
**ABS****MISCELLANEOUS SURVEY REPORT**
(Conditional)

SURVEY OF:		
TRANSDUCER TANKS		
Report No.: OS 607746 B	Date: 13-MAY-05	Port: OSLO, NORWAY
Vessel's Name:		ABSID/VID/CID:
Manufacturer: SKIPPER ELECTRONICS AS, NORWAY		Mfg.No.: -
Purchaser/Builder/S.Y.: FOR STOCK.		PO No./Hull No.:
Location:		Rating (WP/HP/KW):
Serial Number: N/A	Weight:	Test Pressure:
Material Test Report No.:		Service Use: BOTTOM FITTING FOR TRANSDUCERS
Drawing No.		Date Approved: PENDING RENEWAL OF TYPE APPROVAL
<p>The ABS Rules require compliance to the Rules and/or other applicable specifications before any Material, Component, Product or System may be certified. <u>This item does not conform to</u> the following applicable Rules and/or specifications and the non-conformance must be corrected, as noted, and to the satisfaction of a Surveyor to this Bureau before this item may be certified for use on a Vessel, MODU or Facility intended for or classed with the American Bureau of Shipping:</p> <p>APPROVAL OF DOCUMENTATION BY AN ABS TECHNICAL OFFICE</p> <p style="text-align: center;"></p>		
<p>The undersigned Surveyor to this Bureau attended on 13th May 2005 for the survey and further reports as follows:</p> <p><u>Ten (10) pieces of welded circular tanks.</u></p> <p>The tanks were manufactured according approval certificate number 98-OS-6658-X which is expired and is pending renewal.</p> <p>The above components were visually examined in finished condition. The tanks had been tested by DNV with marking NV OSL 05 -6116 and accepted subject to document approval by ABS, installation onboard and testing to the satisfaction of the attending Surveyor.</p>		

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, equipment, structure, item of material, 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 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 report issued 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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	YES	NO	N/A
1. Manufacture or finishing carried out according to:			
a) Approved plans and to the Rules	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Other specifications were	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Testing carried out as required by Rules and/or specifications and as reported herein	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Calibration of testing/measuring equipment confirmed, with records maintained at facility or located at _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The item was identified by _____			

AB 113 C Distribution: Send minimum of one copy to advise all that can be affected by the non-conformance.

OEM	Purchaser	2- KONGSBERG MARITIME
Sub-Contractor	Administration	
ABS NC Office @	ABS Port Office @	
Project Manager @	ABS Houston CDC	1
Local ABS Office	1 OSLO	Other
		1-SED LONDON

Asbjørn Hilland, American Bureau of Shipping

Surveyor, American Bureau of Shipping

REVIEWED By:

Signature

Date

Port

Corrective Action (This is intended to be hand written and attached to the final AB 113):

Items # _____

Above were examined by the undersigned and the non-conformance is considered to be corrected.

Date: _____, as reported in AB 113 Report Number _____

Corrective Action by (print name and sign): _____
Surveyor, American Bureau of Shipping

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