

HATCH COVER WEATHERTIGHTNESS TESTING REPORT FORM



One page is to be used per hatchway and to be handwritten. Place the proper lettered deficiency listed below in the identified location. All leakage values in excess of 10% OHV to be clearly marked below:

Hatch No. _____	PORT/CENTER/STARBOARD	Vessel Name:	
DATE	OHV	10% OHV	
NOTE: If appropriate, show relative position of Hatch Panel Joints, Accesses & Vents			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center; width: 15%;"> <p>P</p> <p>O</p> <p>R</p> <p>T</p> </div> <div style="text-align: center; width: 60%;"> <p>FWD</p> <div style="border: 1px solid black; width: 80%; height: 300px; margin: 0 auto;"></div> <p>AFT</p> </div> <div style="text-align: center; width: 15%;"> <p>S</p> <p>T</p> <p>B</p> <p>D</p> </div> </div>			
Test Method (circle one): ULTRA-SONIC / HOSE		Test Result (circle one): PASSED / FAILED	
Was inspection incomplete due to operational reasons? YES / NO			
LEAKAGE AREA	L	SEAL PACKING DEFECTIVE	S
COMPRESSION BARS DEFECTIVE	B	COAMING TOPS & TRACKWAYS DEFECTIVE	T
CLEATS & WEDGES DEFECTIVE	X	STRUCTURAL DISTORTION, HOLE OR CRACK	H
Name & Signature of Surveyor /Master			