



PRE INSPECTION FORM Magnetic Compass

Information			
Vessel Name:		IMO Number:	
Service Location:			
Compass Model:		GPS Coordinates:	
Model Number:		Serial Number:	
Compass Type:	Main <input type="checkbox"/>	Spare <input type="checkbox"/>	Place:

Please fill the below for Gyro & Magnetic Compass to understand deviation in each 45 degree;

Degree	Gyro	Magnetic Compass
000		
045		
090		
135		
180		
225		
270		
315		

Note: If you have a spare compass, fill this part seperately;

Is there any booble on Magnetic compass?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there correction magnets on board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" or if you have any additional comment, please mention below;.....		
.....		
.....		

Authorised Representative
Name:
Date:

**Please return the completed form to:
service@trcmarine.com**