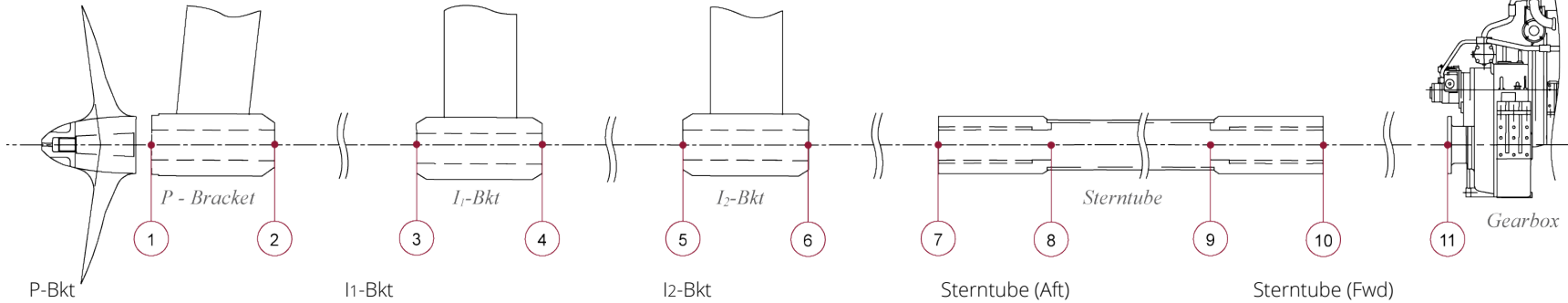


SHAFT ALIGNMENT & DEFLECTION REPORT

Project:		Hull No:	Report No.:
Inspection Type: <input type="checkbox"/> Visual <input type="checkbox"/> Test	Time of Inspection:	Temperature:	Date:
Description of Parts: Propulsion Shafting Alignment (<input type="checkbox"/> Port Outer / <input type="checkbox"/> Port Inner/Centre / <input type="checkbox"/> Stbd Outer / <input type="checkbox"/> Stbd Inner)		Ref. Standard:	Ref. Drawings:

Results: Before Re-alignment After Re-alignment Before Chock fast After Chock fast *Note: Vessel in Dock*



(1)	(3)	(5)	(7)	(9)	(11)
(2)	(4)	(6)	(8)	(10)	

Remarks: Satisfactory. Not Satisfactory.

Recommendation: P-Bracket to be adjusted I1-Bracket to be adjusted I2-Bracket to be adjusted
 Stern tube to be re-aligned G/B, M/E to be re-aligned Others:

Yard Representative	Classification Society	Owner's Representative
_____	_____	_____
Name:	Name:	Name:
Date:	Date:	Date: