

REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998

Date of Thorough Examination:		10 March 2025		Report number:		16752/0035				
Name and Address for whom the thorough examination was made:				Address of premises at which the examination was made:						
FCC Recycling (UK) Limited Greatmoor EFW Greatmoor Road Woodham Aylesbury HP18 0QE				FCC Recycling (UK) Limited, Level 08						
Identification of the equipment	Description of the equipment			Safe Working Load	Date of last thorough examination					
0 SMF51 AE001 - 18866-47	COLUMN MOUNTED JIB CRANE COMPRISING OF A IPE300 EUROPEAN SECTION, MAXIMUM REACH 1.2 METRES SWF COMBINED HAND CHAIN BLOCK AND TROLLEY SERIAL NO. OSMF51AE001			0.2t	25/04/2024					
				Examination carried out : -						
Is this the first examination after installation or assembly at a new site or location?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Within an interval of 6 months?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
					Within an interval of 12 months?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	
If the answer to the above question is YES, has the equipment been installed correctly?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	In accordance with an examination scheme?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
					After the occurrence of exceptional circumstances?	YES	<input type="checkbox"/>	NO	<input checked="" 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: (If none state NONE)										
The bottom block is corroded.										
Is the above an existing or imminent danger to persons *Note-This is a reportable defect						YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES by:	10/07/2025		NO	<input type="checkbox"/>		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: (If none state NONE)										
Replace or treat the bottom block.										
Particulars of any tests carried out as part of the examination: (If none state NONE)										
NONE										
IS THIS EQUIPMENT SAFE TO USE?							YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

Name & Qualifications of person making this report:

Neil Dix-Peek
LEEA Qualified
Company Approved Technician



Name of person authenticating this report:

Ashleigh Trotter



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

10/03/2026

Name and address of employer of persons making and authenticating this report:

Bramley Engineering, 22 Eden Way, Pages Industrial Park, Leighton Buzzard, Bedfordshire, LU7 4TZ.