



Description of change

POS.	Qty.	Description	Material No.
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 filed in if the alteration is approved. Unless otherwise specified the product must always be clearly labeled with VIKING part No., manufacturer ID and manufacturing year.			
REVISION NO.	REVISION DESCRIPTION	REVISION DATE	APPROVAL INITIALS
00	---	---	---
MATERIAL NO.	---	UNIT	CHECK DATE/INITIALS
---	---	m/m	---
BASIC MATERIAL	SURFACE TREATMENT	SHEET SIZE	SCALE
---	---	A3	1:16
		SHEET NO.	DRAWN DATE/INITIALS
		---	22.10.14 CLO
VIKING LIFE-SAVING EQUIPMENT A/S Building Ringvej 13, DK-8710 Esbjerg V Tel: +45 7811 8100 Fax: +45 7811 8101 E-mail: viking@viking-ls.com Web: www.viking-ls.com		PROJECTION TYPE: FIRST ANGLE PROJECTION GENERAL TOLERANCE: ---	DESCRIPTION: VIKING LIFE RAFT TYPE 16 DKF+ EXTRA WIDE OPENING
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