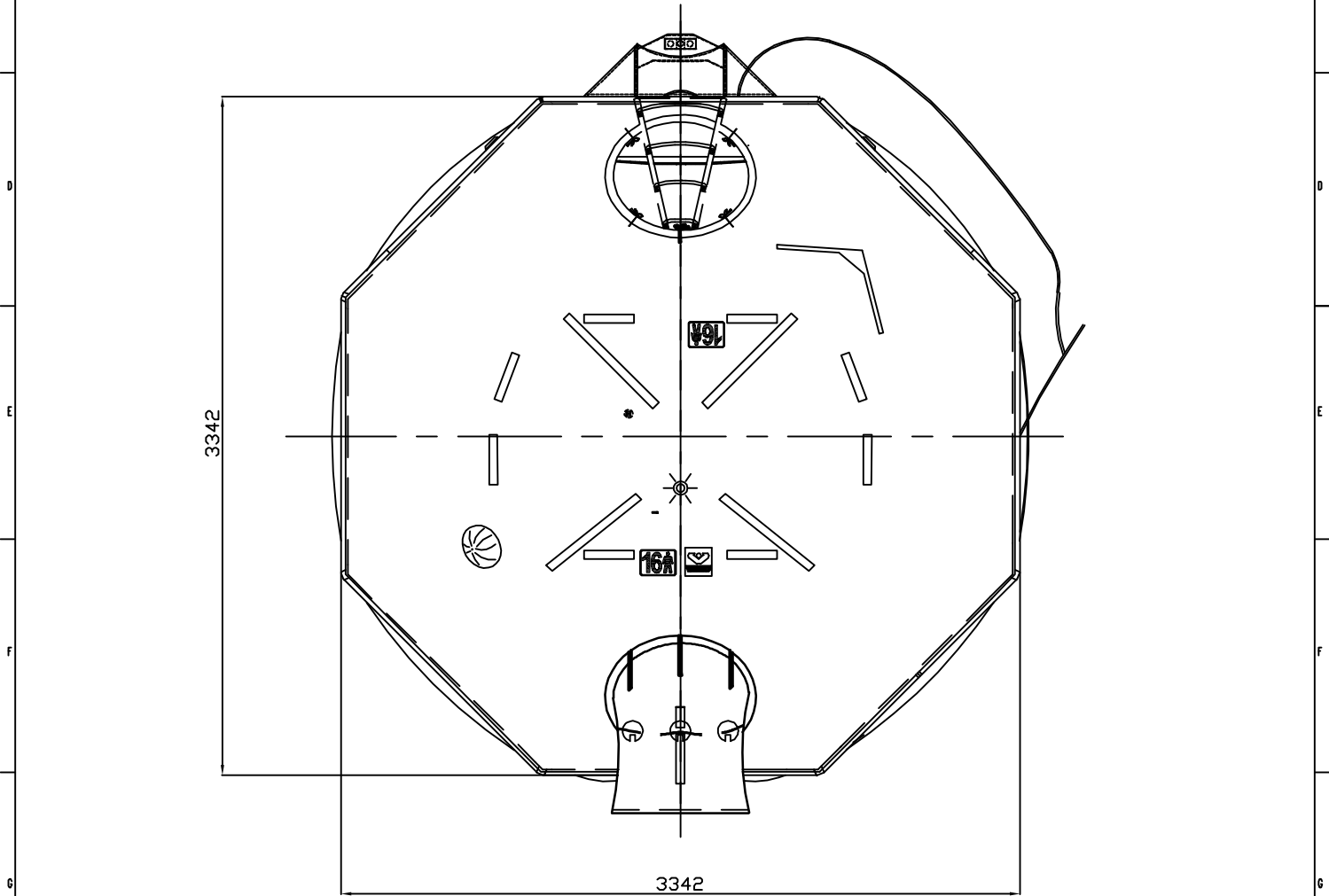
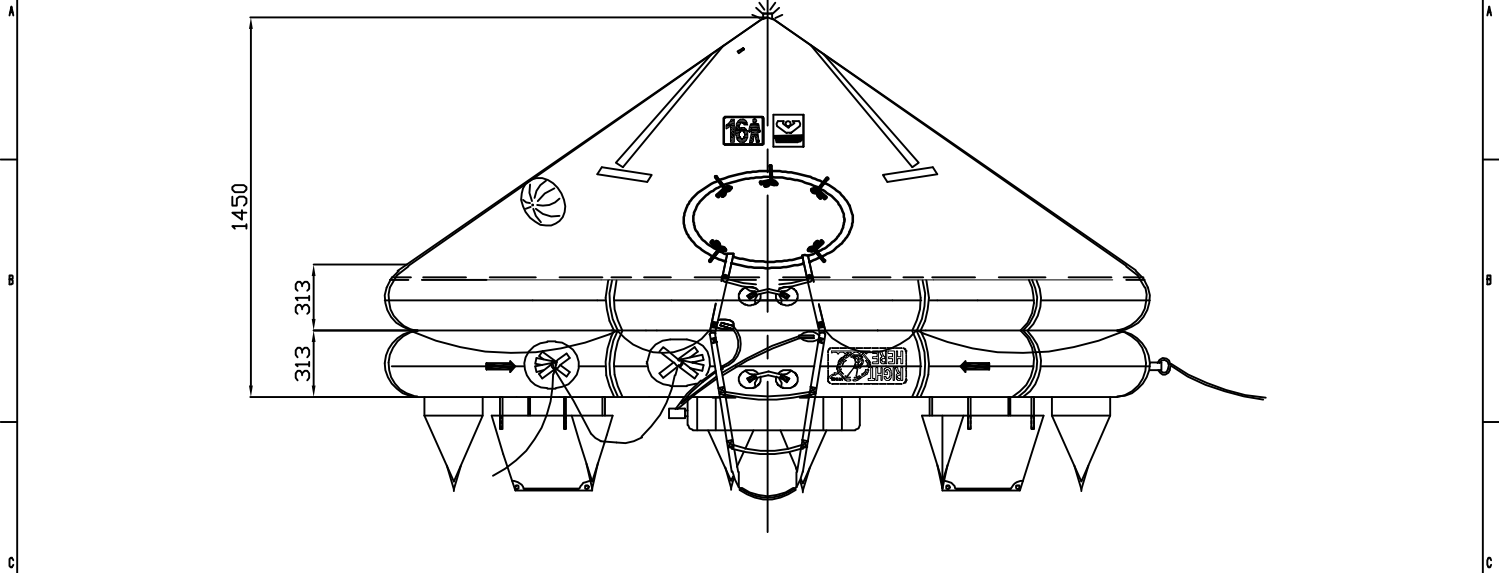


1 2 3 4 5 6



Description of change

POS:	Qty.	Description	Material No:
<p><small>If the product is requested to be manufactured differently, this MUST be approved by VIKING LIFE-SAVING EQUIPMENT A/S and a specification of change must be filled in if the alteration is approved. Unless otherwise specified the product must always be clearly identified with Viking part no., manufacturer ID and manufacturing year.</small></p>			
REVISION NO:	REVISION DESCRIPTION:	REVISION DATED:	APPROVAL INITIALS:
00			
GENERAL NO:	ESKID:	UNIT:	CHECK DATE/INITIALS:
		(MTR)	
BASIC MATERIAL:	SURFACE TREATMENT:	SHEET:	SHEET NO:
		A3	1:16
<p>VIKING LIFE-SAVING EQUIPMENT A/S Building Ringvej 13, DK-6710 Esbjerg V Tel.: +45 7811 8100 Fax.: +45 7811 8101 E-mail: viking@viking-9a.com Web: www.viking-9a.com</p>		<p>PROJECTION TYPE: FIRST ANGLE PROJECTION GENERAL TOLERANCE: —</p>	<p>DATE/INITIALS: 08.05.2020/CLO</p>
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1 2 3 4 5 6