5 King Street, Quarry Bank, West Midlands, DY5 2DH

REPORT OF This report complies with the rec		H EXAMINATION OF LIFTING he Lifting Operations and the L		lon 1998	
DATE OF EXAMINATION: 19/02/2024	DATE OF R	EEPORT : 20/02/2024	REPORT No:	MP0111	
Address of employer for whom the thoro examination was made:	ugh	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	nt	Safe Working Load(s)	Date of Manufacture	Date of Last	
1-OFF STAGE BOX MINI			Known	Thorough Examination	
I.D. NO: 0010		400KG	2021	20/02/2023	
Is this the first examination after the installation	YES NO	Was the examination carried out:		YES NO	
Or after assembly at the new site or location		Within an interval of 6 months			
If the answer to above question is YES		Within an interval of 12 months In accordance with the examination Scheme			
Has the equipment been installed correctly		After the occurrence of exception	al circumstances		
Identification of any part found to have a defect	which is or cou	uld become a danger to persons a	and a description of the de	fect	
		NONE			
Is the above an existing or imminent danger to p	persons * NOTI	E- This is a reportable defect:		YES NO	
Is the above a defect which is not yet but could	become a dan	ger to persons: (if yes state the d	ay) YES BY:	NO X	
Particulars of any repair, renewal or alteration	n required to	remedy the defect identified ab	ove:		
		NONE			
	NDED TO BE	tion: (if none state NONE) E INSPECTED ON A SIX MON SUAL LOLER EXAMINATION C			
IS THE EQUIPMENT SAFE TO OPERA	TE:			YES NO	
	-:- -:				
Name of Company Approved and Qualified Examiner making this report:	Name of Pe	erson Authenticating this repor	r	nich next thorough st be carried out:	
D. TRANTER		Signature: D TRANTER		2/2025	
		FORMITY ON FILE AVAILABLE			
Name and address of	employer of perso	ns making and authenticating this report a	s per the header above		

5 King Street, Quarry Bank, West Midlands, DY5 2DH

REPORT O This report compiles with the re			NATION OF LIFTING Operations and the Li		ion 1998
DATE OF EXAMINATION: 19/02/2024	DATE OF F	REPORT:	20/02/2024	REPORT No:	MP0111A
Address of employer for whom the thore examination was made:	ough	Address	of premises at which	h the examination was	made:
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		
Name:					
Description & Identification of the Equipm	ent	Safe	Working Load(s)	Date of Manufacture	Date of Last
1-OFF STAGE BOX 6M X 4.5M I.D. NO: 008			4000KG	if Known	Thorough Examination
			EVENLY	2020	20/02/2023
			DISTRIBUTED		
	YES NO	1			YES NO
Is this the first examination after the installation		Was the	examination carried out:		120 110
Or after assembly at the new site or location		-1	interval of 6 months		
If the answer to above question is YES		In accord	interval of 12 months ance with the examination		X
Has the equipment been installed correctly		After the	occurrence of exceptiona	al circumstances	
Identification of any part found to have a defec	t which is or co	uld becom	e a danger to persons a	nd a description of the de	fect
			NE	·	
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	d become a dan	nger to per	sons: (if yes state the da	YES BY:	NO X
Particulars of any repair, renewal or alterati	on required to	remedy t	he defect identified abo	ove:	
		NO	NE		
	ENDED TO B	E INSPE	one state NONE) CTED ON A SIX MON ER EXAMINATION O		
IS THE EQUIPMENT SAFE TO OPER	ATE:				YES NO
IS THE EQUIPMENT SAFE TO OPER	MIE.				X
Name of Company Approved and Qualified Examiner making this report:	Name of P	erson Aut	henticating this report		nich next thorough st be carried out:
D. TRANTER		Signature	D TRANTER	19/02	2/2025
E.C. DECLARA	TION OF CON	FORMITY	ON FILE AVAILABLE U	JPON REQUEST	
Name and address of	f employer of perso	ons making a	nd authenticating this report as	s per the header above	

5 King Street, Quarry Bank, West Midlands, DY5 2DH

REPORT OF This report complies with the rec			NATION OF LIFTING Operations and the Li		tion 1998		
DATE OF EXAMINATION: 19/02/2024	DATE OF R	REPORT:	20/02/2024	REPORT No:	MP0	111B	
Address of employer for whom the thoro examination was made:	ugh	Address	of premises at whic	h the examination was	s made:		
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				
Name:							
Description & Identification of the Equipme	ent	Safe	e Working Load(s)	Date of Manufacture	Date of La		
1-OFF CAMPER STAGE 5.8M X 3.9M FIT VEHICLE FORD TRANSIT	TED TO		2000KG	if Known	Thorough Examinati		
I.D. NO: 003			EVENLY	N/K	20/02/202	23	
REG NO: HPE 426K		Ι	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		1	interval of 6 months		X		
If the answer to above question is YES			Within an interval of 12 months In accordance with the examination Scheme				
Has the equipment been installed correctly		After the occurrence of exceptional circumstances					
Identification of any part found to have a defect	which is or co	uld becom	e a danger to persons a	nd a description of the de	fect		
		NC	NE				
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 dan	nger to per	sons: (if yes state the da	YES BY:		NO X	
Particulars of any repair, renewal or alteration	on required to	remedy t	he defect identified abo	ove:			
		NC	NE				
	ENDED TO B	E INSPE	one state NONE) CTED ON A SIX MON LER EXAMINATION C				
IO THE EQUIPMENT OF THE COLOR	\ -				YES	NO	
IS THE EQUIPMENT SAFE TO OPERA	AIE:				X		
Name of Company Approved and Qualified Examiner making this report:	Name of P	erson Aut	thenticating this report	: Latest date by wi examination mu		-	
D. TRANTER		Signature:	D TRANTER	19/0	2/2025		
E.C. DECLARAT	TION OF CON	FORMITY	ON FILE AVAILABLE	JPON REQUEST			
Name and address of	employer of person	ns making a	nd authenticating this report as	s per the header above			

5 King Street, Quarry Bank, West Midlands, DY5 2DH

REPORT OF This report complies with the rec			ATION OF LIFTING I		ion 1998	
DATE OF EXAMINATION: 19/02/2024	DATE OF R	REPORT:	20/02/2024	REPORT No:	MP0111D	
Address of employer for whom the thoro examination was made:	ugh	Address o	of premises at which	n the examination was	made:	
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			
Name:						
Description & Identification of the Equipme	ent	Safe V	Working Load(s)	Date of Manufacture	Date of Last	
1-OFF STAGE BOX 6M X 4.5M			4000KG	Known	Thorough Examination	
I.D. NO: 009			EVENLY	2020	26/03/2021	
		DI	STRIBUTED			
	YES NO				YES NO	
Is this the first examination after the installation		Was the ex	amination carried out:			
Or after assembly at the new site or location			nterval of 6 months nterval 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		7		a. oouo.		
Identification of any part found to have a defect	which is or cou	uld become	a danger to persons a	nd a description of the de	fect	
		NON	E			
Is the above an existing or imminent danger to	persons * NOT I	E- This is a	reportable defect:		YES NO	
Is the above a defect which is not yet but could	become a dan	ger to perso	ons: (if yes state the da	YES BY:	NO X	
Particulars of any repair, renewal or alteration	on required to	remedy the	e defect identified abo	ove:		
		NON	E			
THO	ENDED TO BE DROUGH VIS	E INSPECT SUAL LOLE	e state NONE) FED ON A SIX MON [*] R EXAMINATION O F UATED AT STEVE	NLY		
IS THE EQUIPMENT SAFE TO OPERA	TE:				YES NO	
Name of Company Approved and Qualified Examiner making this report:		erson Auth	enticating this report	•	nich next thorough st be carried out:	
D. TRANTER	;	Signature: I	O TRANTER	19/02/2024 - TO BE INSP	ECTED AT A LATER DATE	
E.C. DECLARAT	TION OF CONI	FORMITY O	N FILE AVAILABLE U	JPON REQUEST		
Name and address of	employer of perso	ns making and	authenticating this report as	per the header above		

