

Morris Leslie

PLANT SALES

Morris Leslie Final Inspection Form

ALL BOXES MUST BE COMPLETED WHERE APPLICABLE TO EACH MACHINE (WHERE NOT APPLICABLE NOTE N/A)

Year:	2021	Serial Number:	216851	Machine Start Code:	2940
Make:	VOLVO	Model:	ECR88D		
Fleet Number:	MLP13490	Registration Number:	N/A		
Hour Clock Working:	Y	Machine Hours:	831		
Tyre Size:		N/S/F%:		N/S/R%:	
Tracks (Steel/Rubber)	RUBBER	N/S % -	80%	O/S % -	80%
Blade:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Track Width:			
Buckets:	Y	Bucket Sizes:	DITCH, 12",36"		
Roller Drum Width:	N/A	Roller -Water Sprinklers System	N/A		
Skip (Straight/Swivel/Hi-Tip):	N/A	Transmission (Hydrostatic/Gear):	N/A		
AdBlue:	N/A	4th Gear:	N/A		
Pallet Forks	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Fork Positioners	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Stabilisers:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Gross Weight(kg):	8752	Lift Capacity (kg):	N/A		
Engine (kw/hp) :	42.4	Turbo:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Air Conditioning:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Controls (Lever/Joystick):	N/A	Condition of Cab & Dash Decals	OK		
Hitch (Manual/Hydraulic):	HYD	Reversing Camera	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Body Work Condition (Any Damage):					
Glass (Any Damage):	NO				
Road Lights:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Paintwork:	OK				
Auxiliary Pipe Work:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Double Acting:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Any other Comments OR Notes on the Condition:					
Amber Beacon:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Green Seat Belt Beacon:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Date & Hours of Last Service:	534HRS 30.06.23		Date Next Service Due:	1034HRS	
Last Service Sheet Attached:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Current Loler attached:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
THE LAST OR CURRENT RECORD OF THE SERVICE SHEET MUST BE SENT					
Service Records Supplied:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Red Key with Machine with picture:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Manufacturers Decals with Machine:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Depot:	810				
Inspected By:	J.DENNING	Date:	18.09.23		

Record of Inspection Record of Service



Morris Leslie

PLANT HIRE

Date	Machine	Fitters Time	Workshop Job No		Fleet No	Hours
30-6-22	8 T EX		205		13490	534
ENGINE		CHG	CHKD	N/A	Comments & Work Done 50 Hours service 500	
Engine Oil & Filters		✓				
Air & Fuel Filters/Pre Filters		✓				
Coolant Radiator Hoses Antifreeze			✓			
Fan & Drive Belts & Pulleys			✓			
Engine & Other Mountings			✓			
Fuel Tank & System			✓			
TRANSMISSIONS		CHG	CHKD	N/A		
Operation of Clutch						
Transmission Oils & Filters						
Axle Oils and Breathers						
Drive / Prop Shafts & Couplings						
Oil Cooler & Hoses						
Wheel Bearing & Hubs						
Wheel Nut Tightness, Tyres Cond & Pressures						
HYDRAULICS		CHG	CHKD	N/A		
Hydraulic Oil & Filters Breather Vents			✓			
Hydraulic Pumps, Pipes & Hoses			✓			
Hydraulic Rams, Pins & Bushes			✓			
Other Hydraulic Components			✓			
EXCAVATORS		CHG	CHKD	N/A		
Track Condition Tension			✓			
Sprockets, Idlers, Rollers			✓			
Quick Hitch & Attachments			✓			
Condition of Boom Dipper/Quick Hitch Sticker			✓			
ROLLERS		CHG	CHKD	N/A		
Roller Mountings				✓		
Sprinkler Scrapers				✓		
TELEHANDLERS/FORKLIFTS						
Forks Masts Chains & Rollers & Wear Pads				✓		
Counter Weight Security & SWL Charts				✓		
CABS & CHASSIS		CHG	CHKD	N/A		
Op of Steering & Linkage						
Op of Foot/Hand & Overrun Brakes						
Tow Bar Eye Pin & Retainer						
Grease All Points			✓			
ELECTRICAL		CHG	CHKD	N/A		
Battery Security & Top Up & Charging Rate			✓			
Lights/Ind/Horn/Beacon/Bleepers/Warn Devices			✓			
Engine Gauges & Warning Lights			✓			
SAFETY		CHG	CHKD	N/A		
Cab Doors/Steps/Glass/Canopy/Bonnet/Catches			✓			
Driver Seat Restraints & Controls & ROPS & FOPS			✓			
Safety Stickers Warning Signs Etc in Place			✓			
ALL FUNCTIONS TEST						
Operations Manual/ML Instructions/Regeneration Stickers			✓			
Key			✓			
Service Sticker			✓			
Cleaned			✓			
Fleet Number Visible			✓			
Glass/Mirrors			✓			
Grease Gun			✓			

Statutory Inspection Expiry Date:

I HEREBY DECLARE that the equipment above was Inspected/Serviceed in accord with the appropriate provisions and found free from any defect likely to effect safety (other than any listed above) and that these details are correct.

Signature:

Print:

Ajaz

Completed By:

Ajaz 1/10

Authenticated By:

Date: 30-6-22



Development Member



GA1 Fleet Number:

MLP13490

REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 and Power Regulations 1998

Table with 4 columns: Date of Thorough Examination, Date of Report, Report number, Name and Address of employer, Address of premises, Description and identification of the equipment, Safe Working Load(s), Date of manufacture, Date of last thorough examination.

Table with 2 main columns: Is this the first examination after installation... Was the examination carried out: (YES/NO/interval questions)

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: (If none state NONE) None Found.

Is the above an existing or imminent danger to persons *Note-This is a reportable defect YES NO X

Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when) N/A YES by:

Particulars of any repair, renewal or alteration required to remedy the defect identified above: Equipment was found to be in safe working order at time of inspection.

Particulars of any tests carried out as part of the examination: (If none state NONE) None

Observations / additional comments relative to this thorough examination: Equipment was found to be in safe working order at time of inspection.

IS THIS EQUIPMENT SAFE TO OPERATE? YES X NO

Name & Qualifications of person making this report: James Walsh City & Guilds, CITB Name of person signing or authenticating this report on behalf of the author: Signature: Mtd James Walsh Latest date by which next thorough examination must be carried out: 12/02/2024

Name and address of employer of persons making and authenticating this report: Walsh Plant Ltd, Unit 3 Birchwood Industrial Estate, Hoe Lane, Nazeing, EN9 2RJ