



# chester chain CO LTD.

BROUGHTON MILLS ROAD  
BRETTON  
CHESTER CH4 0BY  
Tel: CHESTER (01244) 663580

4 GREYS COURT  
KINGSLAND GRANGE  
WARRINGTON WA1 4SH  
Tel: WARRINGTON (01925) 838899

**Vat Number: 159 1009 74      Company Reg Number GB 798486      e-mail: sales@chesterchain.co.uk**

## REPORT OF A THOROUGH EXAMINATION

This Report Complies With The Requirements Of The Lfiting Operations And Lfitng Equipment Regulations 1998

<b>Date of Examination:</b>	11/05/2017	<b>Date of Report:</b>	11/05/2017	<b>Report Number:</b>	142505
<b>Customer Order Number</b>				<b>Job Number:</b>	J21372
Name and Address of employer for whom the thorough examination was made: CCB SCAFFOLDING SUPPLIES LTD REGUS HOUSE HERONS WAY CHESTER BUSINESS PARK CHESTER CH4 9QR			Address of premises at which examination was made: Chester Chain Company Ltd Broughton Mills Road Bretton Chester CH4 0BY		
<b>Serial Number</b>	<b>Description of Equipment</b>	<b>Safe Working Load</b>	<b>Date of Manufacture</b>	<b>Date of Last Examination</b>	
.7173	SCAFFOLD BASE JACKS	6 TONNES			
Is this the first examination after assembly or after installation at a new site or location? <input checked="" type="checkbox"/> <b>Yes</b>  If yes, has the equipment been installed / assembled correctly? <input checked="" type="checkbox"/> <b>Yes</b>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> <b>N/A</b> Within an interval of 12 months? <input type="checkbox"/> <b>No</b> In accordance with an examination scheme? <input type="checkbox"/> <b>N/A</b> After the occurrence of exceptional circumstances ? <input type="checkbox"/> <b>N/A</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): <p style="text-align: center;"><b>None</b></p>					
Is this a defect which is of immediate danger to persons?			<b>N/A</b>		
Is this a defect which is not yet but could become a danger to persons?			<b>N/A</b>		
Particulars of any repair/renewal or alteration required to remedy the identified defect: If none state None <p style="text-align: center;"><b>None</b></p>					
Particulars of any tests carried out as part of the examination: if none state None <p style="text-align: center;"><b>PROOF LOAD 12t APPLIED LOAD PAPER 60389</b></p>					
<b>IS THE EQUIPMENT SAFE TO OPERATE ?</b>			<b>Yes</b>		
Name of person making this report:			R Sansom .Co Appointed Examiner_		
Name and qualification of person authenticating this report:			S Homer Company approved and qualified examiner 		
<b>Latest date by which next thorough examination must be carried out:</b>			<b>11/11/2017</b>	<b>CCC 2001A</b>	