5 King Street, Quarry Bank, West Midlands, DY5 2DH

REPORT OF This report complies with the rec		HEXAMINATION OF LIFTING he Lifting Operations and the L		ion 1998		
DATE OF EXAMINATION: 19/02/2024	DATE OF R	EPORT: 20/02/2024	REPORT No:	MP0111C		
Address of employer for whom the thoro examination was made:	ugh	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	nt	Safe Working Load(s)	Date of Manufacture	Date of Last		
1-OFF STAGE BOX		4000KG	Known	Thorough Examination		
6M X 4.5M		EVENLY	2021	20/02/2023		
I.D. NO: 011		DISTRIBUTED				
Is this the first examination after the installation	YES NO	Was the examination carried out:		YES NO		
Or after assembly at the new site or location		Within an interval of 6 months				
If the answer to above question is YES		Within an interval of 12 months In accordance with the examination Scheme				
Has the equipment been installed correctly	After the occurrence of exception	al circumstances				
Identification of any part found to have a defect	which is or cou	uld become a danger to persons a	and a description of the de	fect		
		NONE				
Is the above an existing or imminent danger to p	persons * NOT	E- This is a reportable defect:		YES NO X		
Is the above a defect which is not yet but could	become a dan	ger to persons: (if yes state the da	YES BY:	NO X		
Particulars of any repair, renewal or alteration	n required to	remedy the defect identified ab	ove:			
		NONE				
	NDED TO BE	ti on: (if none state NONE) E INSPECTED ON A SIX MON UAL LOLER EXAMINATION C				
IS THE EQUIPMENT SAFE TO OPERA	TE:			YES NO		
Name of Company Approved and Qualified Examiner making this report:	Name of Pe	erson Authenticating this report		nich next thorough st be carried out:		
D. TRANTER		Signature: D TRANTER	19/02	2/2025		
E.C. DECLARAT	TION OF CONF	FORMITY ON FILE AVAILABLE	UPON REQUEST			
Name and address of	employer of persor	ns making and authenticating this report a	s per the header above			

5 King Street, Quarry Bank, West Midlands, DY5 2DH

				NATION OF LIFTING Operations and the Li	EQUIPMENT ifting Equipment Regula	tion 1998	
DATE OF EXAMINATION: 1	9/02/2024	DATE OF R	REPORT:	20/02/2024	REPORT No:	MP0	111E
Address of employer for who examination was made:	m the thorou	ugh	Address	of premises at whic	h the examination was	s made:	
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			
Name:					I	7	
Description & Identification of	the Equipmei	nt	Safe	Working Load(s)	Date of Manufacture if	Date of La Thoroug	
1-OFF STAGE BOX 4.9M X 4. VEHICLE MCW METROBUS	5M FITTED	то		3000KG	Known	Examinati	
I.D. NO: 001				EVENLY	N/K	20/02/202	23
REG NO: D920 NDA			D	ISTRIBUTED			
Is this the first examination after the		YES NO	Was the e	examination carried out:		YES	NO
Or after assembly at the new site of	or location			interval of 6 months interval of 12 months		Х	
If the answer to above question is YES			ance with the examination	on Scheme	^		
Has the equipment been installed	After the occurrence of exceptional circumstances						
Identification of any part found to h	nave a defect	which is or co	uld becom	e a danger to persons a	and a description of the de	fect	
	NC			E ROPE DAMAGE NT FLOOR/SIDE SKI	RT		
Is the above an existing or immine	ent danger to p	ersons * NOT	E- This is a	a reportable defect:		YES	NO X
Is the above a defect which is not	yet but could b	oecome a dan	ger to pers	sons: (if yes state the da	ay) YES BY:		NO X
Particulars of any repair, renewa	al or alteratio	n required to	remedy th	ne defect identified ab	ove:		
Particulars of any tests carried o	*RECÓMME	NO 2 RE the examina NDED TO BI	PLACE D tion: (if no E INSPEC	WINCH ROPE AMAGED FLOOR ONE State NONE) CTED ON A SIX MON ER EXAMINATION C			
IO THE EQUIPMENT OF	TO 05=5					YES	NO
IS THE EQUIPMENT SAFE	IO OPERA	IE:				X	<u> </u>
Name of Company Approved an Examiner making this re		Name of P	erson Aut	henticating this report	t: Latest date by wi		_
D. TRANTER			Signature:	D TRANTER	19/0	2/2025	
E.C	. DECLARAT	ION OF CON	FORMITY	ON FILE AVAILABLE	UPON REQUEST		
Name	e and address of e	employer of perso	ns making ar	nd authenticating this report as	s per the header above		

