



"INVAR -IVOSEVIC" Ltd.

T I V A T

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Radovići - Tivat, 25.10.2022

AFTER JOB SATISFACTION

GENERAL INFORMATION ABOUT THICKNESS MEASUREMENT

Ship's name:	<u>DVADESETPRVI MAJ</u>	Type of ship:	<u>Bulk Carrier</u>
IMO number:	<u>9582427</u>	Type of inspection:	<u>Special Survey</u>
Classification society:	<u>Bureau Veritas</u>	Place of measuring:	<u>Messina, ITALY</u>
Gross tons:	<u>22456</u>	Date of measuring:	<u>25.09.2022 - 30.09.2022</u>
Built:	<u>2012</u>	Operator's name:	<u>Vasko Ivosevic / Zoran Celanovic</u>
Report Number:	<u>KTR0/2022/J5032</u>		

No.	DESCRIPTION	RATINGS				
		Excellent	Satisfactory	Fair	Unsatisfactory	N.A.
1.	The quality of preparation (meeting) before performed measuring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Consideration of stated time tables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Organization of Thickness measuring of hull structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Daily reporting on performed measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Draft quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Communication and cooperation with Superintendent/Surveyor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Knowledge of regulations on Thickness measurement of hull structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Application of rules on Thickness measurement of hull structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Final Report Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Suggestions and recommendations	<input type="checkbox"/> Yes, please write your suggestion in the section below.			<input checked="" type="checkbox"/> No	

SUGGESTIONS:

Authorised person: _____

Signature