PART I - Thorough examination of lifting appliances and

loose gear

(1) Situation and description of lifting appliances and loose gear with distinguishing	(2) Certificate Nos.	(3) Examination performed (see note 2)	(4) I certify that on the date to which I have appended my signature	(5) Remarks (To be dated and signed) e,
numbers or marks, if any) which have been thoroughly examined (see note 1)		· · · ·	the gear shown in column (1) was thoroughly examined and no defects affecting its safe working condition were found other	
			than those shown in co (5) (Date and signature	

Note 1: If all the lifting appliances are thoroughly examined on the same date it will be sufficient to enter in column (1) "All the lifting appliances and loose gear". If not, the parts which have been thoroughly examined on the dates stated must be clearly indicated.

Note 2: The thorough examinations to be indicated in column (3) include:

- (a) Initial.
- (b) I 2 monthly.
- (c) Five yearly.
- (d) Repair/damage.
- (e) Other thorough examinations including those associated with heat treatment.