5 King Street, Quarry Bank, West Midlands, DY5 2DH

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report compiles with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998						
DATE OF EXAMINATION: 19/02/2024	DATE OF F	REPORT:	20/02/2024	REPORT No:	MP0111F	
Address of employer for whom the thor examination was made:	ough	Address	of premises at which	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	ent	Safe	e Working Load(s)	Date of Manufacture if	Date of Last Thorough	
1-OFF PORTABLE TRANSPORTATION	TRAILER		2600KG	Known	Examination	
I.D. NO: 5158 (007)			2000110	N/K	20/02/2023	
Is this the first examination after the installation	YES NO	Was the	examination carried out:		YES NO	
Or after assembly at the new site or location	 		interval of 6 months			
If the answer to above question is YES	<u> </u>	Within an	interval of 12 months ance with the examination	on Scheme	Х	
Has the equipment been installed correctly		After the	occurrence of exceptiona	al circumstances		
Identification of any part found to have a defec	ct which is or co	uld becom	ne a danger to persons a	nd a description of the de	fect	
, '			DNE	·		
Is the above an existing or imminent danger to	persons *NOT	E- This is	a reportable defect:		YES NO	
Is the above a defect which is not yet but could	d become a dar	nger to per	sons: (if yes state the da	ay) YES BY:	NO X	
Particulars of any repair, renewal or alterat *PLEASE NOTE MEC		ND WINC		ove: AL & OUT OF SERVICE		
Particulars of any tests carried out as part	of the examina	tion: (if n	one state NONE)			
TH	IOROUGH VIS	SUAL LOI	LER EXAMINATION O	NLY		
IS THE EQUIPMENT SAFE TO OPER	ΔTF:				YES NO	
Name of Company Approved and Qualified Examiner making this report:	Name of P	erson Au	thenticating this report	•	hich next thorough ist be carried out:	
D. TRANTER	TION OF SCH		D TRANTER	•	2/2025	
			ON FILE AVAILABLE U			
Name and address of	of employer of perso	ons making a	nd authenticating this report as	s per the header above		

