Builders Hoists Ltd

GA2 Weekly Examination of Lifting Equipment

NOTE:

This form may be used to record the weekly examination of Lifting Equipment used on construction sites, as set out in the Safety, Health and Welfare at Work (General Application) Regulations, 2007.

Name and address of contractor or owner for whom the weekly examination was made:

Exact location where weekly examination was made:

Description of lifting appliance and means of identification	Time & Date of Inspection	Result of Inspection (state whether in good order, see note below)	Name of persons who made the inspection (use BLOCK CAPITALS)
	Date: **Time:**		

Component	Inspected	Good working order	Action Required
Wire ropes and chain systems	☐ Yes ☐ No	☐ Yes ☐ No	
Operation of all limit switches (gates,doors)	☐ Yes ☐ No	☐ Yes ☐ No	
Operation of motors brakes release	☐ Yes ☐ No	☐ Yes ☐ No	
Mast guards condition & secure	☐ Yes ☐ No	☐ Yes ☐ No	
Hooks and other load lifting attachments	☐ Yes ☐ No	☐ Yes ☐ No	
Condition of trailing cable	☐ Yes ☐ No	☐ Yes ☐ No	
Electrical systems (Safety Switch's)	☐ Yes ☐ No	☐ Yes ☐ No	
Top & bottom restrictor in correct position	☐ Yes ☐ No	☐ Yes ☐ No	
Condition of working platform/hoist cage	☐ Yes ☐ No	☐ Yes ☐ No	
Operator's controls (Leavers, Push buttons)	☐ Yes ☐ No	☐ Yes ☐ No	
Pins and other locking system in place	☐ Yes ☐ No	☐ Yes ☐ No	
Other: (i.e.) Beacons, Leaks etc)	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	