



FROM	SIS Dpt.	<input type="checkbox"/>	First Entry Case:	<input type="checkbox"/>
	OFFSHORE VESSELS DIVISION	<input type="checkbox"/>	Existing Vessel:	<input type="checkbox"/>
To:	Doc. Dpt.	SAS Dpt. ATTENTION :		

NAME OF VESSEL		INSB No.	
IMO No.		Flag	
TYPE OF VESSEL		GT	
Ref. of Instructions		Dated	
Additional Ref. of Instr.		Dated	
Surveys carried out by:		Dated	

As per SR Form and Certificates submitted to this Department, the here below mentioned surveys have been carried out. They can be provisionally credited, pending review of the survey reports by Head Office. INSB Class MIS (Management Information System) has been updated accordingly.

CLASS SURVEYS		STATUTORY SURVEYS	
Special Survey Hull Survey	<input type="checkbox"/>	Load Line Renewal Survey	<input type="checkbox"/>
Special Survey Machinery Survey	<input type="checkbox"/>	Load Line Annual Survey	<input type="checkbox"/>
Intermediate Survey Class Survey	<input type="checkbox"/>	S. Construction Renewal Survey	<input type="checkbox"/>
Annual Survey Class Survey	<input type="checkbox"/>	S. Construction Intermediate Survey	<input type="checkbox"/>
Dry Dock Survey	<input type="checkbox"/>	S. Construction Annual Survey	<input type="checkbox"/>
Tailshaft Complete Survey	<input type="checkbox"/>	S. Equipment Renewal Survey	<input type="checkbox"/>
Tailshaft Modified Survey	<input type="checkbox"/>	S. Equipment Periodical Survey	<input type="checkbox"/>
Tailshaft Partial Survey	<input type="checkbox"/>	S. Equipment Annual Survey	<input type="checkbox"/>
	<input type="checkbox"/>	S. Radio Periodical Survey	<input type="checkbox"/>
	<input type="checkbox"/>	S. Radio Annual Survey	<input type="checkbox"/>
	<input type="checkbox"/>	I.O.P.P. Renewal Survey	<input type="checkbox"/>
	<input type="checkbox"/>	I.O.P.P. Intermediate Survey	<input type="checkbox"/>
	<input type="checkbox"/>	I.O.P.P. Annual Survey	<input type="checkbox"/>
	<input type="checkbox"/>	I.A.P.P. Renewal Survey	<input type="checkbox"/>
	<input type="checkbox"/>	I.A.P.P. Intermediate Survey	<input type="checkbox"/>
	<input type="checkbox"/>	I.A.P.P. Annual Survey	<input type="checkbox"/>
	<input type="checkbox"/>	Sewage Renewal Survey	<input type="checkbox"/>
	<input type="checkbox"/>	Anti-Fouling Survey	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Recommendations posed by the acting Surveyor:

Please proceed to the assignment of INSB Class number and to the opening of a new file for the subject vessel. Attached please find herewith the following: i. Copies of issued certificates, ii. Copy of Certificate of Registry, iii. Documents as extracted from pending files.	Opening File:
	Yes <input type="checkbox"/>
	N/A <input type="checkbox"/>

SIS Dpt. OR Offshore vessels Division Department	
Date:	Name / Signature