

Invoice Number:

Report of Thorough Examination



IN ACCORDANCE WITH GN28

Only to be used by a competent person

Ref/Order Number:

Digital Ref: Sample SITE-Sample FN-Sample SN-Sample Sample

Name & address of employer for whom this examination is made: Sample Sample Sample		Record Number: Sample
Sample		Examination Date:
Location or address examined at (if different): Sample Sample Sample Sample	Reason for Thorough Examination	Tick box
	After installation or assembly -	<input type="checkbox"/>
	In service - within an interval of 6 months -	<input type="checkbox"/>
	In service - within an interval of 12 months -	<input type="checkbox"/>
	In accordance with an examination scheme -	<input type="checkbox"/>
	Following exceptional circumstances - (e.g, accident) -	<input type="checkbox"/>

DETAILS OF TRUCK

Make: Sample	Model: Sample	Serial Number: Sample	Fleet No: Sample	Date of Manufacture: Sample	Attachments: Sample
Hours: Sample	Description: Sample	Mast configuration: Sample	Safe working load: (SWL) Sample	SWL with attachments: Sample	
Chain Certificate seen? <input type="checkbox"/> Comment:					

DEFECTS
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect and particulars of any repair, renewal or alteration required to remedy a defect found to be a danger to persons. (Action to take)

Description of Defect	Timescale
Sample	Sample
Sample	Sample
Sample	Sample
Sample	Sample
Sample	Sample
Sample	Sample
Sample	Sample
Sample	Sample

MEASUREMENTS AND OTHER EXAMINATIONS:

Chain elongation (1):		Chain elongation (2):		Chain elongation (3):		Chain elongation (4):		Forks:		Date of previous examination:		or hours:
Dimension	Wear	Dimension	Wear	Dimension	Wear	Dimension	Wear	Dimension	Wear			

Other tests performed / Comments: Sample	Latest date for next examination:	or hours:

DECLARATION BY THE COMPETENT PERSON
I hereby declare that the equipment described in this report was thoroughly examined in accordance with GN28 and

<input checked="" type="checkbox"/>	No faults have been detected-
<input type="checkbox"/>	Faults have been detected and the above actions are required within the time limits specified-
<input type="checkbox"/>	The equipment must not be used until the above recommendations are carried out-

Name Sample	Authorised Examiner	Signature
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Name and address of company responsible for this Thorough Examination:
**Statutory InspectionsLtd
 Barrow Hill Farm Cottage
 Top Brand, Osgathorpe
 Leicestershire LE12 9TB1**

Check List for Thorough Examination

Make: Sample	Model: Sample	Date of Examination:	Record Number: Sample
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No.	Section:	Item:	Ref:	Details	Additional comments if appropriate:
1	Load Handling	Chains	5.1.1	X	Sample
		Mast & fork carriage	5.1.2	/	
		Hydraulics	5.1.3	/	
		Fork arms	5.1.4	/	
		Attachments	5.1.5	/	
		Operation	5.1.6	/	
2	Braking	Visual check	5.2.1	X	Sample
		Cables & linkages	5.2.2	/	
		Pedals & Levers	5.2.3	/	
		Performance, parking & service brakes	5.2.4	/	
3	Steering	Mechanical components	5.3.1	X	Sample
		Hydraulic components	5.3.2	/	
		Operation - mechanical systems	5.3.3	/	
4	Traction I.C./E/Electric	Prime mover & transmission	5.4.1	X	Sample
		Controls, cables & linkages	5.4.2	/	
		Exhaust system & emissions	5.4.3	/	
		Battery & cables	5.4.4	/	
		Tyres	5.4.5	/	
		Wheels	5.4.6	/	
		Operation	5.4.7	/	
5	Safety Systems	Operation visual & audible warnings	5.5.1	X	Sample
		Operation of interlocks	5.5.2	/	
		Electrical circuits	5.5.3	/	
		Security & mounting of capacity & data plates	5.5.4	/	
		Security & mounting of control function markings	5.5.5	/	
		Lighting, wipers & mirrors	5.5.6	/	
		Wire guidance systems & aisle interlocks	5.5.7	NA	
6	Structure	Chassis	5.6.1	X	Sample
		Overhead guard	5.6.2	/	
		Load backrest extension	5.6.3	/	
		Security of all fastenings	5.6.4	/	
		Seating/platform	5.6.5	/	

Additional information:

Sample