LOLER Thorough Examination Report

Records the information LOLER Schedule 1 requires for a thorough examination of lifting equipment, including defects and next due date.

Equipment

Employer / owner name *	
Address of premises *	
Equipment make	
Equipment model	
Equipment serial number	
Equipment ID / barcode	
Equipment location	
Safe working load *	
Date of manufacture	_____ / _____ / _____
Date of last thorough examination	_____ / _____ / _____

Examination

Reason for examination *	☐ Within 6-month interval ☐ Within 12-month interval ☐ In accordance with examination scheme ☐ After exceptional circumstances ☐ Before first use
Is the equipment safe to operate? *	☐ Yes ☐ No
Defects that are, or could become, a danger *	
Repair / renewal / alteration required	
Date by which defect must be rectified	_____ / _____ / _____
Tests carried out	
Next thorough examination due *	_____ / _____ / _____

Photo 1	*Attach photo or sketch*
Photo 2	*Attach photo or sketch*

Examiner

Examiner name *	
Examiner qualifications / employer	
Date of examination *	_____ / _____ / _____
Examiner signature *	

* Required