

**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 ASA Safety for the purpose of recording 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.

Date:

Client No.:

Name and address of the employer or the owner for whom the thorough examination was made:

MITCHELSTOWN TRANSPORT LTD  
CLONMORE, CAHIR, CO. TIPPERARY

(Please include a contact number and email, if possible.)

Address where the thorough examination was made:

AS ABOVE

Particulars identifying the lift equipment:

HIAB 600 XS

Type of lifting equipment:

TRUCK MOUNTED CRANE

Serial Number:

Year of Manufacture

Safe Working Load	Configuration(s)
11.4 TONNE	@ 4.7 METRES
	UNIT IN GOOD WORKING ORDER

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

☐ Testing

☒ Thorough Examination

Purpose of testing:

Purpose of thorough examination:

Particulars of tests carried out:

VISUAL INSPECTION AND CONTROL OPERATIONS SPECIFIED  
BY MANUFACTURERS GUIDELINES

Latest date for thorough examination

Defect which is a danger to persons:

NONE

Defects which could become a danger to persons.



Timeframe for defect becoming a danger.



NONE

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

NONE

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

NONE

Parts not accessible for examination:

VISUAL INSPECTION AND CONTROL OPERATIONS SPECIFIED BY MANUFACTURERS GUIDELINES

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

TIM MCCANN ASA SAFETY  
BALLINVUSKIG, MALLOW, CO.CORK  
TEL. 022 29447 MOB. 087 9119769

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

TIM MCCANN  
INSPECTOR

Employer: ASA SAFETY

Employer: ASA SAFETY

### 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 when done)

- 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.

  
TIM MCCANN

Signed:

Person receiving



ASA Safety, Ballinvuskig East, Mallow Co. Cork

Email: [asamallow@gmail.com](mailto:asamallow@gmail.com)

Phone: 022 29447 087 9119769