

# IMIST

International Minimum Industry Safety Training

## CERTIFICATE OF COMPLETION

This is to certify that

**JEREMIAH JAMES OYUHO**

has successfully completed the OPITO approved  
**International Minimum Industry Safety**  
Reassessment and Refresher Programme

Vantage No. / Date of Birth

18/02/1985

Date of completion

25 January 2017

Certificate ID number

117153122501171339

Course ID Code

5312

Expiry date

25 January 2021

Signed



**GREG OSEMWENGIE**

Course Invigilator  
Marine Platforms Limited

OPITO IMIST delivered in  
partnership with Atlas



**Atlas**<sup>™</sup>

Knowledge to perform

[www.IMIST-online.com](http://www.IMIST-online.com)



# CERTIFICATE OF SEA SERVICE

I certify that the following is a full and true statement of the sea service performed by:- .....Mr. Jeremiah James  
.....

under my supervision on board the vessel:-.....MV Saint Patrick.....Official Number:-.....8421.....

Period of Service		Rank and Seniority on watch	Type of Main Engines (Single or Twin Screw)	Nature of Duties *** (See Below)
from	To			
ATTACHED	ATTACHED	AB	Schottel Navigator Engines SRP 200, 480 HP Each. Four Propulsion Units	IV


During the whole period stated above ..... Mr. Jeremiah James .....

- \*a) was granted no leave of absence.
- b) was granted ..... days leave of absence whilst still on articles.

Report as to ability: .... **Very Good** .....

Report as to conduct: ..... **Very Good** .....

Report as to sobriety: .... **Very Good** .....

Signature of Chief Engineer / Master..... 

Remarks:.....

\*\* Signature of: Engineering Superintendent.....

: Master or other Owners Representative.....

## Description of Duties

### Engineers

- \*\*\*I) On fitters work either by day or regular watch:
  - a) Within main machinery space.
  - b) Outside main machinery space.
- II) a) On machinery not essential to propulsion of vessel.  
b) On auxiliary engines separated from main propulsion units but worked in conjunction therewith.
- III) On regular watch on main engines as:
  - a) In full charge of entire watch.
  - b) as first assistant to senior in full charge.

### Deck

- IV) General Watch keeping
- Ship / Zodiac Handling
- Planned Maintenance
- Running crew
- Medical first aid
- safety Officer
- General Seamanship
- Chart Correction



## NOTES

- \* Delete as appropriate.
- \*\* Just one signature required.
- \*\*\* Enter I, II, III and IV, a or b as necessary in space above.



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I certify that the following is a full and true statement of the sea service performed by:- ..... Mr. Jeremiah James.....

onboard the vessel:-.....MV Saint Patrick.....Official Number:-.....8421.....

Joining Date	Leaving Date	Time Onboard Months: Days
08/01/10	05/02/10	28 Days
05/03/10	02/04/10	28 Days
30/04/10	28/05/10	28 Days
25/06/10	23/07/10	28 Days
20/08/10	17/09/10	28 Days
15/10/10	12/11/10	28 Days
10/12/10	07/01/11	28 Days
04/02/11	04/03/11	28 Days
01/04/11	29/04/11	28 Days
27/05/11	24/06/11	28 Days
22/07/11	19/08/11	28 Days
16/09/11	14/10/11	28 Days
13/07/13	10/08/13	28 Days
09/09/13	05/10/13	28 Days
02/11/13	30/11/13	28 Days
08/01/14	09/02/14	32 Days
09/03/14	23/03/14	14 Days
04/05/14	07/06/14	34 Days
09/07/14	02/08/14	25 Days

Signature of Master or other owners Representative. ....

SAINT PATRICK  
KINGSTOWN J8XW7  
OFFICIAL NO: 8421  
GRT 2577  
NET 773  
SHP 1860 KW 1388



## CERTIFICATE OF SEA SERVICE

This is to certify that Jeremiah Oyuhó had actually served onboard MV Polar Onyx, offshore construction vessel of Bergen, Norway with IMO Registry Number 9664706, 11803 gross tonnage from 11 February 2016 to 10 April 2016 as Able Seaman .

Issued this 10<sup>th</sup> day of April 2016 at Lagos, Nigeria..

Seal of vessel

  
Capt. Dag Hariede



Master , MV Polar Onyx

MV POLAR ONYX/LAQD7  
BERGEN, IMO 9664706  
Grt: 11803 Tn: 3541 kv: 16200



Marine Platforms Limited  
 18 Adeyemo Alakija  
 Victoria Island  
 Lagos, Nigeria

## Sea Service Testimonial

This is to certify that the following is a full and true statement of the sea service performed by Oyuh, Jeremiah James on M.V African Inspiration (O.N. 9692210.)

Start date	End Date	Days	Place embarked	Place disembarked
27.02.2015	21.04.2015	53	Lagos	Agbami Field
28.05.2015	30.06.2015	33	Agbami Field	Agbami Field
04.08.2015	08.09.2015	35	Agbami Field	Agbami Field
13.10.2015	16.11.2015	34	Onne	Agbami Field
22.12.2015	26.01.2016	35	Onne	Agbami Field
17.05.2016	21.06.2016	35	Agbami Field	Agbami Field
26.07.2016	30.08.2016	35	Agbami Field	Agbami Field
02.10.2016	15.11.2016	44	Onne	Agbami Field
25.11.2016	03.01.2017	39	Agbami Field	Onne
24.01.2017	28.02.2017	35	Agbami Field	Agbami Field

in the capacity of ABLE SEAMAN under my command. During this period the above-named crew member work for 12 hours out of every 24 hours whilst the vessel was at sea on ~~unlimited, limited, short-sea~~ voyages.

