



SURVEY OF:		
FIVE ECHO SOUNDER TRANSDUCER TANKS		
Report No.: OS 962830 D	Date: 3 March 2008	Port: Oslo, Norway
Vessel's Name:		Class No:
Manufacturer: Skipper Electronics AS, Oslo, Norway		Mfg.No.: 013408
Purchaser/Builder/S.Y.: For stock		PO No./Hull No.: -
Location: -		Rating (WP): -
Serial Number: -	Weight: -	Test Pressure: -
Material Test Report No. or Mill Sheets Verified: Verified		Service Use: Echo sounder
Drawing No. and Date Approved or for Multiple Drawing, Plan Approval Office: Drawing No. 1708 - London 16 March 1998		ABS Markings OS# A*B

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

Five (5) Echo Sounder Transducer Tanks

The tanks were examined in finished condition and found to be in accordance with approved drawing.

Material certificates and welding procedures verified.


A. N. Bech Surveyor, American Bureau of Shipping

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 <u>3/2</u> of the ABS Rules for Steel Vessels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) <u>Manufacturer's</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Welding plans, procedures & welder qualifications have been reviewed as required by Rule/Specifications and as reported herein	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Components stamped with report number and ABS markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Subject to satisfactory installation, testing and trials after installation onboard the vessel.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AB 113 Distribution

Purchaser Skipper Electronics	2
ABS Office @	0
ABS Houston CDC	1
Local	1
Other	—

REVIEWED By: 

Signature

March 2008

Date

Oslo, Norway

Port