

## 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>		16752/0051				
<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, Level 08						
<b>Identification of the equipment</b>	<b>Description of the equipment</b>			<b>Safe Working Load</b>	<b>Date of last thorough examination</b>					
1 SMF10 AE001 - 18866-41	RUNWAY BEAM COMPRISING OF HEA240 EUROPEAN SECTION, 2.5 METRES LONG INCLUDING A 0.5 METRE CANTILEVER ONE END, SUPPORTED FROM STRUCTURAL STEELWORK AT 1.3 METRE CENTRES  SWF ELECTRIC CHAIN HOIST MODEL : CB 045.1P-N SERIAL NO. 1517104003			0.5t						
				<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>										
There is a slight oil leak from the hoist unit.										
<b>Is the above an existing or imminent danger to persons *Note-This is a reportable defect</b>						YES	<input 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 type="checkbox"/>	
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above: (If none state NONE)</b>										
This needs to be investigated further.										
<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 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.