

Report Ref. No.	
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**1. General Information**

Vessel or Plant name:	
Company:	
Contact name:	
Address:	
Tel:	
Fax:	
Email:	

Service company:	
Person preparing this report:	
Address:	
Tel:	
Fax:	
E-mail:	
Reason for visit / inspection (background):	
Date:	

Engine Maker:	
Engine Type:	
Engine Year:	
OMD Type/Model:	

**2. Meeting Participants**

	Name:	Position:	E-mail:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

3. Engine Checklist

Engine #			
OMD installed in the middle of the engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Complete Service Box	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Oil Mist Generator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Suction pipes are correctly installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Suction pipes:	Hoses w/ correct length	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
	Excessive oil found	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
	Condensed water found	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Open control cover and check inside:	Excessive oil found	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
	Condensed water found	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Measuring Head in good conditions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Upper Suspension OK:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Lower Suspension OK:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Long cup sampling funnles installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Measuring Head Heating Element installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Fresh air Filters OK:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Drive Air Scavenging Set installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Exhaust Vent line:	Back Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
	Correct Angle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Scavenging air system:	Below/hose OK:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
	Air Flow OK:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Ready Led OK:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Reset Button OK:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Valve box working properly (if present)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
Condition of cables and plugs OK	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note:
<b>Comments:</b>			

4. Suggested Tools & Spare Parts

Qty	Part Name	Part No	Qty	Part Name	Part No