

## OFFICE ADDRESS:

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## Certificate of Thorough and Functional Examination

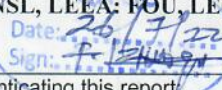
This report complies with the Lifting Equipment Engineers Association's technical requirements

Date of Thorough Examination: <b>26/07/2022</b>	Date of Report: <b>26/07/2022</b>	Report number: <b>MGR/TV/07-22/ 057</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 FALCON)		Address of premises at which the examination was made: <b>F.L.T ONNE</b>	
Description and identification of the equipment: <b>1 FALL MANUAL CHAIN BLOCK Length:</b> <b>3.0m x Dia: 8mm</b> <b>ID Number: 1803114</b>	Safe Working Load(s): <b>1.5 Ton</b>	Date of manufacture if known: <b>N/A</b>	Date of last thorough examination: <b>N/A</b>
Make: <b>TOYOLIFT</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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly? YES <input checked="" 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): <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 13157</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>26/7/22</b>	Latest date by which next thorough examination must be carried out: <b>25/01/2023</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> <b>Lifting Operations and Lifting Equip. Regulation 1998.</b>		