

**HEALTH AND SAFETY AT WORK (JERSEY) LAW, 1989**

**CRANES AND LIFTING APPLIANCES (JERSEY) REGULATIONS, 1978**

**Approved particulars which must be included  
in every Certificate of Test and Thorough Examination of a Crane or  
Prescribed Lifting Appliance as required by Regulation 5**

**CERTIFICATE NO:.....**

1) Name and address of owner of crane or lifting appliance:					
2) Name and address of crane manufacturer - where known:					
3) Type of crane:			Nature of power:		
4) Date of manufacture:					
5) Identification - Makers model and serial number: Owners distinguishing number:					
6) Automatic Safe Load Indicator - where required: Trade name: Serial No:					
7) Date of the last previous test of the crane or lifting appliance:					
8) Date of the last previous thorough examination of the crane or lifting appliance:					
9) Test loads applied and safe working loads of crane or lifting appliance:					
		Test Load (tonnes)		Safe Working Load (tonnes)	
Main Hoist: .....		.....		.....	
Auxiliary Hoist (1): .....		.....		.....	
Auxiliary Hoist (2): .....		.....		.....	
Length of Jib: .....		Minimum Operating Radius: .....		Maximum Operating Radius: .....	
BLOCKED			FREE ON WHEELS		
Radius	Test Load	Safe Working Load	Radius	Test Load	Safe Working Load

10) Details of ropes fitted to the crane or lifting appliance at the time of test:					
a) Description of use.. ..					
b) Type of rope .. ..					
c) Type of construction .. ..					
d) Size (diameter) .. ..					
e) Minimum breaking load or breaking strength .. ..					
f)Length .. ..					
11) Particulars of any defect found in the crane or lifting appliance or Automatic Safe Load Indicator which affects or may affect the safety of the crane:					
12) Repairs required to remedy the above defects which must be done:  a) Immediately  b) Within a specified time, to enable the crane or lifting appliance to continue to be used with safety.  (If no repairs are required state "NONE")					
13) Observations:					
14) Declaration: I/We hereby certify that the crane/lifting appliance described in this Certificate was tested and thoroughly examined on.....and the particulars given above and on continuation sheets numbered .....are correct.					
15) Signature(s):  Occupation(s):					
16) Name of the firm or association or person by whom the person(s) conducting the test was employed:					
17) Date of Certificate:					