

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
FACILITY INSPECTION REQUIREMENTS

1. Date of Inspection  
08OCT20

2. COTP Zone/Unit  
SOHV

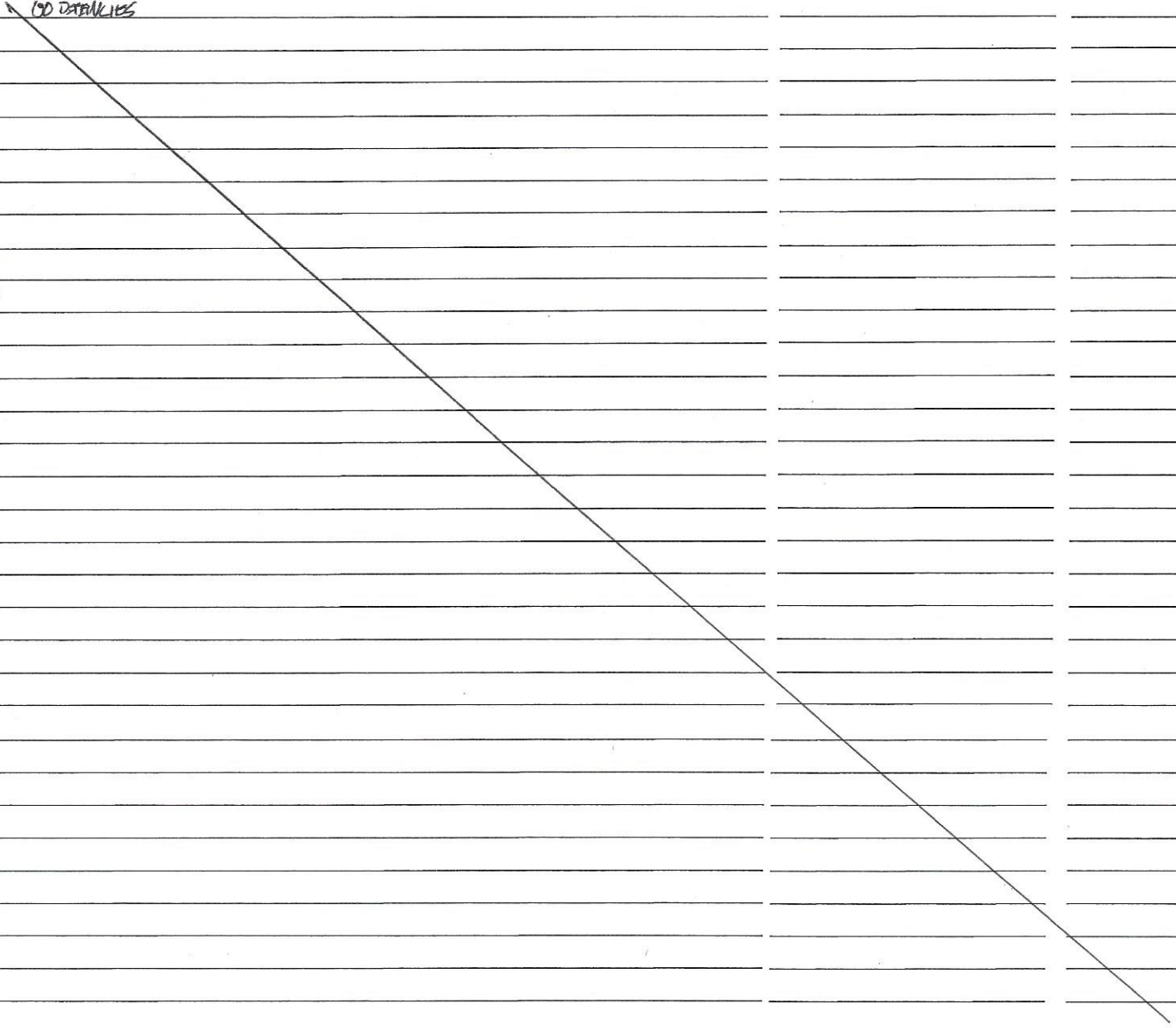
3. MISLE Activity Number

4. FIN


5. Facility Name  
Elink Bets non

6. Inspection Type  
105/154 Annual


Contact the inspecting officer to verify compliance when the following item(s) have been corrected:

Description	Cite	Due Date	
<p>NO DEFICIENCIES</p> 			

Facility Representative: (print)  
Garrett Fleming

Signature:  


USCG Inspector: (print)  
WILLIAM QUINBE, MST3

Signature:  


Phone:  
(304) 733-0198

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