CERTIFICATION SHEET

UMBILICAL INSPECTION & TESTING

DATE OF INSPECTION	COMPANY/ORGANIZATION	DATE OF MANUFACTURE (if applicable)	SERIAL NUMBER	LENGTH

MANUFACTURE	TYPE
○ UMBILICALS UNTERNATIONAL	○ I.E.
○ CORTLAND	○ TWISTED
○ GATES	○ SYNTHETIC
○ OTHER	○ OTHER

DIVERS COMM INTERFACE	TOPSIDE COMM INTERFACE	UMBILICAL FITTING	PNEUMO FITTING
○ 4 PIN WATER PROOF CON	○ 4 PIN WATER PROOF CON	○ O2 ○ -6AN Topside End	○ O2 ○ -4AN Topside End
○ BARE WIRE POST	○ BANANA PLUGS	○ O2 ○ -6AN Divers End	○ Divers End
○ OTHER	○ OTHER	○ OTHER:	○ OTHER:

HOSE WORKING PRESSURE	UMBILICAL PRESSURE TEST	PNEUMO HOSE PRESSURE TEST	FLOW TEST
PRESSURE _____ (psig)	PRESSURE _____ (psig)	PRESSURE _____ (psig)	DYNAMIC LP PRESSURE USED _____(psig)
N/A	TIME _____ (min)	TIME _____ (min)	FLOW _____ (slpm) ROOM TEMP_____°

CONDITION OF UMBILICALS / HARDWARE	GOOD	FAIR	POOR	REMARKS
UMBILLICAL FITTING DIVERS END	○	○	○	
UMBILLICAL FITTING MAIN GAS TOPSIDE	○	○	○	
TOPSIDE PNEUMO FITTING	○	○	○	
DIVERS MAIN GAS HOSE	○	○	○	
PNEUMO HOSE	○	○	○	
COMM WIRE	○	○	○	
STRENGH MEMBER	○	○	○	
DIVERS SNAP SHACKLE / D-RING	○	○	○	
LACING / RIGGING	○	○	○	
TOPSIDE TIE DOWN HARDWARE / D-RING	○	○	○	
OTHER HARDWARE ATTACHMENTS (see remarks)	○	○	○	

EXTRA REMARKS: (if any)

Print Name	Signature	Date