

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT

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

Name and address of employer for whom the thorough examination was made:	Address of premises at which examination was made:
Aviramp Ltd Stafford Park 15 Telford Shropshire, TF3 3BB	Jubilee Works Cradley Road Cradley Heath West Midlands B64 7BA



Lifting Equipment

Holtite Ltd., Cradley Rd., Cradley Heath, West Midlands, B64 7BA.
Tel: 01384 560611. Fax: 01384 410214

Date of Thorough Examination:	Date report is made:	Report number:	Latest date for next thorough examination to be carried out:
15-Jan-19	15 th January 2019	HWR 55805.02	Not Applicable

Serial Number:	Quantity & Description of Equipment:	Date of Manufacture:	Maximum Load Capacity	Date of Last Thorough Examination:
55805.2 CE19	Fabricated Folding Van Ramp 2350mm (Length) x 800mm (Width)	2019	500kg	N/A

	YES	NO	Was the examination carried out:	YES	NO
Is this the first examination for new equipment first put into service?	YES		Within an interval of 6 months?	N/A	
If the answer to the above question is YES, has the equipment been correctly assembled?	YES		Within an interval of 12 months?	N/A	
Is this the first examination after installation or after assembly at a new site or location?	N/A		In accordance with an examination scheme?	N/A	
If the answer to the above question is YES, has the equipment been correctly installed?	N/A		After an occurrence of exceptional circumstances?	N/A	

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 immediate danger to persons?	YES / NO
	N/A
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
	N/A

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

N/A

Particulars of any test carried out as part of the examination: (if none, state NONE)

625 KG PROOF LOAD APPLIED

IS THIS EQUIPMENT SAFE TO OPERATE?	YES / NO
	YES

Name of person making this report: Works Certified Examiner	Name of the person authenticating this report: J.A.Bills	Signature: <i>John A Bills</i>
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Name and address of employer of persons making and authenticating this report:

Holtite Limited. Cradley Road, Cradley Heath. West Midlands. B64 7BA