

1

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A

B

C

D

E

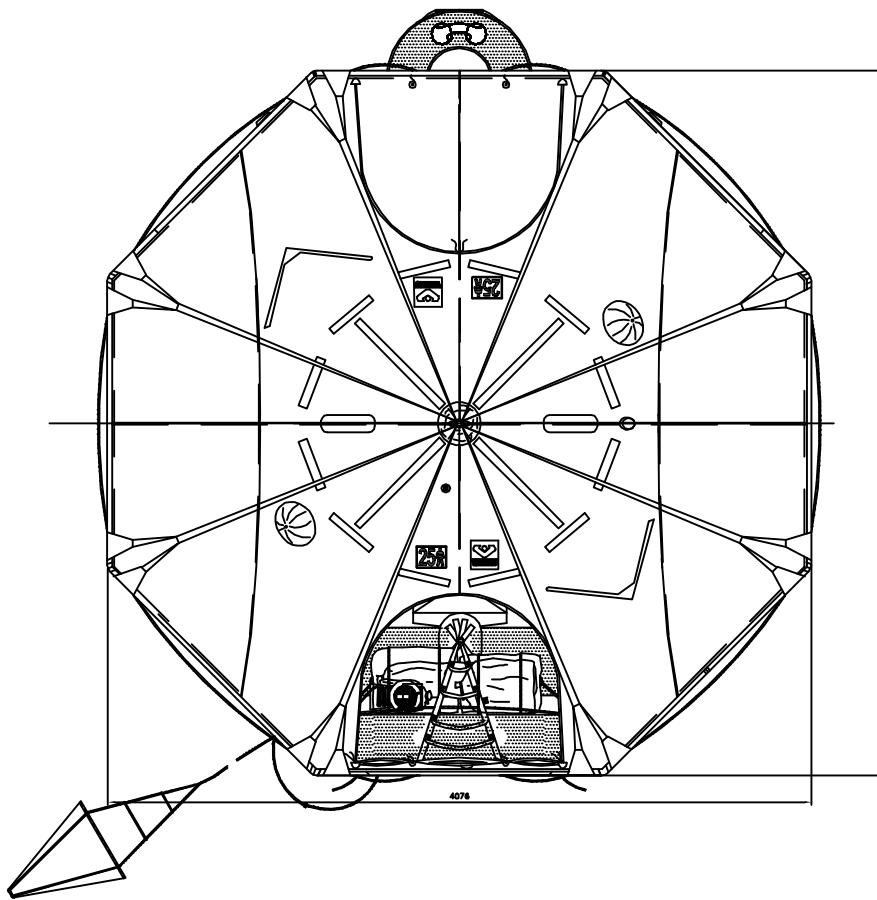
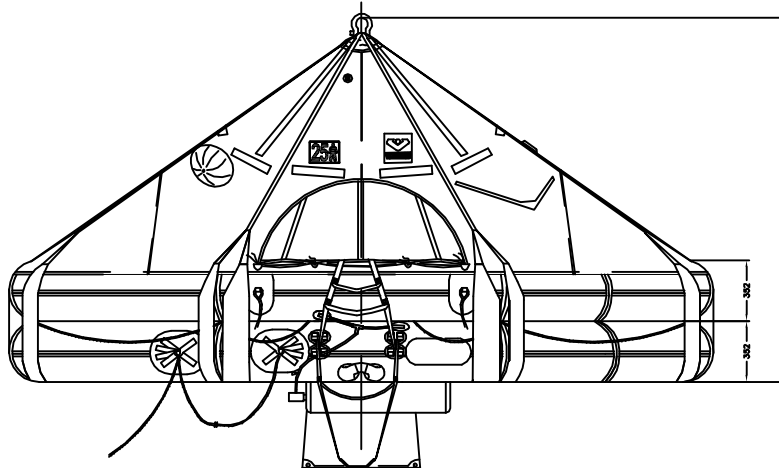
A

B

C

D

E



Description of change

POS:	Qty.	Description	Material No:
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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 labelled with Viking part no., manufacturer ID and manufacturing year.

REVISION NO: 00	REVISION DESCRIPTION: -	REVISION DATE: -	APPROVAL INITIALS: -
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MATERIAL NO: 1058509	STATUS: -	UNITS: mm	CHECK DATE/INITIALS: -
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BASIC MATERIAL: -	SURFACE TREATMENT: NA	SHEETSIZE: A3	SCALE: 1:30	SHEET NO: 01	DRAWN DATE/INITIALS: 03.10.2018/CLO
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VIKING LIFE-SAVING EQUIPMENT A/S  
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 Fax.: +45 7811 8101  
 E-mail: viking@viking-life.com  
 Web: www.VIKING-life.com

PROJECTION TYPE:  
  
 FIRST ANGLE PROJECTION  
 GENERAL TOLERANCE:  
 -

DESCRIPTION:  
**VIKING LIFE RAFT  
 TYPE 25 DKF+ TR2**

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 DRAWING NO.:  
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