



Engineer Number

12/04/2001

LOLER
PUWER
GA1

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.

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:

11/02/2026

REFERENCE:

123

Name and address of employer or owner for whom

Navan Hire & Hardware

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

Kells Road, Navan C15 FX6Y

Address where thorough examination was made:

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

Particulars identifying the lifting equipment:

Genie Boom Lift

Type of Lifting Equipment:

Genie SX-125XC Boom Lift

Serial Number

SX125D-2786

Machine Hours

624

Year of Manufacturer

2024

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

22-09-2025 14:04

DATE OF TODAYS EXAMINATION

11/02/2026

LATEST DATE OF NEXT EXAMINATION

10-08-2026 14:04

	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 LimitedUnit 13 C:TEK
Building, Riverside Road,
CarrickmacrossCounty Monaghan**

Inspector

CATHAL MCMAHON

Report: (Print name in BLOCK CAPITALS)

Employer

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


You Must:	(tick to confirm you understand)
The particulars in this report of thorough examination are correct	✓
Keep this report of thorough examination safe and available for inspection	✓
Arrange for a thorough examination or test before the latest date or as prescribed	✓

Signed:

Competent Person

Performing tests or thorough Examination

Cathal McMahon



Signed:

Person receiving

report of thorough Examination

11-02-2026 14:19:15

Ireland



11-02-2026 14:18:05

Ireland



53 344928, -6 187079

53 344928, -6 187079

11-02-2026 14:19:29

Ireland

53.344928, -6.187079



11-02-2026 14:19:53

Ireland



53.344928, -6.187079

**PLANT
INSPECT**

[illegible]

53.344961, -6.187107