

BTI SERVICES LTD



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



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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13672

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

ECON SPENCER M.E.W.P. MODEL PE4
SERIAL NO: P2119
ATTACHED TO VEHICLE LEYLAND E866 VDB

Safe Working Load(s)

180KG
OR
2 PERSONS

Date of Manufacture if Known

1988

Date of Last Thorough Examination

29/03/2022

YES NO
Is this the first examination after the installation
Or after assembly at the new site or location ☐ ☐
If the answer to above question is YES
Has the equipment been installed correctly ☐ ☐

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

YES NO

☒ ☐
☐ ☐
☐ ☐
☐ ☐

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect

- 1) VARIOUS HYDRAULIC HOSES PERISHED 2) EMERGENCY LOCK VALVE SEIZED
3) OVERHAUL SERVICE/DRIVE BELT SLIPPING

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:

AS ABOVE

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:

Signature: L BURNS

Latest date by which next thorough examination must be carried out:

20/02/2024

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

BTI SERVICES LTD



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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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13673

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 M-STAGE 6.8M X 3.7M FITTED TO VEHICLE
MERC 814
I.D. NO: 005
REG NO: L678 GNA

Safe Working Load(s)

3000KG
EVENLY
DISTRIBUTED

Date of Manufacture if Known

N/K

Date of Last Thorough Examination

29/03/2022

YES NO

Is this the first examination after the installation

Or after assembly at the new site or location

☐ ☐

If the answer to above question is YES

Has the equipment been installed correctly

☐ ☐

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

YES NO

☐ ☐

☒ ☐

☐ ☐

☐ ☐

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

Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:

☐ ☒

NO

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

YES BY:

☐ ☒

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

YES NO

IS THE EQUIPMENT SAFE TO OPERATE:

☒ ☐

Name of Company Approved and Qualified Examiner making this report:

D. TRANTER

Name of Person Authenticating this report:

Signature: L BURNS

Latest date by which next thorough examination must be carried out:

20/02/2024

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

BTI SERVICES LTD



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



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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13674

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	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
STILL ELECTRIC FORKLIFT TRUCK MODEL R50-15 SERIAL NO: 515044029282	1354KG FULL HEIGHT @ 500MM LOAD CENTRES	2003	29/03/2022

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	<input type="checkbox"/>	Within an interval of 6 months	<input type="checkbox"/>
If the answer to above question is YES		Within an interval of 12 months	<input checked="" type="checkbox"/>
Has the equipment been installed correctly	<input type="checkbox"/>	In accordance with the examination Scheme	<input type="checkbox"/>
		After the occurrence of exceptional circumstances	<input type="checkbox"/>

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
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:	<input checked="" type="checkbox"/>

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

WORK HRS: 04418
THOROUGH VISUAL LOLER EXAMINATION ONLY

YES	NO
IS THE EQUIPMENT SAFE TO OPERATE:	<input checked="" type="checkbox"/>

Name of Company Approved and Qualified Examiner making this report:	Name of Person Authenticating this report:	Latest date by which next thorough examination must be carried out:
D. TRANTER	 Signature: L. BURNS	20/02/2024

E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST

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BTI SERVICES LTD



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



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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13675

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	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF SNAIL STAGE D.J. DECK PLATFORM I.D. NO: 006 REG NO: B38 DOG	100KG	N/K	29/03/2022

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	<input type="checkbox"/>	Within an interval of 6 months	<input type="checkbox"/>
If the answer to above question is YES		Within an interval of 12 months	<input checked="" type="checkbox"/>
Has the equipment been installed correctly	<input type="checkbox"/>	In accordance with the examination Scheme	<input type="checkbox"/>
		After the occurrence of exceptional circumstances	<input type="checkbox"/>

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)

THOROUGH VISUAL LOLER EXAMINATION ONLY

IS THE EQUIPMENT SAFE TO OPERATE: YES NO
☒ ☐

Name of Company Approved and Qualified Examiner making this report:	Name of Person Authenticating this report:	Latest date by which next thorough examination must be carried out:
D. TRANTER	 Signature: L BURNS	20/02/2024

E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST

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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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13676

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

Safe Working Load(s)

5000KG
EVENLY
DISTRIBUTED

Date of Manufacture if Known

N/K

Date of Last Thorough Examination

29/03/2022

	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	<input type="checkbox"/>	<input type="checkbox"/>	Within an interval of 6 months	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to above question is YES			Within an interval of 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the equipment been installed correctly	<input type="checkbox"/>	<input type="checkbox"/>	In accordance with the examination Scheme	<input type="checkbox"/>	<input type="checkbox"/>
			After the occurrence of exceptional circumstances	<input type="checkbox"/>	<input type="checkbox"/>

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
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:	<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: <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

	YES	NO
IS THE EQUIPMENT SAFE TO OPERATE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name of Company Approved and Qualified Examiner making this report:	Name of Person Authenticating this report:	Latest date by which next thorough examination must be carried out:
D. TRANTER	 Signature: L. BURNS	20/02/2024

E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST

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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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13677

