



# MISCELLANEOUS SURVEY REPORT

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<b>SURVEY OF:</b>		
<b>FOUR (4) GATE VALVES &amp; TWO (2) BALL VALVES</b>		
Report No.: OS 1049136	Date: 02-SEP-2008	Port: Oslo, Norway
Vessel's Name: -	Class No./VID/CID: -	
Manufacturer: SKIPPER ELECTRONICS AS, OSLO, NORWAY	Mfg.No.: 049608	
Purchaser/Builder/S.Y.: FOR STOCK	PO No./Hull No.:	
Location: NORWAY	Rating (WP/HP/KW): -	
Serial Number: SEE BELOW	Weight: -	Test Pressure: -
Material Test Report No. or Mill Sheets Verified: REVIEWED AND FOUND SATISFACTORY	Service Use: BOTTOM VALVE	
Drawing No. and Date Approved or for Multiple Drawing, Plan Approval Office: N/A		ABS Markings A*B OS #

**THIS IS TO CERTIFY** that the undersigned Surveyor to this Bureau attended for the above survey and reports as follows:

**Four (4) Bronze Gate Valves with intermediate element tested at ambient temperature:**

Type : SB-100-SA  
Working Pressure : 4 Bar  
Test Pressure: : 6 Bar  
Serial No.: 08383/4/5/6

**Two (2) Ball Valves with intermediate element tested at ambient temperature:**

Type : SB-100-SB  
Working Pressure : 4 Bar  
Test Pressure: : 6 Bar  
Serial No.: 08387/8

The valves were visually examined, operation and pressure tested with results considered satisfactory.

  
Asbjørn Hilland, Surveyor, American Bureau of Shipping

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Surveyor, American Bureau of Shipping

(If additional space is required, use other side of this form)

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Details of Survey (continued)

-Empty-



Surveyor, American Bureau of Shipping

Surveyor, American Bureau of Shipping

	YES	NO	N/A
1. <i>Manufacture or finishing carried out according to:</i>			
a) approved plans and to section _____ of the ABS Rules for	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) <u>Manufacturer</u> specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Testing carried out as required by Rules/Specifications and as reported herein	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Welding plans, procedures & welder qualifications have been reviewed as required by Rule/Specifications and as reported herein	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Nondestructive Examination was carried out as required by Rules/Specifications and as reported herein	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Calibration of testing/measuring equipment confirmed, with records maintained at facility or located <u>at works</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Components stamped with report number and ABS markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b><i>Subject to satisfactory installation, testing and trials after installation onboard the vessel.</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## AB 113 Distribution

Purchaser 2  
 ABS Office @ Destination 1  
 ABS Houston CDC 1  
 Local 1  
 Other \_\_\_\_\_

REVIEWED By:   September, 2008 Oslo, Norway

Signature

Date

Port