



SCUBA CLINIC CO., LTD  
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## BCD Refurbishment Certificate

Work Order:

Client's name:

Address:

Phone number:

Email:

Date In:

Required date:

Make:

Model:

Serial Number:

The above item of equipment has been refurbished in accordance with the manufacturer's requirements and in accordance with ASSET CP1 and CP3 as appropriate.

- |  |   |
|--|---|
| <input type="checkbox"/> Hose condition satisfactory                               | <input type="checkbox"/> Submersion test satisfactory |
| <input type="checkbox"/> Bag condition satisfactory                                | <input type="checkbox"/> Inflator overhauled          |
| <input type="checkbox"/> Harness condition satisfactory                            | <input type="checkbox"/> Weight system satisfactory   |
| <input type="checkbox"/> Dump valve operation satisfactory                         |   |
| <input type="checkbox"/> Inflator operation satisfactory                           |   |
| <input type="checkbox"/> Leak test satisfactory    Time: <input type="text"/> hour | Pressure: <input type="text"/> bar                    |
| <input type="checkbox"/> Maintain to manufacturer's specifications                 |   |

Service notes:

### WARRANTY:

We have carefully refurbished your equipment. In the unlikely event that you experience a problem with it, during the next thirty days, please return to us immediately. Any remedial work, arising from the work carried out by us will be corrected free of charge.

Additional parts that did not form part of the original refurbishment or are judged to be the result of damaged or misuse will be charged to you. This warranty does not affect your statutory rights.

Technician's Signature:

Date: