HEALTH AND SAFETY AUTHORITY

Report of Thorough Examination

GA1

NOTE:
This form may be used to record the thorough examination and testing of Lifting Equipment, as set out in the Safety, Health and Welfare at Work (General Application) Regulations, 2007. This form was produced by the HSA to facilitate the recording of information, as per Schedule 1 Part E of these regulations. This form must be completed by a **competent** person. This is not an approved or statutory form. Reports of Thorough examination may be produced in other formats.

Date: 15th May 2026

Reference: 1 5 0 5 2 0 2 6 0 5

Name and address of employer or owner for whom the thorough examination was made:
(Please include a contact number and email, if possible)

[redacted]
HEB2
Moylish

Address where thorough examination was made:

[redacted]
HEB2
Moylish T-2

Particulars identifying the lifting equipment: Serial Number

Type of lifting equipment:
HEK MSHF Mast Climbers

Serial Number: MC20 S/N 99005112 + MC85 S/N 200007018

Year of manufacture: 2012

Safe Working Load	Configuration(s)
2000kg	Twin mast MEWP
	24 meters high. Deck 27.0 meters long
	400mm deck ext. On Chassis

Note: Each configuration should reflect the working arrangements, for example length of jib; fly jib; radius; angle; ballast; number of rope falls; height under hook. Please detail the safe working loads for all configurations, as per manufacturer's instructions. Use additional sheets if more than three configurations.

☐ Testing

☑ Thorough Examination

Purpose of testing:

Purpose of thorough examination: First use after installation

Particulars of tests carried out:

Platform connections checked
Mast connections and tie set connections checked
Function check of top and top ultimate limits carried out
Function check of lower and lower ultimate limits carried out
Drive function and e-stop function checked
Non powered brake release units operation checked
Rack and pinion lubricated

Latest date for next thorough examination: 15th November 2026

Defect which is a danger to persons:

NONE

Repair, renewal or alteration required to remedy this defect: Indicate if immediate cessation of use has been advised

NONE

Defect which could become a danger to persons:

NONE

Timeframe for defect becoming a danger:

Repair, renewal or alteration required to remedy this defect,including date(s):

Parts not accessible for examination:

Internal parts of gear box and motors

Name, address and qualifications of competent person making the report: (print name in BLOCK CAPITALS)

Greg Kostka Supervisor
Builders Hoists Ltd
New Park,
The Ward,
Co Dublin

Name and position of person authenticating the report: (print name in BLOCK CAPITALS)

Employer: Builders Hoists Ltd.

Employer:

We certify that: (tick when done)

We have undertaken the test / thorough examination as prescribed	✔
We have identified defects which are or could be a danger to persons	☐
This test/thorough examination has been carried out by a competent person	✔
The particulars in this report of thorough examination are correct	✔

You must: (tick to confirm you uderstand)

Keep this report of thorough examination safe and available for inspection	✔
Undertake identified repairs	☐
Arrange for a thorough examination or test before the latest date or as prescribed	✔

Signed:
Competent person performing tests or thorough examination

Greg Kostka

Signed:
Person receiving report of thorough examination