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Guidance on using this workbook

Application form and checklist_Personal Watercraft_Module A1, B, G en210531

When is this workbook applicable?

For the certification of Personal Watercraft according to ISO 13590 in Module A1, B and G

Who shall fill in the sheets in this workbook?

Each sheet name and on top of each sheet you find a colour indication by whom it shall be filled in:

The manufacturer

The inspector

The IMCI / IMCI (UK) office

Note: the checklists shall be prefilled by the manufacturer but can also be used by the inspector.

Which cells shall be fill in?

All lines indicated this colour must be filled in for Module A1, B and G All lines indicated this colour must only be filled in for Module B and G but not for A1

Anything elso to pay attention to?

The submitted data will appear on the certificate. Therefore, due care shall be taken that the data are the final ones and correct. In case that data are changing after the workbook has been submitted, please contact the inspector and IMCI / IMCI (UK) office.

Overview of the workbook with links to the sheets:

Sheets to be filled in by the manufacturer:

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Sheets to be filled in by the inspector:

INSPECTOR

Sheets to be filled in by the IMCI / IMCI (UK)

OFFICE



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To be filled in by the manufacturer

Application form and checklist_Personal Watercraft_Module A1, B, G en210531

	CERTIFICATION APPLICATION	FOR IMCI / IMCI (UK) USE ONLY Certificate No.:			
	Personal Watercraft (PWC) - Construction and System Installation Requirements				
	Ref.: ISO 13590				
	Manufacturer:				
	Address:				
	ZIP Code:				
	City:				
	Country:				
	VAT #:				
	Signatory, Name:				
	Signatory, Title:				
	Phone:				
	Email:				
	WWW:				
	Model Year on Watercraft Identification Number (WIN):				
	Model Name:				
	Other model names (with identical technical data):				
	Head of Engineering:				
Thi	s application is valid for:				
	Directive 2013/53/EU (RCD II) related to CE marking for EU. Recreational Craft Regulation (RCR) related to UKCA marking for United Kingdom		[Yes, No] [Yes, No]		
	Tresteational oral Tregulation (Noty) Telated to ONOT marking for oral angustin		[163, 140]		
Sel	ected test data	Clause	Requirements	Unit	As tested
	Length of the hull (LH) [m]	(8666)		_ [m]	
	Design category (<u>C</u> or <u>D</u>)		(Annex I A. RCD)		
	Rated number of persons Engine power and			[#] [kW]	
	Engine Power and Engine RPM			[min ⁻¹]	
	Builder's plate as required	4	[Yes ?]	[111111]	
	All connections readily accessible	5.1.1	[Yes ?]		
	No fuel system leak into craft when overturned	5.1.2	[Yes ?]		
	No fuel system leak into craft when under pressure	5.1.3	[Yes ?]		
	Fuel flow stops when engine is not running	5.1.4	[Yes ?]		
	Fuel tank not made of prohibited material	5.2.1	[Yes ?]		
	Cellular plastic, if used to encase fuel tank, meets material requirements	5.2.2	[Yes/NA ?]		
	Means provided to check fuel level	5.2.3	[Yes ?]		
	Filled tank has expansion volume	5.2.4	[Yes ?]		
	Fill and vent openings are above full tank level	5.2.5	[Yes ?]		
	Tank meets static pressure test	5.2.6	[Yes ?]		
	Tank meets shock test	5.2.7	[Yes ?]		
	Tank installed as required	5.3	[Yes ?]		
	Tank fill system located and secured as required	5.4	[Yes ?]		
	Fuel pump shall not leak if primary diaphragm fails	5.5.1	[Yes ?]		
	Electrical fuel pump does not operate unless the engine is running or started	5.5.2	[Yes ?]		
	Carburettors do not leak	5.6	[Yes ?]		
	Fuel stop valve open only when ignition is on	5.7	[Yes ?]		
	Fuel filters and strainers independently supported	5.8	[Yes ?]		
		0.0	[103:]		
25	Except when used for a tank fill line, each spud, pipe or hose fitting used with hose clamps has a bead, flare or a series of annular grooves or serration no less than 0,4 mm in depth	5.9	[Yes/NA ?]		

