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|  | **PERIODIC RE-EXAMINATION OF LIFTING GEAR** | LE Registration No. |  |
| Click or tap here to enter text. |
| Max. Safe Working Load |
| Click or tap here to enter text. **kg** |
| Certificate Expiry Date |
| Click or tap to enter a date. |

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| **OWNER AND WORKPLACE DETAILS** | | | | | | |
|  | | | | | | |
| **OWNER NAME** | **:** | Click or tap here to enter text. |  | **OWNER UEN** | **:** | Click or tap here to enter text. |
|  |  |  |  |  |  |  |
| **WORKPLACE ADDRESS** | **:** | Click or tap here to enter text. |  | **WORKPLACE NO.** | **:** | Click or tap here to enter text. |
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| **PARTICULARS OF LIFTING EQUIPMENT** | | | | | | | |
|  | | | | | | | |
| **EQUIPMENT CLASS** | **:** | Lifting Gear |  | **OWNER’S REFERENCE NO.** | **:** | Click or tap here to enter text. |
|  |  |
| **EQUIPMENT DESCRIPTION** | **:** | Click or tap here to enter text. |  | **YEAR OF MFG** | **:** | Click or tap here to enter text. |
|  |  | **COUNTRY/REGION OF MFG** | **:** | Click or tap here to enter text. |
| **BRAND AND MODEL** | **:** | Click or tap here to enter text. |  | **ENERGY SOURCE** | **:** | Choose an item. |
| **DISTINCTIVE NO.1** | **:** | Click or tap here to enter text. |  | **FIRST REGISTRATION DATE BY AUTHORISED EXAMINER** | **:** | Click or tap to enter a date. |

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| **LAST LOAD TEST DETAILS** | |
|  | |
| Load Test Date : Click or tap to enter a date. | Maximum Test Load (kg) : Click or tap here to enter text. |

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| **COMMENTS / OBSERVATIONS** |
|  |
| Click or tap here to enter text. |

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| I state that on Click or tap to enter a date. the lifting equipment described in this form was examined thoroughly by me, as far as its construction permits, and that the above is a true report of my examination.  I further state that the lifting equipment is found to be in compliance with the requirements stipulated in the Workplace Safety and Health Act and its subsidiary legislation, and is safe for use.  Explanatory Notes  1 Distinctive No. refers to the identification or serial number assigned to the equipment by the manufacturer. | **COMPETENT PERSON’S SIGNATURE** |
|  |
| Click or tap here to enter text. |