

OFFICE ADDRESS:

10 Hon. Gideon Street, Off Peter Odili Rd. T. Amadi, Port Harcourt.
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E-mail: info@mojustglobal.com, qaqc@mojustglobal.com Website: www.mojustglobal.com


Certificate of Thorough Examination

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

Date of Through Examination: 26/08/2022	Date of Report: 26/08/2022	Report number: MGR/TV/08-22/080
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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 FALCON)		Address of premises at which the examination was made: F.L.T ONNE	
Description and identification of the equipment: Full Body Harness ID Number: 190007		SERVICE ORDER NO: MGRL/08/S22/003	
Safe Working Load(s): NOT SEEN		Date of manufacture if known: NOT SEEN	Date of last thorough examination: NOT SEEN
Make: <i>Not seen</i>			

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 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):								
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: 26/02/2023
SPECIFICATION: EN 355/02		
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.		

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

Date of Thorough Examination: 26/08/2022	Date of Report: 26/08/2022	Report number: MGR/TV/08-22/079
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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 FALCON)		Address of premises at which the examination was made: F.L.T ONNE	
Description and identification of the equipment: Twin terled energy absorbing lanyard Length 6ft ID Number: 190932		SERVICE ORDER NO: MGRL/08/S22/003	
Safe Working Load(s): 420 LBS		Date of manufacture if known: NOT SEEN	Date of last thorough examination: NOT SEEN
Make: <i>Not seen</i>			

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 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):								
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: 25/02/2023
SPECIFICATION: EN 355/02		
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.		

