

CERTIFICATE OF TEST AND THOROUGH EXAMINATION OF LIFTING APPLIANCES

Name of Ship

Certificate No.

Official Number

Call sign

Port of Registry

Name of Owner

(1) Situation and description of lifting application (with distinguishing numbers or marks, if any) which have been tested and thoroughly examined

(2) Angle to the horizontal or radius at which test load applied

(3) Test load (tonnes)

(4) Safe working load (SWL) at angle or radius shown in column (2) (tonnes)

Name and address of the firm or competent person who witnessed testing and carried out thorough examination

.....
.....
.....

I certify that on the date to which I have appended my signature, the gear shown in column (1) was tested and thoroughly examined and no defects or permanent deformation were found; and that the safe working load is as shown.

Date:

Signature:

Place:

Note: This certificate is the standard international form as recommended by the International Labour Office in accordance with ILO Convention No. 152.

