



RECORD OF PLANT INSPECTION (WEEKLY VISUAL INSPECTION)

Week Commencing

Site: _____

Contract No: _____

Plant No	Plant Type/Description	Manufacturer	Lifting Equipment Y / N	Examination Date

I have undertaken a visual inspection of the the plant/equipment listed above and no apparent defects were identified. All lifting devices are securely fitted and operational

NAME: _____

SIGNATURE: _____

encing: _____

PAT Testable Item Y/N	Electrical Test No	Date PAT Tested	PAT Re-test Date

effects were identified and all safety guards/

_____ **DATE:** _____