

# Report of Thorough Examination

**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 examination may be produced in other formats.

Date: **15/04/2025**

Reference: **1 1 0 0 6 8 2 0 2 4**

Name and address of employer or owner for whom the thorough examination was made:  
(Please include a contact number and email, if possible)

NAVAN HIRE & HARDWARE CENTRE LTD  
WHISTLEMOUNT KELLS ROAD  
NAVAN  
CO MEATH

Address where thorough examination was made:

WHISTLEMOUNT  
KELLS ROAD  
NAVAN

Particulars identifying the lifting equipment:

MANITOU MRT2660 TELEPORTER 360 ROTO NO110

Type of lifting equipment:

**MANITOU MRT2660 360 ROTO TELEPORTER**

Serial Number: **MAN00000P01114171**

Year of manufacture: **2023**

Safe Working Load	Configuration(s)
<b>AS PER OPERATORS MANUAL</b>	

Note: Each configuration should reflect the working arrangements, for example length of jib; fly jib; radius; angle; ballast; number of rope falls; height under hook. Please detail the safe working loads for all configurations, as per manufacturer's instructions. Use additional sheets if more than three configurations.

Testing

Thorough Examination

Purpose of testing:

Purpose of thorough examination:

**6 MONTHLY CHECK**

Particulars of tests carried out:

**CHECK ALL FUNCTIONS FOR SAFE AND CORRECT OPERATION**

Latest date for next thorough examination:

**15/10/2025**

Defect which is a danger to persons:

NO DEFECTS NOTED

Repair, renewal or alteration required to remedy this defect: Indicate if immediate cessation of use has been advised

Defect which could become a danger to persons:

Timeframe for defect becoming a danger:

Repair, renewal or alteration required to remedy this defect, including date(s):

NO DEFECTS NOTED

Parts not accessible for examination:

ALL INTERNAL COMPONENTS

Name, address and qualifications of competent person making the report: (print name in BLOCK CAPITALS)

MARK COOTE  
OLDCASTLE  
CONSTRUCTION PLANT FITTER

Name and position of person authenticating the report: (print name in BLOCK CAPITALS)

Employer:

NAVAN HIRE & HARDWARE LTD

Employer:

**We certify that:**

(tick when done)

We have undertaken the test / thorough examination as prescribed



We have identified defects which are or could be a danger to persons



This test/thorough examination has been carried out by a competent person



The particulars in this report of thorough examination are correct



**You must:**

(tick to confirm you understand)

Keep this report of thorough examination safe and available for inspection



Undertake identified repairs



Arrange for a thorough examination or test before the latest date or as prescribed



Signed:

Competent person performing tests or thorough examination

Signed:

Person receiving report of thorough examination