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To be filled in by the manufacturer

Application form and checklist_Personal Watercraft_Module A1, B, G en210531

	Boat Manufacturer:				
	Boat Model Name:	•			
	CIN Model Year:				
26	Hose clamps meet material and installation requirements	5.10	[Yes ?]		
	Metallic fuel lines meet material and installation requirements	5.10	[Yes ?]		
	No fuel drains as prohibited	5.12	[Yes ?]		
	Hose meets requirements	5.13	[Yes ?]		
	Metallic fuel components grounded	5.14	[Yes ?]		
	Fuel system meets fire test	5.15	[Yes ?]		
32	Please name exemptions from 6.2, 6.5-8	6.1			
33	Each electrical conductor insulated, stranded copper, meets requirements and is identified	6.2	[Yes ?]		
34	Conductors properly installed	6.3	[Yes ?]		
35	Electrical system ignition protected	6.4	[Yes ?]		
36	Overcurrent protection provided	6.5	[Yes ?]		
37	Conductor terminals of required type, fastening strength and protection	6.6	[Yes ?]		
38	Battery installation as required	6.7	[Yes ?]		
39	Secondary circuits of ignition system meets requirement and is tightly installed	6.8	[Yes ?]		
40	Craft is provided with engine compartment ventilation	7.1	[Yes ?]		
41	Craft is provided with proper openings for engine compartment ventilation	7.2	[Yes ?]		
42	Exhaust in lower third of compartment	7.3	[Yes ?]		
43	Ventilation openings separated	7.4	[Yes ?]		
44	Duct openings above bilge water level	7.5	[Yes ?]		
45	Minimum opening area	7.6	[>3300*ln(V/0,14)]	[mm ²]	
46	Minimum opening area for each supply exceeds 2000 mm ²	7.7	[Yes ?]		
47	Hull structure test passed	8	[Yes ?]		
48	Floatation test passed	9	[Yes ?]		
49	Steering system test passed	10	[Yes ?]		
50	Stability requirements are fulfilled	11	[Yes ?]		
51	Means of reboarding installed	12	[Yes ?]		
52	Towing points installed	13	[Yes ?]		
53	Off-throttle steering instructions provided	14	[Yes ?]		
54	Owner's Manual provided	15	[Yes ?]		
55	PWC has a Watercraft Identification Number		[Yes ?]		
56	Comments:				

Calculations and/or test reports are attached to this application form

As the manufacturer or his authorised representative or private importer, I declare under sole responsibility that the above product(s) to which this declaration relates is in conformity with the referenced requirements.

This application has not been lodged with any other notified body / conformity assessment body.

	Date (yymmdd):	
- 1		
	Signature:	
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To be filled in by the inspector

Application form and checklist_Personal Watercraft_Module A1, B, G en210531

Boat Manufacturer:
Boat Model Name:
WIN Model Year:
Inspection Report / Evaluation by IMCI / IMCI (UK) Inspector:
I declare under our sole responsibility that the above product(s) has (have) been developed without my involvement. The content of the documentation has been checked.
Date (yymmdd) and place of inspection:
Leavester de constant (constant france)
Inspector: clear name (surname, first name):
Inspector: Stamp, Signature:
Comments on the Inspection Report / Evaluation by Inspector:

13590 Personal Watercraft en210531 Inspector



This page is only for IMCI / IMCI (UK) office use Application form and checklist Personal Watercraft Module A1, B, G en210531 Boat Manufacturer: Boat Model Name: WIN Model Year: Routeing #: Certificate number: Inspection Report / Evaluation activity by office staff member(s), if applicable Inspection Report / Evaluation staff member 1: clear name (surname, first name): Date of evaluation (yymmdd): Evaluation staff member 1: Signature Comments on evaluation by staff member 1: Inspection Report / Evaluation staff member 2: clear name (surname, first name): Date of evaluation (yymmdd): Evaluation staff member 2: Signature Comments on evaluation by staff member 2:

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Boat Manufacturer: Boat Model Name: WIN Model Year:				
Review activity by office staff member(s)				
Review staff member 1: Surname, first name:				
Date of review (yymmdd):				
Review staff member 1: Signature				
Comments on review by staff member 1:				
Review staff member 2: Surname, first name:				
Date of review (yymmdd):				
Review staff member 2: Signature				
Comments on review by staff member 2:				

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Boat Manufacturer: Boat Model Name:	
WIN Model Year:	
Certification decision by office staff member(s)	
Certification decision by staff member 1: Surname, first name:	
Date of certification decision (yymmdd):	
Certification decision by staff member 1: Signature	
Comments on certification decision by staff member 1:	
Certification decision staff member 2: Surname, first name:	
Date of certification decision (yymmdd):	
Certification decision staff member 2: Signature	
Comments on certification decision by staff member 2:	

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