

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT:	20/02/2024
		REPORT No:	MP0111
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	
Description & Identification of the Equipment	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF STAGE BOX MINI I.D. NO: 0010	400KG	2021	20/02/2023
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 <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)			NO 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			
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:	Name of Person Authenticating this report:	Latest date by which next thorough examination must be carried out:	
D. TRANTER	Signature: D TRANTER	19/02/2025	
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			

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 20/02/2024 REPORT No: MP0111A

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	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: 008	4000KG EVENLY DISTRIBUTED	2020	20/02/2023

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

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: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2025
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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

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 20/02/2024 REPORT No: MP0111B

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	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF CAMPER STAGE 5.8M X 3.9M FITTED TO VEHICLE FORD TRANSIT I.D. NO: 003 REG NO: HPE 426K	2000KG EVENLY DISTRIBUTED	N/K	20/02/2023

Is this the first examination after the installation Or after assembly at the new site or location <input type="checkbox"/> YES <input type="checkbox"/> NO If the answer to above question is YES Has the equipment been installed correctly <input type="checkbox"/> YES <input type="checkbox"/> NO	Was the examination carried out: Within an interval of 6 months <input type="checkbox"/> YES <input type="checkbox"/> NO Within an interval of 12 months <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In accordance with the examination Scheme After the occurrence of exceptional circumstances <input type="checkbox"/> YES <input type="checkbox"/> NO
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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: 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: D. TRANTER	Name of Person Authenticating this report: Signature: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2025
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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

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 20/02/2024 REPORT No: MP0111D

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	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 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 <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: 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
 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: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2024 - TO BE INSPECTED AT A LATER DATE
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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

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 20/02/2024 REPORT No: MP0111C

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	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	20/02/2023

YES NO Is this the first examination after the installation <input type="checkbox"/> <input type="checkbox"/> 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 <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: Signature: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2025
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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

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 20/02/2024 REPORT No: MP0111E

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	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF STAGE BOX 4.9M X 4.5M FITTED TO VEHICLE MCW METROBUS I.D. NO: 001 REG NO: D920 NDA	3000KG EVENLY DISTRIBUTED	N/K	20/02/2023

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

NO 1 WINCH WIRE ROPE DAMAGE
NO 2 DAMAGE TO FRONT FLOOR/SIDE SKIRT

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:

NO 1 REPLACE WINCH ROPE
NO 2 REPLACE DAMAGED FLOOR

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: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2025
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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

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 20/02/2024 REPORT No: MP0111F

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	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF PORTABLE TRANSPORTATION TRAILER I.D. NO: 5158 (007)	2600KG	N/K	20/02/2023

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 <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:
 *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

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: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2025
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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

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 19/02/2024 REPORT No: MP0111G

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	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF TRUCK STAGE 8M X 5M FITTED TO VEHICLE VOLVO F7 I.D. NO: 004 REG NO: FKK 677V	5000KG EVENLY DISTRIBUTED	N/K	20/02/2023

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)
*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: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2025
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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

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 20/02/2024 REPORT No: MP0111H

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	20/02/2023

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 <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)

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: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2025
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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

MIDLAND PLANT/LIFTING INSPECTIONS 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: 19/02/2024 DATE OF REPORT: 20/02/2024 REPORT No: MP01111

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	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	20/02/2023

Is this the first examination after the installation Or after assembly at the new site or location	YES NO <input type="checkbox"/> <input type="checkbox"/>	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 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If the answer to above question is YES			
Has the equipment been installed correctly	YES NO <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)
WORK HRS: 04534
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: D TRANTER	Latest date by which next thorough examination must be carried out: 19/02/2025
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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

MIDLAND PLANT/LIFTING INSPECTIONS 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:	19/02/2024	DATE OF REPORT:	20/02/2024
		REPORT No:	MP0111J
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	
Description & Identification of the Equipment	Safe Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination
1-OFF M-STAGE 6.8M X 3.7M FITTED TO VEHICLE MERC 814 I.D. NO: 005 REG NO: L678 GNA	3000KG EVENLY DISTRIBUTED	N/K	20/02/2023
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 <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"/> NO <input type="checkbox"/> <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:	Name of Person Authenticating this report:	Latest date by which next thorough examination must be carried out:	
D. TRANTER	Signature: D TRANTER	19/02/2025	
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			

MIDLAND PLANT/LIFTING INSPECTIONS 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: 19/02/2024		DATE OF REPORT: 20/02/2024	
		REPORT No: MP0111K	
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	
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 20/02/2023	
Is this the first examination after the installation YES NO Or after assembly at the new site or location <input type="checkbox"/> <input type="checkbox"/>		Was the examination carried out: YES NO Within an interval of 6 months <input checked="" type="checkbox"/> <input type="checkbox"/> Within an interval of 12 months <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"/>	
If the answer to above question is YES <input type="checkbox"/> <input type="checkbox"/>			
Has the equipment been installed correctly <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 1) VARIOUS HYDRAULIC HOSES PERISHED 2) OVERHAUL SERVICE/DRIVE BELT SLIPPING			
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: <input type="text"/> <input type="text"/> <input type="text"/> NO X	
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 <input type="checkbox"/> <input checked="" type="checkbox"/>	
Name of Company Approved and Qualified Examiner making this report: D. TRANTER	Name of Person Authenticating this report: Signature: D TRANTER	Latest date by which next thorough examination must be carried out: 20/02/2025 - AFTER REPAIRS	
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			

MIDLAND PLANT/LIFTING INSPECTIONS LTD

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 REPORT: 20/02/2024	
		REPORT No: MP0111L	
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 6M X 4.M I.D. NO: 0012		Safe Working Load(s) 4000KG EVENLY DISTRIBUTED	Date of Manufacture if Known 2024
		Date of Last Thorough Examination FIRST BY MIDLAND PLANT	
YES NO Is this the first examination after the installation		YES NO 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"/>	
		YES BY: <input type="text"/> NO Is the above a defect which is not yet but could become a danger to persons: (if yes state the day) <input type="checkbox"/> <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: D. TRANTER	Name of Person Authenticating this report: Signature: D TRANTER	Latest date by which next thorough examination must be carried out: 20/02/2025	
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			