Job. Ref. No.: *\_\_\_\_\_\_* Certificate No.: ***\_\_\_\_\_\_***

Report No.: ***­\_\_\_\_\_***  Date of Report: ***\_\_\_\_\_\_\_\_\_\_***  Color Code (if required): ***\_\_\_\_\_\_\_*** Applicable Standard(s): ***\_\_\_\_\_\_***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name & Address of the employer for whom the examination was made: | | | | | | Address of the premises at which the examination was made: | | | | | Status:  **ND**-No Defect  **SDR**-See Defect Report  **NF**- Not Found | |
| **Identification No./Serial No.** | **QTY.** | **Type** | **Description** | **WLL**  **or**  **SWL** | **Date of Last Examination** | **Date of this Examination** | **Latest date of the next examination** | **Reason for Examination (See Below)** | **Details of test** | | **Status (See Above)** | **Safe to Use (Yes or No)** |
|  |  |  |  |  |  |  |  |  | ***VISUAL INSPECTION*** | | ***ND*** | ***YES*** |
| Reason for Examination | | 3 Monthly: **A** | | 6 Monthly: **B** | | 12 Monthly: **C** | | Written Scheme: **D** | | Exceptional Circumstance: **E** | | |
| Name & Qualification of the person making the report  ***­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  Elevating/Lifting Equipment Inspector Signature: | | | | | | Name of the person authentication of this report  ***VENANCIO Z. VERA***  Technical Manager Signature: | | | | | | |

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| **Overseas Full Member of Lifting Equipment Engineers Association (LEEA, United Kingdom)** |