Address of employer for whom the thorough examination was made: STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP Name:	Address of premises at which the examination was made: STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP
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Description & Identification of the Equipment 1-OFF PORTABLE TRANSPORTATION TRAILER I.D. NO: 5158 (007)	Safe Working Load(s) 2600KG	Date of Manufacture if Known N/K	Date of Last Thorough Examination 29/03/2022
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YES NO Is this the first examination after the installation Or after assembly at the new site or location <input type="checkbox"/> <input type="checkbox"/> If the answer to above question is YES Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>	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
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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
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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"/>
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Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)	YES BY: <input type="text"/>	NO <input checked="" type="checkbox"/>
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Particulars of any repair, renewal or alteration required to remedy the defect identified above: *PLEASE NOTE MECHANICAL HAND WINCH NOT OPERATIONAL & OUT OF SERVICE NONE
--

Particulars of any tests carried out as part of the examination: (if none state NONE) THOROUGH VISUAL LOLER EXAMINATION ONLY
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IS THE EQUIPMENT SAFE TO OPERATE:	YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>
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Name of Company Approved and Qualified Examiner making this report: D. TRANTER	Name of Person Authenticating this report: Signature: L. BURNS	Latest date by which next thorough examination must be carried out: 20/02/2024
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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

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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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13678

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 BOX 4.9M X 4.5M FITTED TO
VEHICLE MCW METROBUS
I.D. NO: 001
REG NO: D920 NDA

Safe Working Load(s)

3000KG
EVENLY
DISTRIBUTED

Date of Manufacture if Known

N/K

Date of Last Thorough Examination

29/03/2022

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 <input type="checkbox"/> <input type="checkbox"/>		Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/>	
If the answer to above question is YES		Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/>	
		In accordance with the examination Scheme <input type="checkbox"/> <input type="checkbox"/>	
Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	

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:

Signature: L BURNS

Latest date by which next thorough examination must be carried out:

20/02/2024

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

BTI SERVICES LTD



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



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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13680

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	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF STAGE BOX 6M X 4.5M I.D. NO: 011	4000KG EVENLY DISTRIBUTED	2021	29/03/2022

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 <input type="checkbox"/> <input type="checkbox"/>		Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/>	
If the answer to above question is YES		Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/>	
Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		In accordance with the examination Scheme <input type="checkbox"/> <input type="checkbox"/>	
		After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	

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: ☐ YES ☒ 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:	Name of Person Authenticating this report:	Latest date by which next thorough examination must be carried out:
D. TRANTER	 Signature: L. BURNS	20/02/2024

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

BTI SERVICES LTD



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



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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13681

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 CAMPER STAGE 5.8M X 3.9M FITTED TO
VEHICLE FORD TRANSIT

I.D. NO: 003

REG NO: HPE 426K

Safe Working Load(s)

2000KG

EVENLY

DISTRIBUTED

Date of Manufacture if Known

N/K

Date of Last Thorough Examination

29/03/2022

YES	NO	YES	NO
Is this the first examination after the installation		Was the examination carried out:	
<input type="checkbox"/>	<input type="checkbox"/>	Within an interval of 6 months	
<input type="checkbox"/>	<input type="checkbox"/>	Within an interval of 12 months	
If the answer to above question is YES		In accordance with the examination Scheme	
<input type="checkbox"/>	<input type="checkbox"/>	After the occurrence of exceptional circumstances	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: 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:

Signature: L BURNS

Latest date by which next thorough
examination must be carried out:

20/02/2024

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

BTI SERVICES LTD



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



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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13682

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 BOX 6M X 4.5M
I.D. NO: 008

Safe Working Load(s)

4000KG
EVENLY
DISTRIBUTED

Date of Manufacture
if
Known

2020

Date of Last
Thorough
Examination

29/03/2022

Is this the first examination after the installation

YES NO

Or after assembly at the new site or location

☐ ☐

If the answer to above question is YES

Has the equipment been installed correctly

☐ ☐

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

YES NO

☐ ☐

☒ ☐

☐ ☐

☐ ☐

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:

Signature: L BURNS

Latest date by which next thorough
examination must be carried out:

20/02/2024

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

BTI SERVICES LTD



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



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: 20/02/2023 DATE OF REPORT: 20/02/2023 REPORT No: BTI 13683

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 BOX MINI
I.D. NO: 010

Safe Working Load(s)

400KG

Date of Manufacture
if
Known

2021

Date of Last
Thorough
Examination

29/03/2022

Is this the first examination after the installation ☐ YES ☐ NO

Or after assembly at the new site or location ☐ YES ☐ NO

If the answer to above question is YES

Has the equipment been installed correctly ☐ 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

YES NO

☐ ☐

☒ ☐

☐ ☐

☐ ☐

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:

Signature: L. BURNS

Latest date by which next thorough
examination must be carried out:

20/02/2024

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

BTI SERVICES LTD



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



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: 29/03/2022 DATE OF REPORT: 30/03/2022 REPORT No: BTI 13679

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	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF STAGE BOX 6M X 4.5M I.D. NO: 009	4000KG EVENLY DISTRIBUTED	2020	26/03/2021

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 <input type="checkbox"/> <input type="checkbox"/>		Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/>	
If the answer to above question is YES		Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/>	
Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		In accordance with the examination Scheme <input type="checkbox"/> <input type="checkbox"/>	
		After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	

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
UNABLE TO INSPECT STAGE SITUATED AT STEVENAGE SITE

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: Signature: L BURNS	Latest date by which next thorough examination must be carried out: 29/03/2023
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