

Issue Date: 19/04/2022





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REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

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

Date of thorough examination: 20/09/2023	Date of report: 20/09/2023		Report number: BLT – 0502 -23				
Name and address of employer for whom the thorough examade: Ideal Lift Services Ltd. Unit 5D, Cranmere Road, Exeter Road Industrial Estate, Okehampton, Exeter. EX20 1UE.	mination was	Address of premises at whe Great Cliff. Marine Parade, Dawlish, Devon. EX7 9EX.		vas made			C.
Description and identification of the equipment: BLT – 0502 - 23 – Motor Room 1No. Runway beam127x78x1550mm – 18351 Runway beam built into block walls	Safe working load(s): 850KGS	Date of manufacture known:	exa	Date of last thorough examination: 2 nd Inspection			
Is this the first examination after installation Was the examination carried out:							
Or after assembly at a new site or location?	NO x	Within an interval of 6 months	ithin an interval of 6 months?			NO	x
If the answer to the above question is YES,		ithin an interval of 12 months?			NO	x	
Has the equipment been installed correctly?	NO	In accordance with an examination scheme?		YES	x	NO	
	After the occurrence of except	iter the occurrence of exceptional circumstances?			NO	x	
Identification of any part found to have a defect which is or NONE	could become a d	anger to persons and a descript	ion of the defect: (If n	one state	NONE	≣)	
Is the above a defect which is of immediate danger to persons?						NO	х
Is the above a defect which is not yet but could become a danger to persons? (If YES state the date by when) YES by:						NO	x
Particulars of any repair, renewal or alteration required to r None	emedy the defect	identified above:					
Particulars of any tests carried out as part of the examination Thorough examination & Load Test carried out.	on: (If none state N	NONE)					
IS THIS EQUIPMENT SAFE TO OPERATE? YES					х	NO	
Name of the person making this report: Stephen Martin Company Appointed LEEA Inspector	Name of the person authenticating this report: T. G. Vaughan Signature: Latest date by which ne examination must be can also a signature.						