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REPORT OF A THOROUGH EXAMINATION

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

| | | | | | |
|--|---------------------------------|--|--|---------------------------------|--------|
| Date of Examination: | 11/05/2017 | Date of Report: | 11/05/2017 | Report Number: | 142512 |
| Customer Order Number | | | | Job Number: | 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 | | |
| Serial Number | Description of Equipment | Safe Working Load | Date of Manufacture | Date of Last Examination | |
| .7180 | SCAFFOLD BASE JACKS | 6 TONNES | | | |
| Is this the first examination after assembly or after installation at a new site or location? <input type="checkbox"/> Yes If yes, has the equipment been installed / assembled correctly? <input type="checkbox"/> Yes | | Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> N/A Within an interval of 12 months? <input type="checkbox"/> No In accordance with an examination scheme? <input type="checkbox"/> N/A After the occurrence of exceptional circumstances ? <input type="checkbox"/> N/A | | | |
| 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;">None</p> | | | | | |
| Is this a defect which is of immediate danger to persons? | | | N/A | | |
| Is this a defect which is not yet but could become a danger to persons? | | | N/A | | |
| Particulars of any repair/renewal or alteration required to remedy the identified defect: If none state None <p style="text-align: center;">None</p> | | | | | |
| Particulars of any tests carried out as part of the examination: if none state None <p style="text-align: center;">PROOF LOAD 12t APPLIED LOAD PAPER 60389</p> | | | | | |
| IS THE EQUIPMENT SAFE TO OPERATE ? | | | Yes | | |
| 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 | | |
| Latest date by which next thorough examination must be carried out: | | | 11/11/2017 | CCC 2001A | |