

BTI SERVICES LTD



52 Birch Road East, Witton Birmingham B6 7BD, Tel.. 0121 327 2233 Fax..0121 327 0299



DEVELOPMENT
MEMBER

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT

This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998

DATE OF EXAMINATION: 08/02/2019

DATE OF REPORT: 13/02/2019

REPORT No: BTI 11560

Address of employer for whom the thorough examination was made: STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	Address of premises at which the examination was made: STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP
Name:	

Description & Identification of the Equipment 1-OFF STAGE BUS 4.9M X 4.5M FITTED TO VEHICLE MCW METROBUS REG NO: D920 NDA I.D. NO: 001	Safe Working Load(s) 3000KG EVENLY DISTRIBUTED	Date of Manufacture if Known N/K	Date of Last Thorough Examination 1ST BY BTI
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YES NO Is this the first examination after the installation Or after assembly at the new site or location <input checked="" type="checkbox"/> <input type="checkbox"/> If the answer to above question is YES Has the equipment been installed correctly <input checked="" type="checkbox"/> <input type="checkbox"/>	YES NO Was the examination carried out: Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/> Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/> In accordance with the examination Scheme After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>
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Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect

NONE

Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect: YES NO

Is the above a defect which is not yet but could become a danger to persons: (if yes state the day) YES BY: NO

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

NONE

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

* RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS
THOROUGH VISUAL LOLER EXAMINATION ONLY

IS THE EQUIPMENT SAFE TO OPERATE: YES NO

Name of Company Approved and Qualified Examiner making this report: D. TRANTER	Name of Person Authenticating this report: D. MROZ Signature: D MROZ	Latest date by which next thorough examination must be carried out: 08/02/2020
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E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST

Name and address of employer of persons making and authenticating this report as per the header above