

All Saints' Church, Walsoken
Lifting Equipment Inspection Form

Equipment Inspected

Name of Inspector

- | | Yes | No |
|---|--------------------------|--------------------------|
| Is the equipment sufficiently strong, stable and suitable for the proposed use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the equipment positioned or installed to prevent the risk of injury, e.g. from the equipment or any load falling or striking people? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the equipment visibly marked with any appropriate information to be taken into account for its safe use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can the equipment be used safely by competent people? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the equipment free from defects (rust, rot or mechanical failure?) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the equipment stored in a safe manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can the equipment be accessed for use easily? | <input type="checkbox"/> | <input type="checkbox"/> |

Note any other safety issues with the equipment

- | | Yes | No |
|--|--------------------------|--------------------------|
| Is the equipment ok to use for another year? | <input type="checkbox"/> | <input type="checkbox"/> |

If "No" What actions need to be taken?

Signed

Date