In addition he has regularly carried out duties in connection with the routine and maintenance of the ship.

During the periods of engagement the above-named crew member

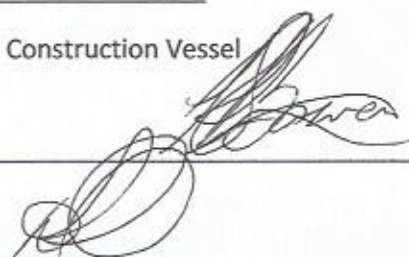
(a) Was granted no leave of absence

(b) ~~Was granted \_\_\_ days leave of absence whilst still on crew agreement which period(s) was/ were deducted from his total leave entitlement.~~

Report as to ability Very Good

Description of Vessel: Offshore Multirole Subsea Construction Vessel

Signature of Chief Officer



Signature of Vessel Captain

African Inspiration	
Port of Registry	Lagos
IMO Number	9692210
GT	9177
KW	11750

Ship Stamp



# FEDERAL REPUBLIC OF NIGERIA



018844

## AFRICAN MARITIME ADMINISTRATION AND SAFETY AGENCY SEAFARERS' MEDICAL CERTIFICATE

This certificate is issued by the Government of Federal Republic of Nigeria  
Under Regulation 1.2 Standard A1.2 of Maritime Labour Convention, 2006

Surname: OYUHO Other Names: JEREMIAH JAMES

Date of Birth: 18/2/1985 Discharge Book No: NIG. 036687

Sex  M  F Department: Deck  Engine  Radio  Catering  Others

Date of Medical Examination: 12/1/17 Date of expiry of this certificate: 12/1/19

I certify that I have examined the seafarer named above and have found him/her  
FIT/NOT FIT for seafaring duties subject to the remark(s) below:

Remark(s) CERTIFIED CLINICALLY FIT FOR SEAFARING

DR. IK. U? . ODO

Signature & Name of Approved Medical Officer



ORIGINAL



Official Stamp

**Falck Prime Atlantic**

Tel: +234-1-650 4050  
Fax: +234-1-462 8178  
www.falckprimeatlantic.com

OPITO Basic Offshore Safety Induction Emergency Training (BOSIET)

OPITO Approved - Course Code 5700

Held on: 06.07.2015 - 08.07.2015  
Valid until: 07.07.2019  
Certificate Number: 63265700080715910336

**Jeremiah J. Oyuhó**

**DPR OFFSHORE SAFETY PERMIT**

Department of Petroleum Resources

**JEREMIAH OYUHO**

0139427



NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

SEAFARERS' MEDICAL EXAMINATION

PHYSICIAN'S EXAMINATION REPORT FOR SEAFARERS  
UNDER REGULATION 1.2, STANDARD A1.2, OF MLC 2006

Name: Oyubho Isemial James Discharge Book No. \_\_\_\_\_  
(Surname first)

APPEARANCE

Satisfactory

GENERAL EXAMINATION

Weight: 73kg Height: 1.71m Gait:  Normal  Abnormal  
 Temperature: 37.2 Blood Pressure: 120/80 mmHg Pulse Rate: 72 bpm Pallor: not pale  
 Lymph Nodes:  Palpable  Impalpable If palpable, state region/location

SYSTEMIC EXAMINATION

	Normal	Abnormal
(1) Central Nervous System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Cardiovascular System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Respiratory System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Gastrointestinal System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Hernial Orifices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6) Endocrine System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Locomotor System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8) Orodental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(9) Skin (including Varicosities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(10) Ear, Nose & Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OTHER EXAMINATIONS

	Normal	Abnormal
(1) Speech (Voice Communication)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Hearing	RT <input checked="" type="checkbox"/>	LT <input checked="" type="checkbox"/>
	Audiometry <input type="checkbox"/>	<input type="checkbox"/>

(3) Eyesight

	RT	LT
Visual Acuity		
Without glasses	<u>6/4</u>	<u>6/6 NS</u>
With glasses	<u>6/-</u>	<u>6/-</u>
Colour vision	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

- (1) Blood group & Genotype: B<sup>+</sup> & AA  
 (2) Full blood count: WBC: 4.7 x 10<sup>9</sup> Hb: 12.5 g/dl  
 (3) VDRL:  Negative  Positive  
 (4) HIV:  Negative  Positive  
 (5) Hepatitis B Antigen:  Negative  Positive  
 (6) Widal (for Catering Dept.): \_\_\_\_\_  
 (7) Urinalysis: Clean Amb - 6.0  
 (8) Chest X-Ray with Report:  Normal  Abnormal  
 (9) Electrocardiogram:  Normal  Abnormal

Dr. Norman P.

Physician's Name

Meridian Hospitals, PH

Physician's Address/Telephone No.

