

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

www.mewpservices.com

GA1

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)