

**Inspection Report:** 

Order number: 42148172

Job Number: 190 Sold-To Name: EYHURST COURT LTD

SITE INFORMATION

**Customer Name:** 

Street:

**BIRTLEY HOUSE** Material: SARA 3000 EU 1M2B **BRAMLEY** Serial number: STLA0712G653

PRODUCT INFORMATION

City: **GUILDFORD Asset Tag:** 

Post Code: GU5 0LB **Product Classification:** Fair

**Latest Location:** Gnd Flr Annex Rm 42

**WORK ORDER INFORMATION** 

Order activity type: **Site Contact:** M Maintenance

**Work Order Description:** Service Mainteance Visit

KA/16012 **Customer PO:** 

**CONTACT INFORMATION** 

Site Contact Email:

**BIRTLEY HOUSE** 

## PROBLEM DESCRIPTION AND CORRECTIVE ACTION

Damage	Problem Description	Engineers Comments
Activity	Specification	Engineers Comments

#### **GENERAL INFORMATION**

External notes	
Annual service com	pleted

## **PARTS USED**

Product Code	Product Description	Qty	Account Indicator
HMX570	HANDGRIP BLACK LIFTING ARM	1 EA	Bronze Contract

# LABOUR DETAILS

WORK 25.01.2018 09:30 AM 26.01.2018 03:00 PM Bronze Contract	Activity Type	Start Date And Time	End Date And Time	Account Indicator
	WORK	25.01.2018 09:30 AM	26.01.2018 03:00 PM	Bronze Contract



**SARA 3000 EU 1M2B** 

STLA0712G653

Fair

2007/

**Inspection Report:** 

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# THOROUGH EXAMINATION LIFT

SITE INFORMATION

Account Name: Customer Name: Street: Post Code: EYHURST COURT LTD BIRTLEY HOUSE BRAMLEY GU5 OLB Product and job information

Material: Serial number:

Asset Tag: Product Classification:

Date of Manufacture (if known):

Latest Location: Gnd Flr Annex Rm 42

Order number: 42148172

Inspection Plan: 00028487/01/00000001

 Date of Test:
 20180125

 Customer PO:
 20170210

# **Examination Details**

EXAMINATION DETAILS			
Safe working Load(s) (kg)	200	Accepted	
	(No remarks)		
	Test Equipment	n/a	
Date of Last Thorough Examination	PASS		
	12/16		
Date of Thorough Examination	PASS		
	1/18		
Date of Next Thorough Examination	PASS		
	1/19		
Is this the first examination?	No		
	(No remarks)		
If yes,assembled&installed correctly?	Yes		
	(No remarks)		
Examination interval?	Within 12 months		
	(No remarks)		
Any defects identified?	No		
	(No remarks)		
Is the defect of immediate danger?	No		
	(No remarks)		
Date when defect could become a danger?	PASS		
	(No remarks)		
Details of remedy required ?	No		
	(No remarks)		
Details of tests carried out?	Yes		
	(No remarks)		



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Is the equipment safe to operate?	Yes
	(No remarks)

# Technician's signature N Prosser

Email:

Customer's signature See summary report

Email:

Maintenance@birtleyhouse.co.uk tim@birtleyhouse.co.uk