

REPORT OF THOROUGH EXAMINATION

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

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|---|--|--------------------------|----|---|---|------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of Thorough Examination: | | 11 March 2025 | | Report number: | | 16752/0045 | | | | |
| 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 01 | | | | | | |
| Identification of the equipment | Description of the equipment | | | Safe Working Load | Date of last thorough examination | | | | | |
| 1 SMD16 AE001 | WALL MOUNTED JIB CRANE COMPRISING OF A IPE200 EUROPEAN SECTION, MAXIMUM REACH 2.7 METRES SWF ELECTRIC CHAIN HOIST MODEL NO. CA-085.1P-N SERIAL NO. 1517104021 | | | 0.25t | | | | | | |
| | | | | 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 festoon towing arm is not installed to manufacturers specifications. | | | | | | | | | | |
| Is the above an existing or imminent danger to persons *Note-This is a reportable defect | | | | | | YES | <input type="checkbox"/> | NO | <input 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: | | | NO | <input type="checkbox"/> | |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above: (If none state NONE) | | | | | | | | | | |
| The festoon towing arm should be replaced. | | | | | | | | | | |
| 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:

11/03/2026

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.