

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998

Is this the first examination after installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Yes</th> <th style="width:50%;">No</th> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">✓</td> </tr> </table>	Yes	No		✓	Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances? Other	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Yes</th> <th style="width:50%;">No</th> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td></td> <td style="text-align: center;">✓</td> </tr> </table>	Yes	No	✓			✓		✓		✓		✓
Yes	No																		
	✓																		
Yes	No																		
✓																			
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	✓																		
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect (If none state NONE): NONE																			
Is the above a defect which is of immediate danger to persons?		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td></td> <td style="text-align: center;">✓</td> </tr> </table>	YES	NO		✓													
YES	NO																		
	✓																		
Is the above a defect which is not yet but could become a danger to persons (if YES state the date by when)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">N/A</td> <td style="width:50%;"></td> </tr> </table>		N/A															
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Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE																			
Identification of any parts not accessible for examination: NONE																			
Particulars of any tests carried out as part of the examination: (If none state NONE): NONE																			
Observations made during examination: A DEFECTS NONE B DEFECTS NONE C DEFECTS NONE OBSERVATIONS NONE REPAIRS NONE																			
IS THIS EQUIPMENT SAFE TO OPERATE?		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> </table>	YES	NO	✓														
YES	NO																		
✓																			
Name / Signature of person making and authenticating this report with qualification: Lee Lockwood CAP/03555 Company Appointed Examiner		Latest date by which next thorough examination must be carried out: 03/01/2027																	
Levare Powered Access Ltd, 27 Langrick Avenue Howden Goole DN14 7SS www.levarepoweredaccess.co.uk TEL:07882 017128 / 07307 468561																			

Appendix

Additional Equipment Information	
Hours	70.26

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Date of Thorough Examination: 03/07/2026	Your Reference:	Report #: 1253554	Colour Code: NONE	Job No: R65
Name and Address of employer for whom the thorough examination was made: North West MEWP Services, Unit N, Dairy Farm Road, Mosspark, Saint Helens, WA11 7JR		Address of premises at which the examination was made: Leeds East Airport , Hanger one, Church Fenton, LS24 9SE		
Description and identification of the equipment: Description: S0607E Serial number: P33820P509 Asset number: 06/07-29 Manufacturer: LGMG		Safe Working Load(s): 230KG	Date of manufacture if known: 2023	Date of last thorough examination: N/A