



This report comp				ATION OF LIFTING Operations and the L	EQUIPMENT ifting Equipment Regular	tion 1998	
DATE OF EXAMINATION:	20/02/2023	DATE OF F	REPORT:	20/02/2023	REPORT No:	BTI 13672	
Address of employer for we examination was made:	hom the thorou	gh	Address	of premises at whic	ch the examination was	made:	
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			
Name:							
Description & Identification	of the Equipmen	t	Safe V	Working Load(s)	Date of Manufacture	Date of Last	
ECON SPENCER M.E.W.P	MODEL PE4			180KG	Known	Thorough Examination	
SERIAL NO: P2119					1988	29/03/2022	
ATTACHED TO VEHICLE I	EYLAND E866	VDB	2	OR PERSONS	1700	29/03/2022	
		YES NO				YES NO	
Is this the first examination afte	r the installation		Was the ex	amination carried out:			
Or after assembly at the new si	te or location		Within an interval of 6 months  Within an interval of 12 months				
If the answer to above question is YES			In accordar	nce with the examinati			
Has the equipment been installed	ed correctly		After the oc	currence of exception	nal circumstances		
Identification of any part found (1) VARIO	OUS HYDRAUL	C HOSES P	PERISHED		Y LOCK VALVE SEIZED		
Is the above an existing or imm	inent danger to pe	ersons *NOTE	E- This is a r	eportable defect:		YES NO X	
Is the above a defect which is n	not yet but could b	ecome a danç	ger to persor	ns: (if yes state the da	ay) YES BY:	NO X	
Particulars of any repair, rene	ewal or alteration	required to	remedy the	defect identified abo	ove:		
			AS ABO	OVE			
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 SAF	F TO OPERAT	F.				YES NO	
						X	
Name of Company Approved Examiner making this		Name of Po	5	enticating this report		hich next thorough est be carried out:	
D. TRANTER	E C. DECLAPATI	ON OF CON	Signature:	N FILE AVAILABLE		2/2024	
	ane and address of e	imployer of perso	nis making and	authenticating this report a	is per the header above		





REPORT OF T This report complies with the requ		EXAMINATION OF LIFTING and the Li		on 1998	
DATE OF EXAMINATION: 20/02/2023	DATE OF RE	PORT: 20/02/2023	REPORT No:	BTI 13673	
Address of employer for whom the thoroug examination was made:	gh A	Address of premises at whic	h the examination was	made:	
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			
Name:			D . 637 6		
Description & Identification of the Equipment  1-OFF M-STAGE 6.8M X 3.7M FITTED TO V		Safe Working Load(s) 3000KG	Date of Manufacture if Known	Date of Last Thorough Examination	
MERC 814		EVENLY	N/K	29/03/2022	
I.D. NO: 005 REG NO: L678 GNA		DISTRIBUTED			
Y	ES NO			YES NO	
Is this the first examination after the installation	V	Vas the examination carried out:			
Or after assembly at the new site or location Within an interval of 6 months Within an interval of 12 months					
If the answer to above question is YES	n accordance with the examination After the occurrence of exception				
Has the equipment been installed correctly		and the decarrence of exception			
Identification of any part found to have a defect when	hich is or could	d become a danger to persons as NONE	nd a description of the defe	ct	
Is the above an existing or imminent danger to per	rsons *NOTE-	This is a reportable defect:		YES NO X	
Is the above a defect which is not yet but could be	ecome a dange	er to persons: (if yes state the da	y) YES BY:	NO X	
Particulars of any repair, renewal or alteration	required to re	emedy the defect identified abo	ove:		
		NONE			
	NDED TO BE	on: (if none state NONE) INSPECTED ON A SIX MON JAL LOLER EXAMINATION C			
				YES NO	
IS THE EQUIPMENT SAFE TO OPERATI	E:			X	
Name of Company Approved and Qualified Examiner making this report:  D. TRANTER	Signature: L BURNS	examination mus	ich next thorough st be carried out: /2024		
		ORMITY ON FILE AVAILABLE		12024	
		s making and authenticating this report a			





