

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)