

## OFFICE ADDRESS:

10 Hon. Gideon Street, Off Peter Odili Rd T-Amadi, Port Harcourt.  
 (Operations Tel: +234 (0)807 569 4478 + 234 (0)807 569 4467); (QA/QC Tel: +234 (0)807 569 4479)  
 E-mail: [info@mojustglobal.com](mailto:info@mojustglobal.com), [qaqc@mojustglobal.com](mailto:qaqc@mojustglobal.com) Website: [www.mojustglobal.com](http://www.mojustglobal.com)



## Certificate of Thorough And Functional Examination


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

Date of Through Examination: <b>28/06/2022</b>	Date of Report: <b>28/06/2022</b>	Report number: <b>MGR/TV/06-22/047</b>
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Name and Address of employer for whom the thorough examination was made:  <b>TAMROSE LIMITED.</b> Plot 7, Okuru-Abuloma Link Road, Abuloma, Port-Harcourt, Rivers State (TMC ANGEL)		Address of premises at which the examination was made:  <b>F.O.T ONNE</b>	
Description and identification of the equipment: <b>SAFETY NET c/w 5 thimble eye</b> <b>Length: 3.0m x 4.0m</b> <b>ID Number: TMC/SN/002</b>	Safe Working Load(s):  <b>N/A</b>	Date of manufacture if known:  <b>NOT SEEN</b>	Date of last thorough examination:  <b>28/12/2021</b>
Make: <b>NOT SEEN</b>			

Is this the first examination after installation or assembly at a new site or location?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out:	
		Within an interval of 6 months?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		Within an interval of 12 months?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	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): <b>NONE</b>	
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): <b>NONE</b>	
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

Name & Qualifications of person making this report: <b>ROSY DAVIES</b> <b>NIGERIA FACTORY ACT/ASNT</b> <b>LEVEL II, LEEA: FOU</b>  <b>SPECIFICATION: BS EN 1263</b>	Name of person authenticating this report: <b>ONOME OGBORU</b> <b>NIGERIA FACTORY ACT/ASNT</b> <b>LEVEL II, NSL, LEEA: FOU, LEG</b> Signature:  Date: <b>28/06/2022</b>	Latest date by which next thorough examination must be carried out:  <b>27/12/2022</b>
Name and address of employer of persons making and authenticating this report: <b>MOJUST GLOBAL RESOURCES LTD.</b>		
<b>STATUTORY INSTRUMENTS 1998 NO.2307.FACTORIES ACT CAP F1, L.F.N, 2004.</b> Lifting Operations and Lifting Equip. Regulation 1998.		



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Date of Through Examination: <b>28/06/2022</b>	Date of Report: <b>28/06/2022</b>	Report number: <b>MGR/TV/06-22/046</b>
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Name and Address of employer for whom the thorough examination was made:  <b>TAMROSE LIMITED.</b> Plot 7, Okuru-Abuloma Link Road, Abuloma, Port-Harcourt, Rivers State (TMC ANGEL)		Address of premises at which the examination was made:  <b>F.O.T ONNE</b>	
Description and identification of the equipment: <b>SAFETY NET c/w 5 thimble eye</b> <b>Length: 3.0m x 4.0m</b> <b>ID Number: TMC/SN/001</b>	Safe Working Load(s):  <b>N/A</b>	Date of manufacture if known:  <b>NOT SEEN</b>	Date of last thorough examination:  <b>28/12/2021</b>
<i>Make: NOT SEEN</i>			

Is this the first examination after installation or assembly at a new site or location?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	
Was the examination carried out:	Within an interval of 6 months?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
	Within an interval of 12 months?	YES	<input type="checkbox"/>	NO	<input checked="" 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): <b>NONE</b>				
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): <b>NONE</b>				
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

Name & Qualifications of person making this report: <b>ROSY DAVIES</b> <b>NIGERIA FACTORY ACT/ASNT</b> <b>LEVEL II, LEEA: FOU</b>  <b>SPECIFICATION: BS EN 1263</b>	Name of person authenticating this report: <b>ONOME OGBORU</b> <b>NIGERIA FACTORY ACT/ASNT</b> <b>LEVEL II, NSL, LEEA: FOU, LEG</b> Signature: _____ Date: <b>28/06/2022</b>	Latest date by which next thorough examination must be carried out:  <b>27/12/2022</b>
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