		HEXAMINATION OF LIFTING he Lifting Operations and the Li		on 1998			
DATE OF EXAMINATION: 20/02/2023	DATE OF R	<b>EPORT</b> : 20/02/2023	REPORT No:	BTI 13674			
Address of employer for whom the thore examination was made:	ough	Address of premises at whic	h the examination was	made:			
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP					
Name:							
Description & Identification of the Equipme STILL ELECTRIC FORKLIFT TRUCK MODEL R50-15	ent	Safe Working Load(s)  1354KG FULL HEIGHT  @	Date of Manufacture if Known 2003	Date of Last Thorough Examination			
SERIAL NO: 515044029282		500MM LOAD CENTRES					
Is this the first examination after the installation  Was the examination carried out:  Within an interval of 6 months Within an interval of 12 months 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  YES NO  Was the examination carried out:  Within an interval of 6 months Within an interval of 12 months In accordance with the examination Scheme After the occurrence of exceptional circumstances  NONE  YES NO  YES NO  YES NO							
Is the above a defect which is not yet but could				X			
Particulars of any repair, renewal or alterati Particulars of any tests carried out as part of Th	of the examinati	NONE					
IS THE EQUIPMENT SAFE TO OPER	ATE:			YES NO			
Name of Company Approved and Qualified Examiner making this report:  D. TRANTER	Name of Pe	erson Authenticating this report	examination mus	ich next thorough st be carried out: /2024			
E.C. DECLARA	ATION OF CONF	FORMITY ON FILE AVAILABLE U	THE RESERVE THE PARTY OF THE PA				
Name and address	of employer of persor	ns making and authenticating this report as	s per the header above				





This report comp				IATION OF LIFTING Operations and the L	EQUIPMENT ifting Equipment Regular	tion 1998
DATE OF EXAMINATION:	20/02/2023	DATE OF R	REPORT:	20/02/2023	REPORT No:	BTI 13675
Address of employer for wi examination was made:	nom the thorou	gh	Address	of premises at whic	h the examination was	made:
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		
Name:						
Description & Identification	of the Equipment	t	Safe	Working Load(s)	Date of Manufacture	Date of Last Thorough
1-OFF SNAIL STAGE D.J. [	DECK DI ATEOR	M			Known	Examination
I.D. NO: 006	DEOKT EXTON	(IVI		100KG	N/K	29/03/2022
REG NO: B38 DOG						29/03/2022
M20110. 200 200						
Is this the first examination after		YES NO	Was the e	xamination carried out:		YES NO
Or after assembly at the new sit	e or location		Within an	interval of 6 months		
If the answer to above question is YES			Within an	interval of 12 months ince with the examination	on Cabana	X
				ccurrence of exception		
Has the equipment been installed	ed correctly					
Identification of any part found t	o have a defect w	hich is or cou	ıld become	a danger to persons ar	nd a description of the defe	ect
			NOI	NE		
Is the above an existing or immi	nent danger to pe	ersons *NOTE	- This is a	reportable defect:		YES NO X
Is the above a defect which is n	designations in					NO X
Particulars of any repair, rene	wal or alteration	required to	remedy the	defect identified abo	ve:	
			NON	NE		
Particulars of any tests carrie	d out as part of the	he examinati	ion: (if nor	e state NONE)		
	ТНОЕ	ROUGH VIS	UAL LOLI	ER EXAMINATION O	NLY	
IS THE FOUNDMENT CAS	TO 005045	-				YES NO
IS THE EQUIPMENT SAF	E TO OPERAT	<b>E</b> :				X
Name of Company Approved Examiner making this		Name of Pe	erson Auth	enticating this report		ich next thorough st be carried out:
D. TRANTER	TEN INFO	/	Signature	L BURNS	20/02	2/2024
	E.C. DECLARATION	ON OF CONF	ORMITY (	ON FILE AVAILABLE U	JPON REQUEST	
N	ame and address of en	mployer of persor	ns making and	d authenticating this report as	per the header above	





