

**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**

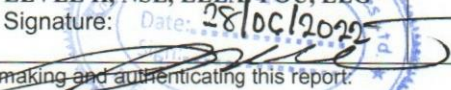
This report complies with the Lifting Equipment Engineers Association's technical requirements

Date of Thorough Examination: <b>28/06/2022</b>	Date of Report: <b>28/06/2022</b>	Report number: <b>MGR/TV/06-22/045</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>LEVER HOIST Length: 1.7m x Dia: 0.5mm</b> <b>ID Number: 91334</b>		Safe Working Load(s): <b>0.5 Ton</b>	Date of manufacture if known: <b>2014</b>
Date of last thorough examination: <b>28/12/2021</b>		Make: <b>Rema Holland</b>	

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): <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> NIGERIA FACTORY ACT/ASNT LEVEL II, LEEA: FOU	Name of person authenticating this report: <b>ONOME OGBORU</b> NIGERIA FACTORY ACT/ASNT LEVEL II, NSL, LEEA: FOU, LEG Signature: 	Latest date by which next thorough examination must be carried out: <b>27/12/2022</b>
SPECIFICATION: <b>BS EN 13157</b>		
Name and address of employer of persons making and authenticating this report: <b>MOJUST GLOBAL RESOURCES LTD.</b>		
STATUTORY INSTRUMENTS 1998 NO.2307.FACTORIES ACT CAP F1, L.F.N, 2004. Lifting Operations and Lifting Equip. Regulation 1998.		