

REPORT OF THOROUGH EXAMINATION OF LOADER CRANE

Lifting Operation and lifting equipment regulations 1998 (Regulation 9)

Date of Last Thorough Examination : 2/5/23 Record Identification No: CCA/003

Latest date by which the next thorough examination must be carried out: 29/4/25

Employer (and or equipment owner) Address: A.RHODES HAULAGE LTD GRANGE FARM STOCKTON ON FOREST YORK.	Address at which examination was made: GRANGE FARM STOCKTON ON FOREST YORK.
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Reg No/Chassis no: YD21 CCA	Equipment Make/Model: FASSI/F1150RA.2
Loader Mounting details: BEHIND CAB	Serial No: 9105-0219 Year of Manufacture: 2021

Safe working load – to cover range of SWL's & configurations & particulars of any test i.e. 10% for annual/25% in all other cases				
	Load Radius (Metres)	Test Load (Kgs)	Safe Loading (Kilos)	Overload %
1	7.45	15093	12075	25%
2	11.25	9750	7800	25%
3	15.45	7025	5620	25%

NOTE: IF THE DATE OF LAST THOROUGH EXAMINATION IS UNKNOWN A 25% OVERLOAD MUST BE APPLIED

Nature of Examination	Please tick as appropriate	Please tick as appropriate
Second hand / Non CE 9(1)	+ 25%	12 monthly examination 9(3)(a)(ii)
1 st examination following installation 9(2)	+ 25%	4 yearly
6 monthly examination 9(3)(a)(I)	+ 25%	In accordance with examination scheme 9(3)(a)(iii)
		Following exceptional circumstances 9(3)(a)(iv)
		+10% +25% YES +10% +25%

Identification of any part found to have defect which, is or could become a danger to persons. The particulars of any repairs, renewal or alteration required to remedy the defect either immediately or within a specified time.

NONE

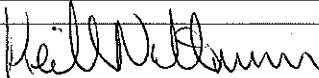
Other defects and remedies

NONE

Observations and conditions of attachment (state, make model and serial no)

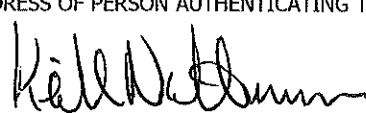
HOOK APPLICATION ONLY

I hereby certify that the equipment detailed on this report was thoroughly examined (unless stated otherwise) and subject to any remedial action to defects shown on this report which are or could become a danger to persons, the equipment is safe to operate. This report relates only to the condition of the crane at the time of the Thorough Examination. It should not be regarded as evidence of the condition at any other time. Nor does it remove the requirement for the user to ensure that the equipment is fit for purpose at all times.

Signature of competent person 	Customer Signature
Position: Competent Person Date of Examination: 29/4/24	Print Name KEITH NUTBROWN

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT

(In accordance with Lifting Operations and Lifting Equipment Regulations 1998.)

REPORT NUMBER		21YD/019	
DATE OF EXAMINATION		15/5/24	
NAME & ADDRESS OF EMPLOYER		A.RHODES HAULAGE LTD,GRANGE FARM,STOCKTON ON FOREST,YORK.	
ADDRESS OF PREMISES WHERE EXAMINATION WAS MADE		GRANGE FARM,STOCKTON ON FOREST,YORK.	
DESCRIPTION & IDENTITY OF EQUIPMENT		DATE OF MANUFACTURE (IF KNOWN)	SAFE WORKING LOAD(S)
AS LISTED ON 21YD/020 & 21YD/021		N/A	AS LISTED
PART A	IS THIS THE FIRST EXAMINATION AFTER INSTALLATION OR AFTER ASSEMBLY AT A NEW SITE OR LOCATION?		NO
	IF THE ANSWER TO THE ABOVE QUESTION IS "YES" HAS THE EQUIPMENT BEEN INSTALLED CORRECTLY?		YES
	IF THE ANSWER TO <u>BOTH</u> OF THE ABOVE QUESTIONS IS "YES" THIS COMPLETES THE EXMINATION PROCEED TO PART C IF THE ANSWER TO <u>EITHER</u> QUESTION IS "NO" PROCEED TO PART B		
PART B	WAS THIS EXAMINATION CARRIED OUT	WITHIN AN INTERVAL OF SIX MONTHS <input type="checkbox"/>	WITHIN AN INTERVAL OF TWELVE MONTHS <input type="checkbox"/>
		IN ACCORDANCE WITH AN EXAMINATION SCHEME <input checked="" type="checkbox"/>	AFTER THE OCCURRENCE OF EXCEPTIONAL CIRCUMSTANCES <input type="checkbox"/>
	DETAILS OF TESTS CARRIED OUT AS PART OF THE EXAMINATION (IF ANY)	VISUAL TEST ONLY	
	DETAILS OF DEFECTS FOUND DURING EXAMINATION	IDENTIFICATION OF PART(S) AND DESCRIPTION OF DEFECT(S) (IF NONE STATE "NONE") NONE	ARE THERE ANY DEFECTS WHICH ARE AN IMMEDIATE DANGER TO PERSONS? NO DATE BY WHICH ANY DEFECTS MAY BECOME A DANGER TO PERSONS N/A
REPAIRS, RENEWALS OR ALTERATIONS REQUIRED TO REMEDY A DEFECT	NONE		
PART C	IS THIS EQUIPMENT SAFE TO OPERATE? YES		
	NAME AND ADDRESS (OR ADDRESS OF EMPLOYER) OR PERSON MAKING THIS REPORT QUALIFICATIONS NAME: KEITH NUTBROWN COMPETENT PERSON	NAME & ADDRESS OF PERSON AUTHENTICATING THIS REPORT SIGN:  DATE: 15/5/24	DATE BY WHICH NEXT EXAMINATION MUST BE CARRIED OUT 15/11/24

