

Report of a Thorough Examination of Lifting Equipment

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



Date of Thorough Examination	06/05/2016	Date of Report	06/05/2016	Job Number	Number 00024604 Report Nu			mber	00584033
Name and Address of e was made:	Address at premises where the examination was made:								
DAYTONA EXHIBITIONS				B&B TRUCKS					
DO BOY 43 HUDDEDSEIELD WEST VO				HIGHAM LANE DODWORTH BARNSLEY SOUTH YORKSHIRE					
PO BOX 43 HUDDERSFIELD WEST YO									
				S75 3LA N/A					
HD8 8XW				Location Name (if any):					
Description and Identification of the equipment:				Safe Working Date of				Date of Last	
Asset Number	DS72			Load(s	s)		ufacture		Thorough Examination
Serial No:	DS72			N/A		(II r	(nown)		Examination
Asset Description	MISC MINI P	LANT							
							N/A		14/05/2015
TRAILER MOUNTED STAGING UNIT									
				Was the Evami	ination corr	ind out	within o 6		
Is this the first examination after installation or after assembly at a new site or location?			No	Was the Examination carried out within a 6 months or a 12 months interval?			12 Months		
				Was the examination carried out in accordance with an examination scheme?					No
If answer to above is Yes, has equipment been installed correctly?			Yes	Was the examination carried out after the			after the	No	
,				occurence of exceptional circumstances?					
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect:				NONE					
Is the above a defect which is of immediate				danger to persons?					N/A
Is the above a defect which is not yet but could bec				come a danger to persons?					N/A
If the answer to the above is Yes, state the date by which t				the defect could become a danger					N/A
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				NONE					
the delect identified decree									
Particulars of any tests carried out as part of the examination.				NONE					
Inspection Notes or Observations				NONE					
Is this equipment safe t				o operate?					Yes
Name and qualifications of the person making Name (and				A cignoture) of the person authoritiesting					
this report:				d signature) of the person authenticating this report:				Latest date by which	
wynn.kimberley									next thorough mination must be
Company Approved and Qualified				wynn.kimberley				GAAI	carried out:
Examiner									
Thorough Exam 2				KK	_ (7			06/05/2017

Name and Address of employer of persons making and authenticating this report: