



Merchant Shipping Directorate

Transport Malta

RADIO INSTALLATION INSPECTION REPORT FORM (NON-SOLAS)

Name of Vessel _____ Call Sign _____
 Type of Vessel _____ Gross Tonnage _____
 MMSI _____
 Owners _____ File N° _____
 Address _____

 Reasons for Inspection _____

Details of Equipment

<i>Equipment</i>	<i>Make & Type</i>	<i>Serial N°</i>	<i>Power</i>	<i>Marking (CE / Wheelmark)</i>	<i>Emission</i>	<i>No of Chan/Freq</i>	<i>Working Condition</i>

Type of Antenna fitted _____ Condition _____
 Source of Energy Used _____ Condition _____

Radionavigation Equipment and Life Saving Radio Equipment

<i>Equipment</i>	<i>Make & Type</i>	<i>Serial N°</i>	<i>Frequency</i>	<i>Marking (CE / Wheelmark)</i>	<i>Working Condition</i>

Battery expiry dates (when Applicable) _____

Other Equipment

<i>Equipment</i>	<i>Make & Type</i>	<i>Serial N°</i>	<i>Marking (CE / Wheelmark)</i>	<i>Working Condition</i>

Remarks _____

The undersigned has inspected the radio installation on board _____ and declares that it complies with the above.

Date _____ Signature _____