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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 marked with Viking part no., manufacturer ID and manufacturing year.</small></p>			
REVISION NO:	REVISION DESCRIPTION:	REVISION DATE:	APPROVAL INITIALS:
00			
EXTERNAL NO:	STATUS:	UNITS (MTR)	CHECK DATE/INITIALS:
BASIC MATERIAL:	SURFACE TREATMENT:	SHEET SIZE:	SHEET NO:
		A3	1:20
<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>
<p>VIKING LIFE-SAVING EQUIPMENT A/S                  TYPE 25 DK+ ICELANDIC</p>			<p>DRAWING NO.:                  42005780.000.00</p>
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