

## **Report of Thorough Examination**

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER), the Provision and Use of Work Equipment Regulations 1998 (PUWER) & Safety, Health and Welfare at Work (General Application) Regulations 2007 - SI. No. 299/2007.

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<b>Date:</b> 12/09/2025	Job ID:	Colour Code: NON	IE Dat	e of when last examination was carried out: 27/02/	2025
Name and address of employer or owner for whom the thorough examination was made:			Address where thorough examination was made:		
Loxam IE, 539 Grants Crescent , Greenogue Business Park , Dublin , neil.maclean@loxam.ie, 01 14016812			Mobile Plant Machine Inspections on behalf of Loxam, Unit 539 Grants Crescent, Rathcoole , Dublin		
Particulars identifying the lifting equipment GENIE Z-135 Articulated Boom Lift			Type of lifting equipment: Articulating Boom Lift Serial Num: 49660035 (Z13507-378) Year of manufacture: 2007 Manufacturer: GENIE Asset Num: 49660035		
Safe Working Load & Configurations: 272 KG Note: Max Load Is Not to Be Exceeded			Parts not accesible for examination NONE		
Note: Each configurati under hook. Please de configurations	on should reflect the working a stail the safe working loads for	arrangements, for exam all configurations, as pe	ple length of ji er manufacture	b; fly jib; radius; angle; ballast; number of rope falls; her's instructions. Use additional sheets if more than thre	eight ee
✓ Testing			Thorough Examination		
Purpose of Testing: Visual Inspection and functions test carried out			Purpose of thorough examination: Within an interval of 6 months		
	Particulars of te	ests carried out: Visua	I Inspection ar	d functions test carried out	
	1	<b>Defect which is a</b> NC	danger to   NE	persons:	
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:  NONE			Repair, renewal of alteration required to remedy this defect, including date(s):  NONE		
We certify that:			You must	:	
We have undertaken the test / thorough examination as prescribed   ✓		Keep this report of thorough examination safe and available for inspection			
We have identified defects which are or could be a danger to persons		undertake identified repairs			
This test/thorough examination has been carried out by a competent person		Arrange for a thorough examination or test before the latest date or as prescribed			
The particulars in this report of thorough examination are correct					
	Machine (	Object Handling Safety	Checks:		
Is the machine to be used for obje				<b>✓</b>	
Machine maximum rated capacity			y @ min radius	s > 1000kg	
Check valve fitted  Acoustic or visual warning device			fitted		
Acoustic or visual warning device			iilleu	✓	

Latest date for next thorough examination: 12/03/2026

Is RCI fitted

Signed: Competent person performing tests or thorough examination: **Engineer**: ANTHONY NOLAN

Name and address of employer of persons making and authenticating this report: W.H.Scott Group +353188555333









