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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: 16/08/2022	Date of Report: 16/08/2022	Report number: MGR/TV/08-22/065
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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 BALD EAGLE)		Address of premises at which the examination was made: HOLIFIELD JETTY WOJI	
DESCRIPTION AND IDENTIFICATION OF THE EQUIPMENT: MOORING ROPE (Polypropylene) Length: 35m x Dia: 48mm (Port Side) ID Number: TMC-MRBE/01		SERVICE ORDER NO: MGRL/08/S22/003	
Safe Working Load(s): N/A		Date of manufacture if known: N/A	Date of last thorough examination: N/A
Make:			

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: UFUOMA OMO-ODUDU NIGERIA FACTORY ACT/ASNT LEVEL II, LEEA: FOU SPECIFICATION: BS EN 13411-6:2004	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: 15/02/2023 
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.		