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Certificate of Thorough Examination

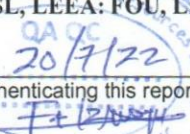
This report complies with the Lifting Equipment Engineers Association's technical requirements

Date of Through Examination: 20/07/2022	Date of Report: 20/07/2022	Report number: MGR/TV/07-22/051
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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 HAWK)		Address of premises at which the examination was made: F.O.T ONNE	
Description and identification of the equipment: Polyester SAFETY NET fitted with 5 thimble eyes. Length: 3.50m, Width: 3.05m ID Number: TH-01 & TH-02	Safe Working Load(s): N/A	Date of manufacture if known: NOT SEEN	Date of last thorough examination: NOT SEEN
Make: Climax			

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): 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 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: 19/01/2023
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.		