5 King Street, Quarry Bank, West Midlands, DY5 2DH

REPORT OF This report complies with the re		H EXAMINATION he Lifting Operatio			lon 1998
DATE OF EXAMINATION: 19/02/2024	DATE OF R	EPORT:	19/02/2024	REPORT No:	MP0111G
Address of employer for whom the thoroexamination was made:	ough	Address of prem	ises at which	h the examination was	made:
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		MUCK	E BUS (LOW HILL SOWEN EP		
Name:					
Description & Identification of the Equipme	ent	Safe Working	g Load(s)	Date of Manufacture	Date of Last
4 OFF TRUCK STACE ON V EM FITTER	ΤΟ.	5000174	G	Known	Thorough Examination
1-OFF TRUCK STAGE 8M X 5M FITTED VEHICLE VOLVO F7	10	5000K0		N/K	20/02/2023
I.D. NO: 004		EVENL		17/10	
REG NO: FKK 677V		DISTRIBU	TED		
	YES NO				YES NO
Is this the first examination after the installation	l	Was the examination	on carried out:		
Or after assembly at the new site or location		Within an interval of Within an interval of			X
If the answer to above question is YES		In accordance with		on Scheme	
Has the equipment been installed correctly	After the occurrence	e of exceptiona	al circumstances		
Identification of any part found to have a defect	which is or cou	uld become a dange	er to persons a	nd a description of the de	fect
		NONE			
Is the above an existing or imminent danger to	persons * NOT I	E- This is a reportab	ole defect:		YES NO
Is the above a defect which is not yet but could	become a dan	ger to persons: (if ye	es state the da	YES BY:	NO X
Particulars of any repair, renewal or alteration	on required to	remedy the defect	identified abo	ove:	
		NONE			
	ENDED TO BE	tion: (if none state E INSPECTED ON BUAL LOLER EXA	I A SIX MON		
IS THE EQUIPMENT SAFE TO OPERA	\TF·				YES NO
Name of Company Approved and Qualified Examiner making this report:	Name of Po	erson Authenticatii	ng this report	•	nich next thorough st be carried out:
D. TRANTER	;	Signature: D TRAN	TER	19/02	2/2025
E.C. DECLARA	TION OF CONI	FORMITY ON FILE	AVAILABLE (JPON REQUEST	
Name and address of	employer of perso	ns making and authentica	ating this report as	s per the header above	

5 King Street, Quarry Bank, West Midlands, DY5 2DH

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: 19/02/2024	DATE OF F	REPORT:	20/02/2024	REPORT No:	MP0111H			
Address of employer for whom the thoroexamination 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	ent	Safe	Working Load(s)	Date of Manufacture if	Date of Last Thorough			
1-OFF SNAIL STAGE D.J. DECK PLATFO	ORM		10017.0	Known	Examination			
I.D. NO: 006			100KG	N/K	20/02/2023			
REG NO: B38 DOG								
Is this the first examination after the installation	YES NO	Was the e	examination carried out:		YES NO			
Or after assembly at the new site or location		Within an	interval of 6 months					
If the answer to above question is YES	,,,	-	interval of 12 months ance with the examination	on Scheme	Х			
Has the equipment been installed correctly		After the occurrence of exceptional circumstances						
Identification of any part found to have a defect	t which is or co	uld booom	o a danger to persons a	and a description of the det	foot			
identification of any part found to have a defec	t which is of co	NO		ind a description of the der	eci			
Is the above an existing or imminent danger to	persons *NOT	E- This is a	a reportable defect:		YES NO			
Is the above a defect which is not yet but could	l become a dan	nger to pers	sons: (if yes state the da	YES BY:	NO X			
Particulars of any repair, renewal or alteration	on required to	remedy t	he defect identified ab	ove:				
		NO	NE					
Particulars of any tests carried out as part of	of the examina	tion: (if no	one state NONE)					
TH	OROUGH VIS	SUAL LOL	ER EXAMINATION C	NLY				
IS THE EQUIPMENT SAFE TO OPERA	ΔTF·				YES NO			
Name of Company Approved and Qualified Examiner making this report:	Name of P	erson Aut	henticating this report	-	nich next thorough st be carried out:			
D. TRANTER			D TRANTER	<u> </u>	2/2025			
E.C. DECLARA	TION OF CON	FORMITY	ON FILE AVAILABLE	UPON REQUEST				
Name and address of	f employer of perso	ons making ar	nd authenticating this report as	s per the header above				

