YE		