



Work Order: 4380011
 Last Visit Date: XX-XXX-2020
 Vendor PO Number: XXXX
 Survey Location: Corpus Christi

Equipment Certification Report

Asset Type Personnel Safety Equipment
Customer Name BILLY PUGH CO., INC.
WCN of Customer 485252
Location Corpus Christi

This is to certify that the undersigned Surveyors to this Bureau did at the request of BILLY PUGH CO., INC., from to XX-XXX-2020, carry out the following Survey and report as follows:

Client Asset Name **Quantity**
 X-904-4 Transfer Basket 1

Name Plate Data

ABS Label	Manufacturer	Purchaser	Designer	Destination Vessel
X-904-4 Transfer Basket	BILLY PUGH CO., INC.	XXXXXXXXXXXXXXXX	BILLY PUGH CO., INC.	-

Basic Identification Data

Serial Number	Model Number	Owner Tag Number
904-XXXX-20	X-904-4	-

Design Details

Design state	Drawing Number	Reviewing Organization
Type Approved	20-1988124-PDA	Houston OED - Equipment

Statement of Work - Classification Service - Certification -

- All parts of the machinery/equipment satisfactorily complied with the approved drawings. Amendments, if any, verified to be rectified and considered satisfactory.
- Asbestos-free declaration verified and supporting documentation reviewed.
- The principal data has been verified in accordance with the applicable Rules/specifications and applicable approved plans, and confirmed to be within acceptable tolerances.
- All testing (pressure/load/operational/etc.) has been carried out as applicable and verified in accordance with the applicable Rules/specifications.
- Testing machines are maintained in a satisfactory condition and records of their recheck or calibration dates confirmed.
- Traceability of materials used on this project has been verified.
- Welding plans, procedures & welder qualifications have been reviewed as required by Rule/Specifications.

Report Findings

Statement/Observation

Finding No	Asset	Survey Task	Date Created
336.0	X-904-4Transfer Basket	Certification - X-904-4 Transfer Basket	XX-XXX-2020



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Found

At the request of Billy Pugh Co. Inc, WCN 485252, ABS did review the manufacturing documentation for the subject serial numbers. This unit is considered to be a unit certified transfer device based on manufacturing documentation provided. The assembled units as indicated herein were tested in facility by static load testing to 125% rated load.

Closing Paragraph:

The component/equipment was surveyed in accordance with the Rules, specifications, and approved drawings, as applicable, and is eligible for installation on board an ABS classed vessel subject to satisfactory installation and testing, as necessary.

Attending Surveyor(s):

XXXXX XXXX

EXAMPLE