

THE FACTORIES LAW. CAP. 124
THE FACTORIES REGULATIONS, 1961
FORM C

(Regulations 49)

REPORT ON EXAMINATION AND TEST OF LIFTING MACHINE

1. Name of Factory.....
2. Address.....
3. Name of Owner.....
4. Name of Manger.....
5. Distinguishing number or mark (if any) and description sufficient to identify the crane or other lifting machine.
.....
6. Date of examination made under regulation 49 and by whom it was carried out.
7. Particulars of any defect found on examination and affecting the safe working load, and of the steps taken to remedy such defect.
.....
8. The safe working load for the ensuing 12 months.

I CERTIFY THAT on.....I thoroughly examined theabove described and that the above is true report of the result.
(crane or other lifting machine)

*(Further Certificate in case of Crane only).

I FURTHER CERTIFY that I am not the owner of the crane nor am I employed by the owner in any capacity other than as an independent Contractor.

Signature.....
Qualification.....
Address.....
Date.....

* Delete if not applicable