



### Inspection Form

Event **2016 Finn Silver Cup Aarhus**

SAIL NUMBER <b>NED 123</b>
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*Note: all boxes outlined and written like this one should be filled out only by the competitor*

Name: of Helmsman	<b>Checker</b>	Equipment complies with rules (Y/N)	
Prenome:	<b>Finn</b>	Remarks	
Mobile Phone:	<b>+49 177 1234567</b>	Signature of authorized Measurer	

HULL:	Builder	<b>Pata Finn</b>		Mass of hull and Centerboard (kg)	<b>116,1</b>
	ISAF Sticker Number	<b>4015</b>		Mass includes (kg) if extra noted in certificate	
	MNA Sailnumber (if personal sailnumber is in use)	<b>-</b>		Hiking extender	<b>included</b>
	Hull Identifier	<b>GB-PWL00367L10</b>		Pussy Pads	<b>2 x 0,5 kg</b>
	Date first Measurement	<b>15-07-2015</b>		Compass (mechanic)	<b>no</b>
	IFA Sticker current year Y / N	<b>Y</b>		Compass (electronic)	<b>only adapter</b>
		Pos. 1	Pos. 2	Pos. 3	Pos. 4
Mass of correctors (kg)	<b>2 x 0,5 kg</b>	<b>2 x 1,25 kg</b>	<b>-</b>	<b>-</b>	
Position of correctors	<b>200</b>	<b>1780</b>	<b>-</b>	<b>-</b>	

CENTERBOARD	Unique Number if noted on centerboard	<b>0123/1</b>	MAST	# 1	# 2
	Mass of Centerboard (kg)		Builder	<b>Wilke</b>	<b>Concept</b>
	shape ok? Y / N		Serial Number	<b>6.023.4</b>	<b>A1234</b>
RUDDER	Unique Number if noted on rudder	<b>-</b>	IFA Sticker Number	<b>2168</b>	<b>2451</b>
	Mass of Rudder (kg)		Date of first Measurement	<b>15-08-2013</b>	<b>08-01-2014</b>
	shape ok? Y / N		Weight with corrector	<b>8,015</b>	<b>8,04</b>
			Weight of corrector	<b>0,34</b>	<b>0,25</b>
			Height of Corrector	<b>2170</b>	<b>2400</b>
BOOM	Unique Number if noted on boom	<b>V 123 / 2014</b>	SAIL	# 1	# 2
	stop ok? Y / N		Builder	<b>North</b>	<b>WB</b>
	Outer limit mark painted Y / N		Typ	<b>Xi 2</b>	<b>Rio</b>
	Mass of Boom (kg)		IFA Label Number	<b>6751</b>	<b>6547</b>

Hereby I declare, that I filled in all datas correct, I can show the relating documents and/or equipment and no changes have been made to above listed equipment after measurement. If changes have been made (in case of repair e.g.), they comply with class rules and an authorized re-measurement was done if necessary

Signature of Helmsman: **F. Checker**

Date: **28-06-2016**