RECORD OF TESTING/ INSPECTION OF LIFTING GEAR

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| **Vessel:** |  | **Date:** |  |

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| **No.** | **Type of Lifting Gear** | **SWL (Tons)** | **Test Load** | **Test Date** | **Result** |
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| **Rank/Name:** |  |  | **Master:** |  |
| **Signature:** |  |  | **Signature:** |  |