



Engineer Number

LOLER **NOTE:** This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998. This form must be completed by a **competent** Person. This is not an approved or statutory form.

Reports of Thorough Examinations may be produced in other formats.

PUWER **GA1** **NOTE:** This form may be used to record the thorough examination and testing of lifting Equipment, as set out in the Safety, Health and Welfare at Work (General Application) regulations, 2007. this form was produced by the HSA to facilitate the recording of information, as per Schedule 1 Part E of these regulations. This form must be completed by a **Competent** person. This is not an approved or statutory form. Reports of Thorough Examinations may be produced in other formats

DATE: **REFERENCE:**

Name and address of employer or owner for whom

the thorough examination was made:
Please include a contact number and email, if possible)

Address where thorough examination was made:

Particulars identifying the lifting equipment:

Navan Hire & Hardware

Kells Road, Navan C15 FX6Y

Terminal Rd S, North Wall, Ferryport, Co. Dublin, D01 P3K2

Genie Boom Lift

Type of Lifting Equipment:

Genie SX-125XC Boom Lift

Serial Number	SX125D-2967
Machine Hours	295
Year of Manufacturer	2025

SAFE WORKING LOADS	300KG
CONFIGURATION	Including occupants and tools

Testing

yes

Thorough Examination

Purpose of testing

6 monthly

Particulars of tests carried out:	Check over and function test
Date of last Examination	11-08-2025 13:52
DATE OF TODAYS EXAMINATION	11/02/2026
LATEST DATE OF NEXT EXAMINATION	10-08-2026 13:52

	Defect which is a danger to person:		Repair, renew or alteration required to remedy this defect, (including Dates)
A	none		
	Defect which could become a danger to persons	Timeframe for defect becoming a danger	Repair, renew or alteration required to remedy this defect, (including Dates)
B	none		
	Minor Defects	Timeframe for defect becoming a danger	Repair, renew or alteration required to remedy this defect, (including Dates)
C	none		

Parts not accessible for inspection:

Name, Address and qualifications of Competent person making the report.(print name in BLOCK CAPITALS)

Tru-Cert Limited Unit 13 C:TEK
Building, Riverside Road,
Carrickmacross County Monaghan

Report: (Print name in BLOCK CAPITALS)

Inspector

CATHAL MCMAHON

Employer

We Certify that:	(tick when done)
We have undertaken the test/thorough examination as prescribed	<input checked="" type="checkbox"/>
We have identified defects which could be danger to persons	N/A
This test /thorough examination has been carried out by a competent person	<input checked="" type="checkbox"/>

You Must:	(tick to confirm you understand)
The particulars in this report of thorough examination are correct	<input checked="" type="checkbox"/>
Keep this report of thorough examination safe and available for inspection	<input checked="" type="checkbox"/>
Arrange for a thorough examination or test before the latest date or as prescribed	<input checked="" type="checkbox"/>

Signed:

Competent Person

Performing tests or thorough Examination



Signed:

Person receiving
report of thorough
Examination

Ireland

11-02-2026 13:55:48



11-02-2026 13:53:56



53.344933, -6.186610

11-02-2026 13:56:03

Ireland



53.344933, -6.186610

11-02-2026 13:56:14

Ireland



53.344933, -6.186610

