



AMONY GLOBAL INSPECTIONS LTD




RC: 924961

LIFTING GEARS SPECIALIST

REPORT OF THOROUGH VISUAL 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/23-004			
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(RIGGERS STORE)			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
BLP 297754	1PC	WEBBING SLING OF POLYESTER 8M X 200MM DOUBLE PLY FLAT WOVEN WEBBING SLING C/W PES LEATHER EYE EACH END MFR: LIFTEX		18,000KG 0-45°	7/2018	25/07/2021	
STANDARD: BS EN 1492-1		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 checked="" type="radio"/> NO <input type="radio"/>				Within an interval of 6 months?			
				YES <input checked="" type="radio"/> NO <input type="radio"/>			
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="radio"/> NO <input type="radio"/>				YES <input type="radio"/> NO <input type="radio"/>			
				In accordance with an examination scheme?			
				YES <input checked="" type="radio"/> NO <input type="radio"/>			
				After the occurrence of exceptional circumstances?			
				YES <input type="radio"/> NO <input type="radio"/>			
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: (A THOROUGH VISUAL EXAMINATION WAS DONE ON EQUIPMENT, NO SURFACE CHAFFING, HEAT DAMAGE, COROSION, WEAR, GOUGES, 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="radio"/>
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="radio"/>
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="radio"/>
Name & Qualifications of person making this report: IHEANACHO CHAMBERLAIN SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,			Name of person authenticating this report: IHEANACHO CHAMBERLAIN			Latest date by which next thorough examination must be carried out:	
						16/07/2023	
<p align="center">BLOCK 6, 3RD AVENUE ELEKAHIA HOUSING ESTATE. PORT HARCOURT E-MAIL: amonyg@yahoo.com TEL: 08032881989, 08107580505 WEBSITE: www.amonygroungq.com</p>							