NAME: A.RHODES HAULAGE LTD.	NUMBER: 21YD/020
ADDRESS: GRANGE FARM STOCKTON ON FOREST YORK.	DATE: 15/5/24 TO 15/11/24
	NOTES.

REPORT OF THOROUGH IN-SERVICE EXAMINATION OF LIFTING ACCESSORIES

Type: (P) – Periodic; (PS) – Periodic, following a scheme of Examination;

(P)

(O) – Examination after the Occurrence of Exceptional Circumstances

Distinguishing Number or Mark	Description	A	Number Tested	Date of Last Test	Proof Load Applied	Safe Working Load
DL2026	10MM 4 LEG CHAIN SLING	NONE	1	24.11.23	N/A	6700KG
LLG75.1	13MM 4 LEG CHAIN SLING	NONE	1	24.11.23	N/A	14000K
AP55/AP56 AP57/AP58	D.SHACKLES	NONE	4	24.11.23	N/A	2.T.EA
AR5/AR6 AR7/AR8	D.SHACKLES	NONE	4	24.11.23	N/A	5.T.EA
AR1/AR2 AR3/AR4	D.SHACKLES	NONE	4	24.11.23	N/A	6.5T.EA
420/6 X 4	LINKED EYEBOLTS (M36) 211164/211013/193880/131672	NONE	4	24.11.23	N/A	4.T.EA
420/5 X 4	LINKED EYEBOLTS (M30) 213784/181303/130163/140459	NONE	4	24.11.23	N/A	2.5T.EA
HAD X 4	CONTAINER LIFTERS (BOTTOM LIFT)	NONE	4	24.11.23	N/A	12.5T.E
	DEFECTS NOTED ALTERATIONS OR REPAIRS REQUIRED					
	NONE					

I confirm that the above Lifting Accessories were thoroughly examined on 15.5.24 and that subject to any remedial action(s) noted in the appropriate Section A being completed, are safe to use for their intended purpose.

SIGNATURE: 

Date of issue of report: 15/5/24

NAME: A.RHODES HAULAGE LTD.	NUMBER: 21YD/021
ADDRESS: GRANGE FARM STOCKTON ON FOREST YORK. GREEN COLOUR CODING	DATE: 15/5/24 TO 15/11/24
	NOTES. The safety colour marking for this six month period is GREEN. Items with no green tag or colour should not be used.

REPORT OF THOROUGH IN-SERVICE EXAMINATION OF LIFTING ACCESSORIES

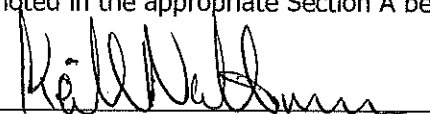
Type: (P) – Periodic; (PS) – Periodic, following a scheme of Examination;

(P)

(O) – Examination after the Occurrence of Exceptional Circumstances

Distinguishing Number or Mark	Description	A	Number Tested	Date of Last Test	Proof Load Applied	Safe Working Load
BL-D122.079 BL-D122.074 WO3-16167 230950577	YELLOW WEBBING SLINGS (10M)	NONE	4	24.11.23	N/A	3.T.EA
190906854 160627149 728394 160627144	RED ROUND SLINGS (6M CIR)	NONE	4	24.11.23	N/A	5.T.EA
053296 053294 191127624 191127625	GREEN ROUND SLINGS (6M CIR)	NONE	4	24.11.23	N/A	2.T.EA
	SAFETY EQUIPMENT					
42011	FALL ARRESTER (15M WIRE ROPE)	NONE	1	24.11.23	N/A	140KG
19904480	HARNES	NONE	1	24.11.23	N/A	140KG
11152	LANYARD	NONE	1	24.11.23	N/A	140KG
	QUAD LADDER SET	NONE	1	24.11.23	N/A	140KG
	DEFECTS NOTED ALTERATIONS OR REPAIRS REQUIRED					
	NONE					

I confirm that the above Lifting Accessories were thoroughly examined on 15/5/24 and that subject to any remedial action(s) noted in the appropriate Section A being completed, are safe to use for their intended purpose.

SIGNATURE: 

Date of issue of report: 15/5/24