

REPORT OF THOROUGH EXAMINATION

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

Date of Thorough Examination:		14 April 2026		Report number:		17833/0010			
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 - Level 11					
Identification of the equipment	Description of the equipment			Safe Working Load	Date of last thorough examination				
29547	RUNWAY BEAM COMPRISING OF 305x165x40 UNIVERSAL BEAM, 13.0 METRES LONG SUPPORTED FROM STRUCTURAL STEELWORK AT EACH END AND AT MAX SUPPORT CENTRES 5.5 METRES STAHL HOIST TYPE ST5025-6/1,5 1/1 SERIAL NO. 3716490			2t	10/03/2025				
				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"/>
If the answer to the above question is YES, has the equipment been installed correctly?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Within an interval of 12 months?			
						YES	<input checked="" 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:

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.