

## 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>                                                                                                                        |                                     | 27 November 2025 |                          | <b>Report number:</b>                                         |                                          | 17504/0015                                         |  |     |                                     |    |                                     |
| <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<br>Greatmoor EFW<br>Greatmoor Road<br>Woodham<br>Aylesbury<br>HP18 0QE                                                           |                                     |                  |                          | All Sites - Level 01                                          |                                          |                                                    |  |     |                                     |    |                                     |
| <b>Identification of the equipment</b>                                                                                                                      | <b>Description of the equipment</b> |                  |                          | <b>Safe Working Load</b>                                      | <b>Date of last thorough examination</b> |                                                    |  |     |                                     |    |                                     |
| 1502442                                                                                                                                                     | FIXED VERTICAL ACCESS CAT LADDER    |                  |                          |                                                               | 05/11/2024                               |                                                    |  |     |                                     |    |                                     |
|                                                                                                                                                             |                                     |                  |                          | <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"/>      | 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"/> |
| <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> |                                     |                  |                          |                                                               |                                          |                                                    |  |     |                                     |    |                                     |
| NONE                                                                                                                                                        |                                     |                  |                          |                                                               |                                          |                                                    |  |     |                                     |    |                                     |
| <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>                                |                                     |                  |                          |                                                               |                                          |                                                    |  |     |                                     |    |                                     |
| <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:**

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.