

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 11563

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 TRUCK STAGE 8M X 5M FITTED TO VEHICLE
VOLVO F7

REG NO: FKK 677V
I.D. NO: 004

Safe Working Load(s)

5000KG
EVENLY DISTRIBUTED

Date of Manufacture if Known

N/K

Date of Last Thorough Examination

1ST BY BTI

	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"/>

Was the examination carried out:

	YES	NO
Within an interval of 6 months		
Within an interval of 12 months	<input checked="" type="checkbox"/>	
In accordance with the examination Scheme		
After the occurrence of exceptional circumstances		

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)

YES BY:	NO
<input type="text"/>	<input checked="" type="checkbox"/>

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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