



MISCELLANEOUS SURVEY REPORT

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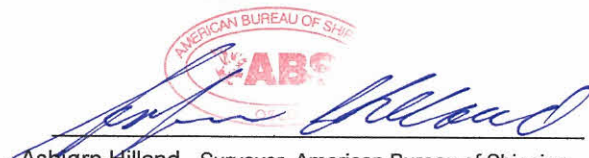
| | | |
|--|------------------------------|-----------------------------|
| SURVEY OF: | | |
| NINE (9) GATE VALVE | | |
| Report No.: OS 1004928 | Date: 30-MAY-2008 | Port: Oslo, Norway |
| Vessel's Name: - | Class No./VID/CID: - | |
| Manufacturer: SKIPPER ELECTRONICS AS, OSLO, NORWAY | Mfg.No.: 028108 | |
| Purchaser/Builder/S.Y.: FOR STOCK | PO No./Hull No.: | |
| Location: NORWAY | Rating (WP/HP/KW): - | |
| Serial Number: 08257 - 08265 | 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 # |

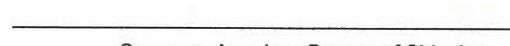
THIS IS TO CERTIFY that the undersigned Surveyor to this Bureau attended for the above survey and reports as follows:

Nine (9) Bronze Gate Valve with intermediate element tested at ambient temperature:

Type: : SB-100-SB
Working Pressure : 4 Bar
Test Pressure: : 6 Bar

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


Asbjørn Hilland, Surveyor, American Bureau of Shipping


Surveyor, American Bureau of Shipping

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

NOTE: This Report evidences compliance with one or more of the Rules, guides, standards or other criteria of American Bureau of Shipping and is issued solely for the use of the Bureau, its committees, its clients or other authorized entities. This Report is a representation only that the vessel, structure, item of material, equipment, machinery or any other item covered by this Report has met one or more of the Rules, guides, standards or other criteria of American Bureau of Shipping as of the date of issue. Parties are advised to review the Rules for the scope and conditions of classification and to review the survey records for a fuller description of any restrictions or limitations on the vessel's service or surveys. The validity, applicability and interpretation of this Report is governed by the Rules and standards of American Bureau of Shipping who shall remain the sole judge thereof. Nothing contained in this Report or in any notation made in contemplation of this Report shall be deemed to relieve any designer, builder, owner, manufacturer, seller, supplier, repairer, operator or other entity of any warranty express or implied.

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Details of Survey (continued)

-Empty-

Surveyor, American Bureau of Shipping

Surveyor, American Bureau of Shipping

| | YES | NO | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. Manufacture or finishing carried out according to: | | | |
| 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. Subject to satisfactory installation, testing and trials after installation onboard the vessel. | <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: _____

Signature

May, 2008

Date

Oslo, Norway

Port