

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, qaqc@mojustglobal.com Website: www.mojustglobal.com



REPORT OF NON-CONFORMANCE

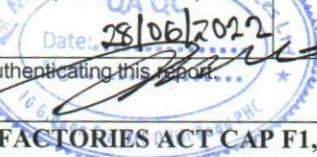
This report complies with the Lifting Equipment Engineers Association's technical requirements

Date of Through Examination: 28/06/2022	Date of Report: 28/06/2022	Report number: MGR/TV/06-22/043
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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: MOORRING ROPE Length: 42m, Dia: 55mm ID Number: MR-02	Safe Working Load(s): N/A	Date of manufacture if known: NOT SEEN	Date of last thorough examination: 28/12/2021
Make: NOT SEEN			

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 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 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 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): NOT FIT FOR USE DUE TO CUT ON SOME SECTIONS			
Is the above a defect which is of immediate danger to persons	YES <input checked="" type="checkbox"/> NO <input 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: Remove From Service.			
Particulars of any tests carried out as part of the examination: (If none state NONE):			
IS THIS EQUIPMENT SAFE TO OPERATE?	YES <input type="checkbox"/> NO <input checked="" 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	Latest date by which next thorough examination must be carried out: N/A
SPECIFICATION: BS 6349:2014	Signature:  Date: 28/06/2022	
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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Certificate of Thorough Examination


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

Date of Through Examination: 28/06/2022	Date of Report: 28/06/2022	Report number: MGR/TV/06-22/042
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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: MOORRING ROPE Length: 42m, Dia: 55mm ID Number: MR-01	Safe Working Load(s): N/A	Date of manufacture if known: NOT SEEN	Date of last thorough examination: 28/12/2021
Make: NOT SEEN			

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): 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:  Date: 28/06/2022	Latest date by which next thorough examination must be carried out: 27/12/2022
Name and address of employer of persons making and authenticating this report: MOJUST GLOBAL RESOURCES LTD.		
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Certificate of Thorough Examination


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Date of Thorough Examination: 28/06/2022	Date of Report: 28/06/2022	Report number: MGR/TV/06-22/052
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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: MOORRING ROPE Length: 100m, Dia: 55mm ID Number: MR-03		Safe Working Load(s): N/A	Date of manufacture if known: NOT SEEN
Date of last thorough examination: NOT SEEN		Make: 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:  Date: 28/06/2022	Latest date by which next thorough examination must be carried out: 27/12/2022
SPECIFICATION: BS 6349:2014		
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