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

REPORT OF This report complies with the re		HEXAMINATION OF LIFTING he Lifting Operations and the Li		ion 1998	
DATE OF EXAMINATION: 19/02/2024	DATE OF R	EPORT: 20/02/2024	REPORT No:	MP0111I	
Address of employer for whom the thoroexamination 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	ent	Safe Working Load(s)	Date of Manufacture	Date of Last Thorough	
STILL ELECTRIC FORKLIFT TRUCK		1354KG FULL HEIGHT	Known	Examination	
MODEL R50-15		@	2003	20/02/2023	
SERIAL NO: 515044029282		500MM LOAD CENTRES			
Is this the first examination after the installation	YES NO	Was the examination carried out:		YES NO	
Or after assembly at the new site or location		Within an interval of 6 months			
If the answer to above question is YES		Within an interval of 12 months In accordance with the examination Scheme			
Has the equipment been installed correctly	After the occurrence of exception	al circumstances			
Identification of any part found to have a defect	t which is or cou	uld become a danger to persons a	and a description of the de	fect	
		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 dan	ger to persons: (if yes state the da	YES BY:	NO X	
Particulars of any repair, renewal or alteration	on required to	remedy the defect identified ab	ove:		
		NONE			
Particulars of any tests carried out as part o	V	t ion: (if none state NONE) VORK HRS: 04534 UAL LOLER EXAMINATION C	DNLY		
IS THE EQUIPMENT SAFE TO OPERA	ATE:			YES NO	
Name of Company Approved and Qualified Examiner making this report:	Name of Pe	erson Authenticating this report	-	nich next thorough st be carried out:	
D. TRANTER	5	Signature: D TRANTER	19/02	2/2025	
E.C. DECLARA	TION OF CONF	FORMITY ON FILE AVAILABLE	UPON REQUEST		
Name and address of	employer of persor	ns making and authenticating this report a	s per the header above		

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

REPORT OF This report complies with the rec			ATION OF LIFTING Operations and the Li		ion 1998	
DATE OF EXAMINATION: 19/02/2024	DATE OF R	REPORT:	20/02/2024	REPORT No:	MP0111J	
Address of employer for whom the thoro examination was made:	ugh	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	ent	Safe '	Working Load(s)	Date of Manufacture if	Date of Last Thorough	
1-OFF M-STAGE 6.8M X 3.7M FITTED TO MERC 814	VEHICLE		3000KG	Known N/K	Examination	
I.D. NO: 005			EVENLY	IV/IX	20/02/2023	
REG NO: L678 GNA		DI	STRIBUTED			
Is this the first examination after the installation	YES NO	Was the ex	camination carried out:		YES NO	
Or after assembly at the new site or location	Within an i	Within an interval of 6 months				
If the answer to above question is YES	Within an interval of 12 months In accordance with the examination Scheme After the occurrence of exceptional circumstances					
Has the equipment been installed correctly		,			<u> </u>	
Identification of any part found to have a defect	which is or co	uld become	a danger to persons a	nd a description of the de	fect	
		NON	NE .			
Is the above an existing or imminent danger to	persons * NOT	E- This is a	reportable defect:		YES NO	
Is the above a defect which is not yet but could	become a dan	iger to perso	ons: (if yes state the da	YES BY:	NO X	
Particulars of any repair, renewal or alteration	on required to	remedy the	e defect identified abo	ove:		
		NON	IE .			
	NDED TO BI	E INSPEC	ne state NONE) TED ON A SIX MON ER EXAMINATION O			
IS THE EQUIPMENT SAFE TO OPERA	TF:				YES NO	
	\				^_	
Name of Company Approved and Qualified Examiner making this report:	Name of P	erson Auth	enticating this report	•	nich next thorough est be carried out:	
D. TRANTER		Signature: I	D TRANTER	19/02	2/2025	
E.C. DECLARAT	TION OF CON	FORMITY C	ON FILE AVAILABLE (JPON REQUEST		
Name and address of	employer of perso	ns making and	authenticating this report as	s per the header above		