. This report comp				ATION OF LIFTING Operations and the Li	EQUIPMENT ifting Equipment Regulat	ion 1998	
DATE OF EXAMINATION:	20/02/2023	DATE OF R	REPORT:	20/02/2023	REPORT No:	BTI 13676	
Address of employer for we examination was made:	hom the thorou	gh	Address	of premises at whic	h the examination was	made:	
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			
Name:							
Description & Identification	of the Equipmen	t	Safe	Working Load(s)	Date of Manufacture	Date of Last	
1-OFF TRUCK STAGE 8M VEHICLE VOLVO F7	X 5M FITTED TO	0		5000KG	if Known	Thorough Examination	
				EVENLY	N/K	29/03/2022	
I.D. NO: 004 REG NO: FKK 677V			D	ISTRIBUTED			
Is this the first examination afte		YES NO	Was the e	xamination carried out:		YES NO	
Or after assembly at the new site or location Within an interval of 6 months							
Within an interval of 12 months If the answer to above question is YES In accordance with the examination				on Scheme	X		
Has the equipment been install	ed correctly		After the o	ccurrence of exception	al circumstances		
Identification of any part found	to have a defect w	hich is or cou	ild become	a danger to persons a	nd a description of the defe	ect	
			NOI	NE			
Is the above an existing or imm	inent danger to pe	ersons *NOTE	- This is a	reportable defect:		YES NO X	
Is the above a defect which is r	not yet but could be	ecome a danç	ger to perso	ons: (if yes state the da	y) YES BY:	NO X	
Particulars of any repair, rene	ewal or alteration	required to	remedy the	e defect identified abo	ove:		
			NOI	NE			
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 SAF	E TO OPERAT	F.				YES NO	
						^_	
Name of Company Approved Examiner making this D. TRANTER		Name of Pe	50	enticating this report	examination mu	nich next thorough est be carried out: 2/2024	
	E.C. DECLARATI	ON OF CON		ON FILE AVAILABLE		LILULT	
N	Name and address of e	mployer of perso	ns making an	d authenticating this report a	s per the header above		





This report comp				TION OF LIFTING perations and the L	EQUIPMENT ifting Equipment Regulat	tion 1998
DATE OF EXAMINATION:	20/02/2023	DATE OF R	REPORT:	20/02/2023	REPORT No:	BTI 13677
Address of employer for wi examination was made:	nom the thorou	igh	Address of	f premises at whic	h the examination was	made:
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		
Name:	of the Fauinman		Safe W	/orlsing Load(s)	Date of Manufacture	Data of Last
1-OFF PORTABLE TRANSI I.D. NO: 5158 (007)				Vorking Load(s)	Manufacture if Known N/K	Date of Last Thorough Examination 29/03/2022
Is this the first examination after	r the installation	YES NO	Was the exa	amination carried out:	E III.	YES NO
Or after assembly at the new site or location			Within an interval of 6 months  Within an interval of 12 months  In accordance with the examination Scheme  After the occurrence of exceptional circumstances			
Identification of any part found t	o have a defect v	which is or cou	uld become a		nd a description of the defe	ect
Is the above an existing or imm	inent danger to p	ersons *NOTE	E- This is a re	portable defect:		YES NO
Is the above a defect which is n	ot yet but could b	ecome a danç	ger to person	s: (if yes state the da	YES BY:	NO X
Particulars of any repair, rene *PLEAS				NOT OPERATION	ove: AL & OUT OF SERVICE	
Particulars of any tests carrie				state NONE)	DNLY	
IO THE FOUNDMENT OF	F TO 0050					YES NO
IS THE EQUIPMENT SAF	E TO OPERA	IE:				X
Name of Company Approved Examiner making this D. TRANTER		Name of P	erson Authe	nticating this report	examination mu	nich next thorough est be carried out: 2/2024
	E.C. DECLARAT	ION OF CON	FORMITY ON	FILE AVAILABLE		
N	ame and address of e	employer of perso	ns making and a	authenticating this report a	s per the header above	





