Your logo

Company name, address, phone and email of the examining firm

Report of Thorough Examination of Lifting Equipment (GA1)

Safety, Health and Welfare at Work (General Application) Regulations 2007

Report

Date		**Reference**	

Employer or owner

Name and address of employer or owner for whom the thorough examination was made (include a contact number)	
Address where thorough examination was made	

Particulars identifying the lifting equipment

Type of lifting equipment			
Serial number		**Year of manufacture**	
Date of last thorough examination (if known)			

Safe working load configuration(s)

Configuration 1		**SWL**	
Configuration 2		**SWL**	
Configuration 3		**SWL**	

Testing and thorough examination

Purpose of testing	
Purpose of thorough examination	
Particulars of tests carried out	
Latest date for next thorough examination	

Defects

Defect which is a danger to persons	
Repair, renewal or alteration required to remedy this defect	

☐ Immediate cessation of use has been advised

Defect which could become a danger to persons	
Timeframe for defect	
Repair, renewal or alteration required to remedy this defect	
Parts not accessible for examination	

Competent person

Name, address and qualifications of competent person making the report (BLOCK CAPITALS)	
Employer	

Person authenticating the report

Name and position of person authenticating the report (BLOCK CAPITALS)	
Employer	

You must (tick to confirm you understand)

- [ ] 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

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

Signed: Competent person performing tests or thorough examination

Date

Signed: Person receiving report of thorough examination

Date