

## **REPORT OF THOROUGH EXAMINATION**

Examination and testing of lifting equipment as set out in the Health and Safety at Work act (General Application) Regulations 2007.

**Date**

**Reference**

**Name and address of the employer or  
owner for whom the examination was made.**

**Address where examination was made.**

**Particulars identifying the equipment.**

**Type of lifting equipment.**

**Serial number**

**Date of manufacture**

**Safe working loads**

**Term of examination**

**Latest date for next examination**

**SERVICE**

**PARTS**

**CERTIFICATION**



[info@mewpservices.com](mailto:info@mewpservices.com)

[www.mewpservices.com](http://www.mewpservices.com)

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**Defects Noted**

**Parts not accessible for examination**

**Name, address (or company) and qualifications of person carrying out the examination.**

**Name of authorised person authenticating this report.(Please Print)**

I can confirm that the information on this report is as stated on the thorough examination checklist signed by the examiner

**Signed**

**Date**

**SERVICE**

**PARTS**

**CERTIFICATION**

**OF ALL TYPES OF MOBILE ELEVATED WORK PLATFORMS (M.E.W.P.s)**