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Certificate of Thorough Examination™


This report complies with the Lifting Equipment Engineers Association's technical requirements

Date of Thorough Examination: 28/06/2022	Date of Report: 28/06/2022	Report number: MGR/TV/06-22/050
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Name and Address of employer for whom the thorough examination was made: TAMROSE LIMITED. Plot 7, Okuru-Abuloma Link Road, Abuloma, Port-Harcourt, Rivers State (TMC ANGEL)		Address of premises at which the examination was made: F.O.T ONNE	
Description and identification of the equipment: FULL BODY HARNESS Length: 6m ID Number: TMC-001		Safe Working Load(s): 140 Kg	Date of manufacture if known: 2011
Make: PLUS		Date of last thorough examination: NOT SEEN	

Is this the first examination after installation or assembly at a new site or location?		Was the examination carried out:	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: (If none state NONE): NONE							
Is the above a defect which is of immediate danger to persons		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>		
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)		YES by:					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE): NONE							
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

Name & Qualifications of person making this report: ROSY DAVIES NIGERIA FACTORY ACT/ASNT LEVEL II, LEEA: FOU	Name of person authenticating this report: ONOME OGBORU NIGERIA FACTORY ACT/ASNT LEVEL II, NSL, LEEA: FOU, LEG Signature: 	Latest date by which next thorough examination must be carried out: 27/12/2022
SPECIFICATION: BS EN 361		
Name and address of employer of persons making and authenticating this report: MOJUST GLOBAL RESOURCES LTD.		
STATUTORY INSTRUMENTS 1998 NO.2307.FACTORIES ACT CAP F1, L.F.N, 2004. Lifting Operations and Lifting Equip. Regulation 1998.		