

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

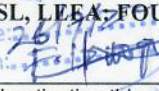
This report complies with the Lifting Equipment Engineers Association's technical requirements

Date of Thorough Examination: 26/07/2022	Date of Report: 26/07/2022	Report number: MGR/TV/07-22/052
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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 FALCON)		Address of premises at which the examination was made: F.L.T ONNE	
Description and identification of the equipment: SCRAMBLE NET fitted with 3 thimble eyes. Length: 3.18m, Width: 3.18m ID Number: TMC-FSN 001 <i>Make: Not seen</i>		Safe Working Load(s): N/A	Date of manufacture if known: NOT SEEN Date of last thorough examination: 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 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"/>	
If the answer to the above question is YES has the equipment been installed correctly? 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): Excess corrosion on thimble eye.						
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: Replace thimble eye, re-inspect before use.						
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 SPECIFICATION: BS EN 1263	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: N/A
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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Description and identification of the equipment: SCRAMBLE NET fitted with 3 thimble eyes. Length: 3.18m, Width: 3.18m ID Number: TMC-FSN 002		Safe Working Load(s): N/A	Date of manufacture if known: NOT SEEN
Make: <i>Not seen</i>		Date of last thorough examination: 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 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 type="checkbox"/>	
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"/>	

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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: Replace thimble eye, re-inspect before use.						
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: <i>[Signature]</i>	Latest date by which next thorough examination must be carried out: N/A
SPECIFICATION: BS EN 1263		
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