A blue and white logo

Description automatically generatedA blue and white logo

Description automatically generatedCHANGE REQUEST FORM

Statutory Inspection of Equipment

(This form should be used to request any changes to the Council’s Inspection Schedule. The Inspection Schedule is a database of all those items of plant and equipment that require statutory inspection) A blue and white logo

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**Change Required**

|  |  |  |
| --- | --- | --- |
| Change Type | Tick as appropriate | Change Details |
| **Amendment** |  | Where information held on the Inspection Schedule or recorded on an Inspection Report is incorrect or incomplete. |
| **Addition** |  | For new items of plant or equipment identified as requiring statutory inspection. |
| **Deletion** |  | Where equipment has been disposed of, isolated or otherwise permanently taken out of service. |

|  |
| --- |
| **Insurance Dept Office use only** |
| Date Received |
|  |
| Date Zurich Advised |
|  |
| Processed By |
|  |

All sections of this form must be completed in full in order for the database to be updated. For ‘Amendments’ please enter the new information and indicate which field(s) has been changed by ticking the appropriate box(es).

|  |  |  |  |
| --- | --- | --- | --- |
| **Change Details (Details for the plant / equipment)** | |  | Tick as appropriate |
| **Full postal address including post code:** |  |  |  |
| **Plant / Equipment Number:** |  |  |  |
| **Serial Number:** |  |  |  |
| **Description of Plant / Equipment:** |  |  |  |
| **Where the Plant / Equipment is located:** |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Details (Details for arranging inspection on site)** | | | | | | |  | Tick as appropriate |
| **Name / Job Title:** |  | | | | | |  |  |
| **Telephone No:** |  | | **Mobile No:** |  | | |  |  |
| **Email Address:** |  | | | | | |  |  |
|  | | | | | | |  |  |
| **Crimson last report ID (Mandatory for deletions and amendments):** | |  | | | | | | |
| **Other Information (e.g. Specific location or site access information / special requirements etc):** | |  | | | | | | |
|  | |  | | | | | | |
| **Form Submitted By:** |  | | | | **Date:** |  | | |

Please email the completed request form to [**insurance@southampton.gov.uk**](mailto:insurance@southampton.gov.uk), using the heading ‘Engineering Inspections – Change Request’