REPORT OF This report complies with the rec		EXAMINATION OF LIFTING ne Lifting Operations and the L		on 1998		
DATE OF EXAMINATION: 20/02/2023	DATE OF RE	EPORT: 20/02/2023	REPORT No:	BTI 1	3678	
Address of employer for whom the thorou examination was made:	ugh	Address of premises at whic	h the examination was i	made:		
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				
Name:				S. E. Santa		
Description & Identification of the Equipmen	nt	Safe Working Load(s)	Date of Manufacture if	Date of La Thoroug	h	
1-OFF STAGE BOX 4.9M X 4.5M FITTED TO VEHICLE MCW METROBUS	то	3000KG	Known	Examinati	ion	
I.D. NO: 001		EVENLY	N/K	29/03/202	22	
REG NO: D920 NDA		DISTRIBUTED				
Is this the first examination after the installation	YES NO	Was the examination carried out:		YES	NO	
		Within an interval of 6 months				
Within an interval of 12 months X						
If the answer to above question is YES  In accordance with the examination Scheme  After the occurrence of exceptional circumstances						
Has the equipment been installed correctly						
Identification of any part found to have a defect v	which is or could	d become a danger to persons as NONE	nd a description of the defe	ct		
Is the above an existing or imminent danger to p	ersons *NOTE-	-This is a reportable defect:		YES	NO X	
Is the above a defect which is not yet but could be	pecome a dange	er to persons: (if yes state the da	y) YES BY:		NO X	
Particulars of any repair, renewal or alteration	n required to re	emedy the defect identified abo	ove:			
		NONE				
	NDED TO BE	on: (if none state NONE) I INSPECTED ON A SIX MON UAL LOLER EXAMINATION C				
IS THE EQUIPMENT SAFE TO OPERA	TF.			YES	NO	
EQUI III.III OAI E 10 OFERA						
Name of Company Approved and Qualified Examiner making this report:	Name of Pe	rson Authenticating this report	Latest date by whi examination mus			
D. TRANTER	N	Signature: L BURNS	20/02/	2024		
E.C. DECLARAT	ION OF CONF	ORMITY ON FILE AVAILABLE I	JPON REQUEST			
Name and address of e	employer of person	s making and authenticating this report as	s per the header above	Carola life sa		





			TION OF LIFTING perations and the L	EQUIPMENT ifting Equipment Regulat	ion 1998
DATE OF EXAMINATION: 20/0	2/2023 DATE	E OF REPORT:	20/02/2023	REPORT No:	BTI 13680
Address of employer for whom the examination was made:	ne thorough	Address of	premises at which	ch the examination was	made:
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		
Name:					
Description & Identification of the	Equipment	Safe W	orking Load(s)	Date of Manufacture	Date of Last
1-OFF STAGE BOX		4	4000KG	Known	Thorough Examination
6M X 4.5M		E	VENLY	2021	29/03/2022
I.D. NO: 011		DIS	TRIBUTED		
Is this the first examination after the in-	YES stallation	NO Was the exa	mination carried out		YES NO
Or after assembly at the new site or loo	cation	Within an inte	erval of 6 months		
		Within an inte	erval of 12 months		X
If the answer to above question is YES		e with the examinati urrence of exceptior			
Has the equipment been installed corre	ectly				
Identification of any part found to have	a defect which is	or could become a	danger to persons a	and a description of the defe	ect
		NONE			
Is the above an existing or imminent da	anger to persons *	NOTE- This is a rep	portable defect:		YES NO
Is the above a defect which is not yet b					NO X
Particulars of any repair, renewal or	alteration require	ed to remedy the d	efect identified abo	ove:	
		NONE			
Particulars of any tests carried out a *RE	COMMENDED 1	TO BE INSPECTE	state NONE) ED ON A SIX MON EXAMINATION C		
IS THE EQUIDMENT SAFE TO	ODEDATE				YES NO
IS THE EQUIPMENT SAFE TO	OPERATE:				X
Name of Company Approved and Q Examiner making this report		of Person Auther	nticating this repor		nich next thorough st be carried out:
D. TRANTER	1	Signature: L	BURNS	20/02	2/2024
E.C. DE	ECLARATION OF	CONFORMITY ON	FILE AVAILABLE	UPON REQUEST	
Name and	address of employer o	of persons making and au	uthenticating this report a	s per the header above	





