

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: | 14 April 2026 | Report number: | 17833/0004 | | | | | | | | |
| 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 | | | | | | | | |
| 14330-02 | RUNWAY BEAM COMPRISING OF A 254x127 UNIVERSAL BEAM, 7.5 METRES LONG INCLUDING A 2.0 METRE CANTILEVER ONE END, SUPPORTED FROM STRUCTURAL STEELWORK AT 5.5 METRE CENTRES. STAHL ELECTRIC CHAIN HOIST MODEL : ST 1005-8/2 1/1 HEIGHT OF LIFT : 8.0 METRES SERIAL NO. 11726300 | 500KG | 11/03/2025 | | | | | | | | |
| 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) | | | | | | | | | | | |
| Identification sticker is missing from the runway beam. | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| Needs to be identified accordingly. | | | | | | | | | | | |
| 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:

Graham Bramley



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

14/04/2027

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.