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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/23-005			
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(RIGGERS STORE)			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
BLP 300674-136	1PC	WEBBING SLING OF POLYESTER 8M X 200MM DOUBLE PLY FLAT WOVEN WEBBING SLING C/W PES LEATHER EYE EACH END MFR: LIFTEX		20 TONNES 0-45°	7/2018	25/07/2021	
STANDARD: BS EN 1492-1		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 checked="" type="radio"/> NO <input type="radio"/>				Within an interval of 6 months? YES <input checked="" type="radio"/> NO <input type="radio"/>			
If the answer to the above question is YES has the equipment been installed correctly?				Within an interval of 12 months? YES <input type="radio"/> NO <input type="radio"/>			
YES <input checked="" type="radio"/> NO <input type="radio"/>				In accordance with an examination scheme? YES <input checked="" type="radio"/> NO <input type="radio"/>			
				After the occurrence of exceptional circumstances? YES <input type="radio"/> NO <input type="radio"/>			
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: (A THOROUGH VISUAL EXAMINATION WAS DONE ON EQUIPMENT, NO SURFACE CHAFFING, HEAT DAMAGE, COROSION, WEAR, GOUGES, 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="radio"/>
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="radio"/>
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="radio"/>
Name & Qualifications of person making this report: IHEANACHO CHAMBERLAIN SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: IHEANACHO CHAMBERLAIN		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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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/22-006			
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(RIGGERS STORE)			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
BLP-300674-044	1PC	WEBBING SLING OF POLYESTER 8M X 200MM DOUBLE PLY FLAT WOVEN WEBBING SLING C/W PES LEATHER EYE EACH END MFR: LIFTEX		20 TONNES 0-45°	7/2018	25/07/2021	
STANDARD: BS EN 1492-1		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 checked="" type="radio"/>	NO <input type="radio"/>	Was the examination carried out:		
If the answer to the above question is YES has the equipment been installed correctly?			YES <input checked="" type="radio"/>	NO <input type="radio"/>	Within an interval of 6 months?		
					YES <input checked="" type="radio"/>		
					NO <input type="radio"/>		
					Within an interval of 12 months?		
					YES <input type="radio"/>		
					NO <input type="radio"/>		
					In accordance with an examination scheme?		
					YES <input checked="" type="radio"/>		
					NO <input type="radio"/>		
					After the occurrence of exceptional circumstances?		
					YES <input type="radio"/>		
					NO <input type="radio"/>		
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: (A THOROUGH VISUAL EXAMINATION WAS DONE ON EQUIPMENT, NO SURFACE CHAFFING, HEAT DAMAGE, COROSION, WEAR, GOUGES, 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="radio"/>
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="radio"/>	
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="radio"/>	NO <input type="radio"/>
Name & Qualifications of person making this report: IHEANACHO CHAMBERLAIN SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: IHEANACHO CHAMBERLAIN		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 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/22-007			
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(RIGGERS STORE)			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
16510	1PC	WEBBING SLING OF POLYESTER 8M X 60MM DOUBLE PLY FLAT WOVEN WEBBING SLING C/W PES LEATHER EYE EACH END MFR: LIFTEX		3 TONNES 0-45°	7/2018	25/07/2021	
STANDARD: BS EN 1492-1		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 checked="" type="radio"/> NO <input type="radio"/>				Within an interval of 6 months?			
				YES <input checked="" type="radio"/> NO <input type="radio"/>			
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="radio"/> NO <input type="radio"/>				YES <input type="radio"/> NO <input type="radio"/>			
				In accordance with an examination scheme?			
				YES <input checked="" type="radio"/> NO <input type="radio"/>			
				After the occurrence of exceptional circumstances?			
				YES <input type="radio"/> NO <input type="radio"/>			
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: (A THOROUGH VISUAL EXAMINATION WAS DONE ON EQUIPMENT, NO SURFACE CHAFFING, HEAT DAMAGE, COROSION, WEAR, GOUGES, 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="radio"/>
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="radio"/>
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="radio"/>
Name & Qualifications of person making this report: IHEANACHO CHAMBERLAIN SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: IHEANACHO CHAMBERLAIN		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/22-008			
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(RIGGERS STORE)			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
16513	1PC	WEBBING SLING OF POLYESTER 4M X 60MM DOUBLE PLY FLAT WOVEN WEBBING SLING C/W PES LEATHER EYE EACH END MFR: LIFTEX		3 TONNES 0-45°	7/2018	25/07/2021	
STANDARD: BS EN 1492-1		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 checked="" type="radio"/> NO <input type="radio"/>				Within an interval of 6 months?			
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="radio"/> NO <input type="radio"/>				In accordance with an examination scheme?			
				After the occurrence of exceptional circumstances?			
YES <input type="radio"/> NO <input type="radio"/>				YES <input type="radio"/> NO <input type="radio"/>			
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: (A THOROUGH VISUAL EXAMINATION WAS DONE ON EQUIPMENT, NO SURFACE CHAFFING, HEAT DAMAGE, COROSION, WEAR, GOUGES, 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="radio"/>
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="radio"/>
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="radio"/>
Name & Qualifications of person making this report: IHEANACHO CHAMBERLAIN SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: IHEANACHO CHAMBERLAIN		Latest date by which next thorough examination must be carried out:			
				16/07/2023			
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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/22-009			
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(RIGGERS STORE)			
Identification Number:	QTY	Description of the equipment:		Safe Working Load(s):	Date of manufacture if known:	Date of last thorough examination:	
16435	1PC	WEBBING SLING OF POLYESTER 8M X 60MM DOUBLE PLY FLAT WOVEN WEBBING SLING C/W PES LEATHER EYE EACH END MFR: LIFTEX		3 TONNES 0-45°	7/2018	25/07/2021	
STANDARD: BS EN 1492-1		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 checked="" type="radio"/>	NO <input type="radio"/>	Was the examination carried out:		
If the answer to the above question is YES has the equipment been installed correctly?			YES <input checked="" type="radio"/>	NO <input type="radio"/>	Within an interval of 6 months?		
					YES <input checked="" type="radio"/>		
					NO <input type="radio"/>		
					Within an interval of 12 months?		
					YES <input type="radio"/>		
					NO <input type="radio"/>		
					In accordance with an examination scheme?		
					YES <input checked="" type="radio"/>		
					NO <input type="radio"/>		
					After the occurrence of exceptional circumstances?		
					YES <input type="radio"/>		
					NO <input type="radio"/>		
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: (A THOROUGH VISUAL EXAMINATION WAS DONE ON EQUIPMENT, NO SURFACE CHAFFING, HEAT DAMAGE, COROSION, WEAR, GOUGES, 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="radio"/>
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="radio"/>
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="radio"/>	NO <input type="radio"/>
Name & Qualifications of person making this report: IHEANACHO CHAMBERLAIN SNT LEVEL II,UT, MPI,VT, DPI, LEEA I&II, FID,		Name of person authenticating this report: IHEANACHO CHAMBERLAIN		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