		TION OF LIFTING		
This report complies with the requirer	nent of the Lifting O	perations and the L	irting Equipment Regulat	ion 1998
DATE OF EXAMINATION: 20/02/2023 DA	ATE OF REPORT:	20/02/2023	REPORT No:	BTI 13681
Address of employer for whom the thorough	Address o	f premises at which	th the examination was	made:
examination was made:				
STAGE BUS		STAGE BUS		
MUCKLOW HILL HALESOWEN		MUCKLOW HILL		
B62 8EP		HALESOWEN B62 8EP		
B02 0E1		B02 0EP		
Name:				
Description & Identification of the Equipment	Safe V	Vorking Load(s)	Date of Manufacture	Date of Last
			if Known	Thorough
1-OFF CAMPER STAGE 5.8M X 3.9M FITTED T	0	2000KG	Kilowii	Examination
VEHICLE FORD TRANSIT		EVENLY	N/K	29/03/2022
I.D. NO: 003		TRIBUTED		20/00/2022
REG NO: HPE 426K	Dis	TRIBUTED		
YES	NO			YES NO
Is this the first examination after the installation	Was the exa	amination carried out:		
Or after assembly at the new site or location	Within an int	terval of 6 months		
If the answer to show a question is VES		X		
If the answer to above question is YES  In accordance with the examination Scheme After the occurrence of exceptional circumst				
Has the equipment been installed correctly		and the creation	al di danidanoco	
Identification of any part found to have a defect which	is or could become a	danger to persons a	nd a description of the defe	not .
addition of any part loans to have a delect which			nd a description of the dele	CL
	NONE			
				YES NO
Is the above an existing or imminent danger to persons	s *NOTE- This is a re	portable defect:		X
				NO
Is the above a defect which is not yet but could becom	e a danger to person	s: (if yes state the da	YES BY:	X
Particulars of any repair, renewal or alteration requ	ired to remedy the	defect identified abo	ove:	
	NONE	ALC: U.S.		
	NONE			
Particulars of any tests carried out as part of the ex	camination: (if none	state NONE)		
*RECOMMENDEL	OH VISUAL LOUF	ED ON A SIX MON	THLY BASIS	
THOROU	GH VISUAL LULER	C EXAMINATION O	INLY	
				YES NO
IS THE EQUIPMENT SAFE TO OPERATE:				X
Name of Company Approved and Qualified	and De Control		Latest date by wh	ich next thorough
Examiner making this report:	ne of Person Authe	nticating this report		st be carried out:
D. TRANTER	190	DUDNIC		10004
E.C. DECLARATION O	Signature: I			/2024
Name and address of employe	er of persons making and a	uthenticating this report as	s per the header above	





This report comp				ATION OF LIFTING Operations and the L	EQUIPMENT Lifting Equipment Regula	tion 1998
DATE OF EXAMINATION:	20/02/2023	DATE OF R	REPORT:	20/02/2023	REPORT No:	BTI 13682
Address of employer for we examination was made:	hom the thorou	gh	Address	of premises at whic	ch the examination was	s made:
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		
Name:						
Description & Identification	of the Equipmen	t	Safa	Working Load(s)	Date of Manufacture	Date of Last
1-OFF STAGE BOX 6M X 4 I.D. NO: 008			Saic	4000KG	if Known	Thorough Examination
				EVENLY	2020	29/03/2022
			DI	STRIBUTED		
Is this the first examination after		YES NO	Was the ex	amination carried out		YES NO
Or after assembly at the new sit	e or location		Within an ir	nterval of 6 months		
STATE OF THE PROPERTY OF THE P			STATE OF THE PARTY	nterval of 12 months		X
				nce with the examinati		
Has the equipment been installed	ed correctly		After the oc	currence of exception	nai circumstances	
Identification of any part found t	o have a defect w	hich is or coul	ld become a	a danger to persons a	nd a description of the defe	ect
			NON	E		
Is the above an existing or immi	nent danger to pe	ersons *NOTE	- This is a r	eportable defect:		YES NO X
Is the above a defect which is n						NO X
Particulars of any repair, rene	wal or alteration	required to r	emedy the	defect identified abo	ove:	
			NON	E		
Particulars of any tests carried	*RECOMMEN	NDED TO BE	INSPECT	e state NONE) ED ON A SIX MON R EXAMINATION C	THLY BASIS ONLY	
IS THE EQUIPMENT SAFI	E TO OPERAT	E:				YES NO
Name of Company Approved	and Qualified				I stoot data bu d	lob novt the
Examiner making this		Name of Pe	1	enticating this report		nich next thorough st be carried out:
D. TRANTER	C. DECI ARATIC	ON OF COME	Signature:	L BURNS N FILE AVAILABLE I		2/2024
			Market Market			
N	anne and address of er	riployer of person	is making and	authenticating this report as	s per the header above	





