



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 500MM | | | |
| PROOF TEST TO DESTRUCTION 80KGS | | 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"/> |
|---|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|

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 80KGS | | |
| 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 | | |