

Service Report

Reliable solutions

Ref no. **Ws3019100276**

Customer **Synergy**

Address
Boorley park
Southampton

Work Completed **Yes** Site Damage **No**

Hitachi **Yes** Warranty **No**

Other Make _____

Model **Zx225**

Serial No. **505043**

Hours **500**

Customer Instruction **500hr service**

Service Carried Out As Per Manufacturer's Spec 250HR 500HR 1000HR

Annual Inspection
 F91 **Pass**

Engineer's Report
Change engine oil and filter
Replace fuel filters
Change outer air filter
Grease machine
Carry out final inspection

Engineer's Name **A.jones**

Engineer's Signature 

Date	Travel Start	Start	Finish	Travel Finish	HRS on Site	HRS Travel	Mileage To	Mileage From	Mileage Total
02/11/2019	H 06:30 M	H 08:00 M	H 11:30 M	H 13:30 M	3.5	3.5			
	H H M M	H H M M	H H M M	H H M M					
	H H M M	H H M M	H H M M	H H M M					
	H H M M	H H M M	H H M M	H H M M					

Additional Parts Used

Site Representative
 Signature 

Position **Operator**

Print Name **Lance hall**

Risk Assessment Aspect Sheet

Reliable solutions

- | | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Have you received site induction and safety rules (Do you understand them)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have adequate PPE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the work area satisfactory?
(Safe access and egress/overhead lines/Voids/Soft ground/Live traffic/Falling objects.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. If there is a manual handling requirement are the manual handling requirements within your capabilities? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the machine been made safe to work on? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Will you be required to work at height? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are all the preventative actions in place? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have adequate tooling to complete the job? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the tooling to be used fit for purpose and in test? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Is lighting required, if so is it adequate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are there any precautions to be observed with hazardous substances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Lone working - have arrangements been made for periodic checks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | (Not required) | |
| 13. Are adequate precautions in place to prevent spillages/contamination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you confident the job can be completed safely? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Method Statement Employed

Site Representative

Signature 

Position Operator

Print Name Lance hall

Engineer

Signature 

Position Engineer

Print Name Operator

If the answer to any of the above questions is "NO" then the site management must be made aware of the issue along with your manager, to ensure that a safe system of work is produced. No work can take place without a safe system of work.

Additional Notes

A large empty rectangular box with a black border, intended for additional notes.