RECORD OF TESTING/CALIBRATION OF EQUIPMENTS

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| **Vessel:** |  | **Equipment Type:** |  |
| **Maker:** |  | **Model:** |  |
| **Certificate No. :** |  |  |  |

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| **Date** | **Method used for Testing/Calibrating** | **Officer In Charge** | **Signature** |
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| Remarks (If Any): |
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