

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: **22/01/2026**

Reference: 9 8 2 2 0 1 2 0 2 6

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 & HARDWA
WHISTLEMOUNT KELLS**

NAVAN HIRE & HARDWARE LTD
WHISTLEMOUNT KELLS ROAD
NAVAN
CO MEATH

Address where thorough examination was made:

GENIE Z45/25 BOOM LIFT NO98

Type of lifting equipment:

GENIE Z45/25 BOOM LIFT

MOBILE ELEVATED WORK PLATFORM

Serial Number: **Z452516M6105**

Year of manufacture: **2016**

Safe Working Load	Configuration(s)
227KG	AS PER OPERATORS MANUAL

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 EXAMINATION

Particulars of tests carried out:

CHECK ALL FUNCTIONS FOR SAFE AND CORRECT OPERATION

Latest date for next thorough examination:

22/07/2026

Defect which is a danger to persons:

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

NO DEFECTS NOTED

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
NAVAN
CONSTRUCTION PLANT FITTER

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

Employer: NAVAN HIRE & HARDWARE CENTRE 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