



# MISCELLANEOUS SURVEY REPORT

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<b>SURVEY OF:</b>		
<b>GATE VALVES</b>		
Report No.: OS688807	Date: 7-Mar-2006	Port: Oslo, Norway
Vessel's Name: -	Class No./VID/CID: -	
Manufacturer: Skipper Electronics A/S - Oslo, Norway	Mfg.No.: - Stock items -	
Purchaser/Builder/S.Y.: -	PO No./Hull No.: -	
Location: -	Rating (WP/HP/KW): N/A	
Serial Number: N/A	Weight: N/A	Test Pressure: 1.5 x WP
Material Test Report No.: Reviewed and found acceptable	Service Use: Valve for sensor	
Drawing No. N/A	Date Approved:	ABS Markings A&B OS688807 Charge no.

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

## **TWELVE (12) GATE VALVES**

Type: ETNSLJB 100  
Diameter Ø = 100mm  
Valve element with intermediate double flange  
Material: RG 5 / DS 5204  
Cast no. 2627 for all valves and flanges

Above valves with intermediate flanges were visually inspected and found acceptable. The valves with flanges mounted were hydrostatically tested at 6 bars and found tight. After testing no damage was found to valves or flanges.

The valves with flanges were accepted, subject to final installation and testing onboard the vessel to the satisfaction of the attending surveyor.

  
R. Monster 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 -

R. Monster 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 the Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 _____	<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"/>

## AB 113 Distribution

Client Skipper Electronics	2
ABS Office @ Unknown	1
ABS Houston CDC	1
Local	1
Other	_____

REVIEWED By:

Signature

March, 2006

Date

Oslo, Norway

Port

AB 113

Revision 8