|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of vessel: | |  | | | | | |
| Hatch No:……………of…………… (from forward) | | | | | | Date: | |
| Hatch Type: | | | | | | | |
| Ultrasonic equipment type: Transmitter:  Date equipment last calibrated: | | | | | | | Receiver: |
| 1. | INITIAL MEASUREMENTS WITH OPEN HATCH (*Minimum preferred OHV is 40db)*  Open hatch value, OHV  (to be uniform over the tested area)……………………dB 10% of OHV …………………….dB | | | | | | |
| 2. | FAIL/PASS CRITERION | | In accordance with the pass / fail criteria generally adopted by IACS: If the db reading is more than 10% of OHV the hatch cover is not considered weather tight and corrective action needs to be taken. | | | | |
| 3. | MEASUREMENTS WITH CLOSED HATCH WHERE READING 10% OHV | | | | | | |
|  | Position:  .......................................................  ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | | | db Reading  ...............................................................  .....................  ..........................................  ................................................................................... | Remarks  ........................................................................................................................................................................................................................................................................................................................................................................................................................................................  ....................................................................................................................................................................................................................................................................................................................................................................................................................................................... | | |
| 4. | REMARKS  …………………………………………………………………………………………………………….....................…………………………………………………...………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....…............…………………………………………………………………………………………..………………………................………………………………………………………………………………..…………………………………………………………………………………………………………....…………………...………………........................................................................................................................................................................... | | | | | | |

Surveyor to insert positions of cross-joints etc. Indicate areas where leakage (10% OHV) by X

SHIP ………………………………………………………. HATCH NUMBER …………………………..

FWD

|  |  |  |
| --- | --- | --- |
| P  O  R  T |  | STBD  S  T  B  D |

AFT

|  |  |
| --- | --- |
| Signature of Master: | Name and signature of Surveyor: |
| For receipt only ……………………………….............…… | ……………………………………………………… |
| Date: | Place: |