



AMONY GLOBAL INSPECTIONS LTD




RC: 924961

LIFTING GEARS SPECIALIST

REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the
Lifting Operations and Lifting Equipment Regulations 1998 SI No. 2307
The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-010					
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE					
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:			
MISH 19	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		13.5 TONNES	NOT SIGHTED	07/2022			
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL			
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 type="checkbox"/> <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 checked="" 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"/>					
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)									
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES		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		NONE	<input checked="" type="checkbox"/>	
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE									
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL									
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:			
						16/07/2023			
Signature:									
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroung.com									



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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-011			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP/S/037	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		12 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
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The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-012				
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE				
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:		
NNP/S/003	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE						12 TONNES
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL		
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 checked="" type="checkbox"/>				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 checked="" 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"/>				
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)								
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	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	NONE	<input checked="" type="checkbox"/>	
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE								
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL								
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO	<input checked="" type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:		
						16/07/2023		
Signature:								
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com								



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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-013			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
N01	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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 checked="" type="checkbox"/>				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 checked="" 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"/>			
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES		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		NONE <input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
Signature:							
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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-014			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP/S/07	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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 checked="" type="checkbox"/>				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 checked="" 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"/>			
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	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	NONE	<input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO <input checked="" type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
Signature:							
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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-015			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
N11	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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 checked="" type="checkbox"/>				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 checked="" 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"/>			
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	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	NONE	<input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO <input checked="" type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
Signature:							
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com							



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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-016			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s): 8.5 TONNES	Date of manufacture if known: NOT SIGHTED	Date of last thorough examination: 07/2022	
S05	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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"/>			
If the answer to the above question is YES has the equipment been installed correctly? YES <input checked="" 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"/>			
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					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 <input type="checkbox"/>	NONE <input checked="" type="checkbox"/>		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO  Signature:		Latest date by which next thorough examination must be carried out: 16/07/2023			
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com							



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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-017			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NS05	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		6.5 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
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The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-018			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NS07	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					17 TONNES
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	Within an interval of 6 months?		
					Within an interval of 12 months?		
					In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
		Signature:					
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com							



AMONY GLOBAL INSPECTIONS LTD




RC: 924961

LIFTING GEARS SPECIALIST

REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the
Lifting Operations and Lifting Equipment Regulations 1998 SI No. 2307
The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-019			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NS08	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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 checked="" type="checkbox"/>				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 checked="" 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"/>			
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	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	NONE	<input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO <input checked="" type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
Signature:							
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com							



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RC: 924961

LIFTING GEARS SPECIALIST

REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the
Lifting Operations and Lifting Equipment Regulations 1998 SI No. 2307
The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-020			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
005	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		12 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungng.com							



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Lifting Operations and Lifting Equipment Regulations 1998 SI No. 2307
The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-021			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP/S/16	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		12 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-022			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
007	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		14 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-023			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
SDD 32	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		12 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com							



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REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the
Lifting Operations and Lifting Equipment Regulations 1998 SI No. 2307
The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-024			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP/S/002	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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 checked="" type="checkbox"/>				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 checked="" 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"/>			
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES		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		NONE <input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
Signature:							
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com							



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RC: 924961

LIFTING GEARS SPECIALIST

REPORT OF THOROUGH EXAMINATION

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Lifting Operations and Lifting Equipment Regulations 1998 SI No. 2307
The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-025			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP/S/010	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					17 TONNES
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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 checked="" type="checkbox"/>				Within an interval of 12 months?			
If the answer to the above question is YES has the equipment been installed correctly?				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"/>				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)							
NONE: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	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	NONE	<input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
		Signature:					
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungng.com							



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REPORT OF THOROUGH EXAMINATION

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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-026			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
DM 28	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		25 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
BLOCK 6, 3 RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com							



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The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-027			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP/S/029	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		17 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-028			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP-S-051	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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 checked="" type="checkbox"/>				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 checked="" 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"/>			
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES		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		NONE <input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
			Signature:				
BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com							



AMONY GLOBAL INSPECTIONS LTD




RC: 924961

LIFTING GEARS SPECIALIST

REPORT OF THOROUGH EXAMINATION

This report complies with the requirements of the
Lifting Operations and Lifting Equipment Regulations 1998 SI No. 2307
The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-029			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP-S-050	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		17 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-030			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP-S-047	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		17 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-031			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NNP/S/061	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE					
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
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 checked="" type="checkbox"/>				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 checked="" 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"/>			
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES		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		NONE <input checked="" type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: CHAMBERLAIN IHEANACHO			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
			Signature:				
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The Provision and use of Work Equipment Regulation 1998 SI No. 2306
The Supply of Machinery (Safety) Regulation 2008, SI No. 1597

Date of Thorough Examination: 17/01/2023		Date of Report: 17/01/2023		Report number: AGIL/NNP/CERT/LFT/23-032			
Name and Address of employer for whom the thorough examination was made: NESTOIL NIG PLC ABULOMA, PORT HARCOURT RIVER STATE.				Address of premises at which the examination was made: NESTOIL PH BASE RIGGERS STORE			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
NN29	1PC	SHACKLE OF SCREW PIN BOW SHACKLE ALLOY CROSBY TYPE		25 TONNES	NOT SIGHTED	07/2022	
STANDARD: BS EN 13889:2003		EQUIPMENT TYPE : CALLIPER & TAPE		COLOUR CODE: GREEN		TEST PROCEDURE : VISUAL	
Is this the first examination after installation or assembly at a new site or location?			YES	NO	Was the examination carried out:		
					Within an interval of 6 months?		
					Within an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?			YES	NO	In accordance with an examination scheme?		
					After the occurrence of exceptional circumstances?		
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: (ATHOROUGH VISUAL EXAMINATION WAS DONE ON THE EQUIPMENT NO CORROSION, HEAT DAMAGE, CUT, MECHANICAL DAMAGE, GOUGES OR ANY OTHER DEFECTS WERE NOTICED AT THE TIME OF INSPECTION.)							
Is the above an existing or imminent danger to persons *Note-This is a reportable defect					YES	NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)				YES	NONE		
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE							
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name & Qualifications of person making this report: CHAMBERLAIN IHEANACHO SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: CHAMBERLAIN IHEANACHO		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
Signature:							
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