

## REPORT OF THOROUGH EXAMINATION

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

<b>Date of Thorough Examination:</b>		10 March 2025		<b>Report number:</b>		16752/0039					
<b>Name and Address for whom the thorough examination was made:</b>				<b>Address of premises at which the examination was made:</b>							
FCC Recycling (UK) Limited Greatmoor EFW Greatmoor Road Woodham Aylesbury HP18 0QE				FCC Recycling (UK) Limited, Above Turbine Hall							
<b>Identification of the equipment</b>		<b>Description of the equipment</b>			<b>Safe Working Load</b>		<b>Date of last thorough examination</b>				
0 SMH21 AE038		RUNWAY BEAM COMPRISING OF CURVED HEB220 EUROPEAN SECTION, 10.0 METRES LONG SUPPORTED AT MAXIMUM SUPPORT CENTRES 2.0 METRES, FITTED WITH A YALE PUSH TROLLEY, MODEL HTP0.5A, SERIAL NO. 171230			0.15t		18/05/2024				
				<b>Examination carried out : -</b>							
Is this the first examination after installation or assembly at a new site or location?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	<b>Within an interval of 6 months?</b>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
						<b>Within an interval of 12 months?</b>		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"/>	<b>In accordance with an examination scheme?</b>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
						<b>After the occurrence of exceptional circumstances?</b>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
<b>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)</b>											
<ul style="list-style-type: none"> <li>The lindaptor attachments holding the beam in place are installed incorrectly.</li> <li>Beam trolley have no locking nuts allowing it to be removed freely.</li> </ul>											
<b>Is the above an existing or imminent danger to persons *Note-This is a reportable defect</b>								YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
<b>Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)</b>						YES by:		NO	<input checked="" type="checkbox"/>		
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above: (If none state NONE)</b>											
<ul style="list-style-type: none"> <li>The lindaptor attachments need to be replaced and installed correctly to manufacturers specifications.</li> <li>The locking nuts on the beam trolley need to be replaced.</li> </ul>											
<b>Particulars of any tests carried out as part of the examination: (If none state NONE)</b>											
NONE											
<b>IS THIS EQUIPMENT SAFE TO USE?</b>								YES	<input type="checkbox"/>	NO	<input checked="" 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:**

**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.