

## REPORT OF A THOROUGH 12 MONTHLY EXAMINATION INCLUDING LIFTING ATTACHMENTS

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

This report complies with the					
Date of thorough Examination:		Date Of Report:		Report Number:	
25/08/23		25/08/23			75/01
Name and Address of Employer for whom the		Address of premises at which the examination was made.			
Thorough examination was made		That ess of promises at which the examination was made.			
William Bradshaw Ltd		King Rail			
Portside North		Riverside			
Ellesmere Port		Market Harborough			
Cheshire CH65 2HQ		LE16 7PX			
Offestille Of 109 Zi IQ		LLIOTIX			
Description and Identification of the Equipment:		Safe Working Load(s):	Date o	f Manufacture if	Date of last thorough
		For the correct		Known:	examination:
Make : Komatsu					
Model : PC138		SWL refer to the	L	Inknown	Unknown
Serial Number : 26667		supplied duty			
Fleet Number : 75		charts			
Number of Components : 1  Delete as necessary		Delete as necessary			
_ store as necessary		·			
Is this the first examination after installation Yes		Was the examination carried out:			
		Within an interval of 6 Months? No		No	
		within an increase of originals.			
Has the equipment been installed correctly Yes		Within an interval of 12 Months?			
		After the occurrence of e			No
Identification of any part found to have	a defect whic	ch is or could become a da	nger to pe	ersons and a descri	
none state NONE)					None
Is the above a defect which is of immedi	ata danaan t	naugang?			No
is the above a deject which is of thimeat	aie aanger i	persons?			IVO
Is the above defect, which is not yet but	could be bee	ome a danger to persons?			No
(If yes state the date by when)	ome a aanger to persons:			NO	
(1) yes state the date by when)					
Particulars of any repair, renewal or alı	eration reau	ired to remedy the defect i	dontified	ahove:	
i arriculars of any repair, renewal or all	cranon requ	irea io remeay ine aejeei i	aemijica (	ioove.	None
Particulars of any tests carried out as a	part of the e	xamination: ( if none state	NONE)		
Visual Inspection Only Yes No-	, J	, 9		ogie Inspection	Yes No
Brake Test Yes No				heel Monitoring	Yes <del>No</del>
SLI/RCI Test Yes No	Make GKD .	3RCI+ S/No 2377TM		orn Test	Yes No
AUX lift point Yes No S	<b>S.WL</b> 7.5T		Λ	Machine Hrs 3486	6 Hrs
Quick hitch Yes No 1	<b>Make</b> Geith	Model Quick Hitch	S/No QH	H75 S.W.L 10T	
IS THIS APPLIANCE OR ACCESSO	RY SAFE TO	O OPERATE?			Yes
Name of person making this report:  Name of report:		f this person authenticating this		Latest date by which next thorough examination must be carried out:	
		ame: Carl Chippendale 24/08/2		-/08/2024	
Signature: <i>C Chippendale</i>	ire: <i>C Chippe</i> ndale	: C Chippendale			
Nama ar	nd Address o	f employer making and aut	thenticatio	ng this report	
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King Transport Equipment Riverside, Market Harborough, LE16 7PX