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

REPORT OF This report complies with the rec			IATION OF LIFTING Operations and the Li		tion 1998
DATE OF EXAMINATION: 19/02/2024	DATE OF R	REPORT:	20/02/2024	REPORT No:	MP0111K
Address of employer for whom the thoroexamination was made:	ugh	Address	of premises at whici	h the examination was	s made:
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		
Name:					
Description & Identification of the Equipme	nt	Safe	Working Load(s)	Date of Manufacture if	Date of Last
ECON SPENCER M.E.W.P. MODEL PE4			400160	Known	Thorough Examination
SERIAL NO: P2119			180KG	1988	20/02/2022
ATTACHED TO VEHICLE LEYLAND E866	S VDB	2	OR PERSONS	1966	20/02/2023
Is this the first examination after the installation	YES NO	Was the e	xamination carried out:		YES NO
Or after assembly at the new site or location			interval of 6 months		Х
If the answer to above question is YES		In accorda	nce with the examination		
Has the equipment been installed correctly	After the occurrence of exceptional circumstances				
	/ARIOUS HY	DRAULIC	e a danger to persons a HOSES PERISHED DRIVE BELT SLIPPI	•	fect
Is the above an existing or imminent danger to p	persons *NOT	E- This is a	reportable defect:		YES NO
Is the above a defect which is not yet but could	become a dan	iger to pers	ons: (if yes state the da	YES BY:	NO X
Particulars of any repair, renewal or alteratio	n required to	remedy th	e defect identified abo	ove:	
		AS AE	SOVE		
	NDED TO BI	E INSPEC	ne state NONE) TED ON A SIX MON' ER EXAMINATION O		
IS THE EQUIPMENT SAFE TO OPERA	TE:				YES NO
Name of Company Approved and Qualified Examiner making this report:		erson Autl	nenticating this report	. ,	nich next thorough
D. TRANTER		Signature:	D TRANTER	20/02/2025 - A	FTER REPAIRS
E.C. DECLARAT	ION OF CON	FORMITY (ON FILE AVAILABLE (JPON REQUEST	
Name and address of	employer of perso	ns making an	d authenticating this report as	s per the header above	

5 King Street, Quarry Bank, West Midlands, DY5 2DH

REPORT OF This report complies with the rec		H EXAMINATION OF LIFTING the Lifting Operations and the L		ion 1998	
DATE OF EXAMINATION: 19/02/2024	DATE OF REPORT: 20/02/2024		REPORT No:	MP0111L	
Address of employer for whom the thoro examination was made:	ugh	Address of premises at whic	th 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	e Date of Last Thorough	
1-OFF STAGE BOX 4 6M X 4.M		4000KG	Known	Examination Examination	
I.D. NO: 0012		EVENLY	2024	FIRST BY	
		DISTRIBUTED		MIDLAND PLANT	
	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 12 months X		Х	
If the answer to above question is YES		In accordance with the examinati After the occurrence of exception		<u> </u>	
Has the equipment been installed correctly		·		<u> </u>	
Identification of any part found to have a defect	which is or co	uld become a danger to persons a	and a description of the de	fect	
		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)			ay) YES BY:	NO X	
Particulars of any repair, renewal or alteration	on required to	remedy the defect identified ab	oove:		
NONE					
	NDED TO BI	tion: (if none state NONE) E INSPECTED ON A SIX MON SUAL LOLER EXAMINATION (
IS THE EQUIPMENT SAFE TO OPERA	ATE:			YES NO	
Name of Company Approved and Qualified Examiner making this report:			†·	Latest date by which next thorough examination must be carried out:	
D. TRANTER	Signature: D TRANTER			20/02/2025	
E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST				-, 	
Name and address of	employer of perso	ons making and authenticating this report a	as per the header above		