REPORT OF THOROUGH This report complies with the requirement of	H EXAMINATION OF LIFTING the Lifting Operations and the L		ion 1998				
DATE OF EXAMINATION: 20/02/2023 DATE OF F	REPORT: 20/02/2023	REPORT No:	BTI 13683				
Address of employer for whom the thorough examination was made:	Address of premises at whic	h the examination was	made:				
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP						
Name:							
Description & Identification of the Equipment	Safe Working Load(s)	Date of Manufacture	Date of Last Thorough				
1-OFF STAGE BOX MINI		Known	Examination				
I.D. NO: 010	400KG	2021	29/03/2022				
YES NO Is this the first examination after the installation	Was the examination carried out:		YES NO				
Or after assembly at the new site or location	Within an interval of 6 months Within an interval of 12 months						
If the answer to above question is YES	In accordance with the examination Scheme After the occurrence of exceptional circumstances						
Has the equipment been installed correctly							
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	E- This is a reportable defect:		YES NO X				
Is the above a defect which is not yet but could become a dang	ger to persons: (if yes state the da	y) YES BY:	NO X				
Particulars of any repair, renewal or alteration required to	remedy the defect identified abo	ove:					
	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				
			X				
Examiner making this report.	erson Authenticating this report	examination mu	ich next thorough st be carried out:				
D. TRANTER E.C. DECLARATION OF CON	Signature: L BURNS FORMITY ON FILE AVAILABLE		2/2024				
	ons making and authenticating this report a						





REPORT OF THOROUG This report complies with the requirement of	GH EXAMINATION OF LIFTING f the Lifting Operations and the Li		ion 1998				
DATE OF EXAMINATION: 29/03/2022 DATE OF	<b>REPORT:</b> 30/03/2022	REPORT No:	BTI 13679				
Address of employer for whom the thorough examination was made:	Address of premises at whic	h the examination was	made:				
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP						
Name:			Ul Marketon and the co				
Description & Identification of the Equipment	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination				
1-OFF STAGE BOX 6M X 4.5M	4000KG	Allow II	Examination				
I.D. NO: 009	EVENLY	2020	26/03/2021				
	DISTRIBUTED						
YES NO			YES NO				
Is this the first examination after the installation	Was the examination carried out:						
Or after assembly at the new site or location	Within an interval of 6 months	Within an interval of 6 months					
	Within an interval of 12 months		X				
If the answer to above question is YES	In accordance with the examination  After the occurrence of exceptions						
Has the equipment been installed correctly		ar circumstances					
Identification of any part found to have a defect which is or co	ould become a danger to persons ar	nd a description of the defe	ect				
	NONE						
Is the above an existing or imminent danger to persons *NOT	E- This is a reportable defect:		YES NO X				
Is the above a defect which is not yet but could become a dar			NO X				
Particulars of any repair, renewal or alteration required to	remedy the defect identified abo	ve:					
	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  UNABLE TO INSPECT STAGE SITUATED AT STEVENAGE SITE							
IO THE COMPMENT OF THE CONTRACT			YES NO				
IS THE EQUIPMENT SAFE TO OPERATE:			X				
Name of Company Approved and Qualified Examiner making this report:	Person Authenticating this report		nich next thorough st be carried out:				
D. TRANTER	Signature: L BURNS	29/03	3/2023				
E.C. DECLARATION OF COM	NFORMITY ON FILE AVAILABLE U	JPON REQUEST					
Name and address of employer of pers	ons making and authenticating this report as	per the header above					