

REPORT OF THOROUGH EXAMINATION

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

Date of Thorough Examination:		27 November 2025		Report number:		17504/0055				
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				All Sites - Outside						
Identification of the equipment	Description of the equipment			Safe Working Load	Date of last thorough examination					
1502428	FIXED VERTICAL ALUMINIUM ACCESS CAT LADDER				05/11/2024					
				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)										
NONE										
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)										
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:

Aaron Lovell
LEEA Qualified
Company Approved Technician



Name of person authenticating this report:

Graham Bramley



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

27/11/2026

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.