



AUTHORIZATION TO MARK

This authorizes the application of the Certification Mark(s) shown below to the models described in the Product(s) Covered section when made in accordance with the conditions set forth in the Certification Agreement and Listing Report. This authorization also applies to multiple listee model(s) identified on the correlation page of the Listing Report.

This document is the property of Intertek Testing Services and is not transferable. The certification mark(s) may be applied only at the location of the Party Authorized To Apply Mark.

Applicant: Oseco
Address: 1701 West Tacoma
Broken Arrow, OK 74012
Country: USA
Contact: Mr. Robert Jackson
Phone: (918) 259-7129
FAX: (918) 251-7662
Email: rjackson@oseco.com

Manufacturer: Oseco
Address: 1701 West Tacoma
Broken Arrow, OK 74012
Country: USA
Contact: Mr. Robert Jackson
Phone: (918) 259-7129
FAX: (918) 251-7662
Email: rjackson@oseco.com

Party Authorized To Apply Mark: Same as Manufacturer
Report Issuing Office: CRT

Control Number: 4005104

Authorized by: *Patricia Jones*
William T. Starr, Certification Manager



This document supersedes all previous Authorizations to Mark for the noted Report Number.

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Intertek Testing Services NA Inc.
165 Main Street, Cortland, NY 13045
Telephone 800-345-3851 or 607-753-6711 Fax 607-756-6699

Standard(s):

- Intrinsically Safe and Non-Incendive Equipment for Use in Hazardous Locations; Consumer and Commercial Products; General Instruction No 1: 1992/06/01- (R2006), Issue:1992/01/01 Ed:3 (CSA C22.2 No. 157)
- UL Standard for Safety Intrinsically Safe Apparatus and Associated Apparatus for Use in Class I, II, and III, Division I, Hazardous (Classified) Locations, Issue:2006/07/31 Ed:7 Rev: 2011/09/23 (UL 913)
- Non-Incendive Electrical Equipment for Use in Class I, Division 2 Hazardous Locations; General Instruction No 1: 1987/03/01 - (R2008), Issue:1987/03/01 Ed:1 (CSA C22.2 No. 213)
- Nonincendive Electrical Equipment for Use in Class I and II, Division 2 and Class III, Divisions 1 and 2 Hazardous (Classified) Locations, Issue:2011/24/August (ISA 12.12.01)



AUTHORIZATION TO MARK

Product:	Rupture Disk Sensor Class I, Division 1 & 2, Group ABCD, T2D Ambient: -50F to +400F Entity Parameters: I _{max} =150mA, V _{max} =25.5V, C _i =0.0036μF, L _i =12μH Control Drawing: EXX-XXXX-XXXX9-CD
Models:	AMS, CMS

**ETL FOLLOW-UP SERVICE
INSPECTION REPORT**

Manufacturer OSECO

Page 1 of 2

Factory Address 1701 West Tacoma
Broken Arrow, OK 74012

Date

22	03	12
Day	Month	Year

Intertek Representative Jack Welker

1 Qtr 2 Qtr 3 Qtr 4 Qtr IPI/IFA Other
Order No. 4005104

Directions to Intertek Representative: Verify that products comply with all items specified in the Listing Report/CDR and that production line tests and procedures specified are being conducted. All variations should be noted on this report and conveyed by phone/fax/email to the Manager of Follow-up Service.

The following items were reviewed with the manufacturer:

- a. Is use of listing label controlled?
Yes No N/A
- b. Labeling Method:
 Separable Labels (supplied by Intertek)
 Direct Imprint (by Client)
 Both
- c. Are product markings per Listing Report?
Yes No
- d. Is production line testing required? Yes No
If Yes 1) Is testing being performed Yes No
as required?
2) Is equipment calibrated? Yes No
- e. Qty of ETL labelled product shipped since last inspection 0
- f. Changes, additions, options, or accessories, etc. were made to Listed Products. Yes No
- g. Have changes occurred to the manufacturing process or quality system that affects Listed Products? Yes No
- h. Were variations noted on the last inspection? Yes No
If yes, has the client responded? Yes No
Have all variations been resolved? Yes No
If no, provide details on F2
Has report been corrected? Yes No N/A
- i. Has the procedure or records for customer complaints/field failures been reviewed? Yes No

Letter of Explanation is required from the client for these non-compliant item numbers _____

Send Variation Response Letter with a copy of this Inspection Report to Intertek, Cortland, NY, by mail, fax, or email VariationResponse.Cortland@intertek.com.

____ Variations accepted per phone/fax communication with _____
____ Variations NOT accepted per phone/fax communication with _____
____ Labels removed by mfr. _____ Product held _____ Inspector's time in factory _____ Hrs.

*Arrive 10:00
Depart 11:45*

I acknowledge receipt of a copy of this inspection report issued by Intertek Testing Services NA Inc.

Robert Jackson 3/22/12
Factory Representative's Signature Date

Jack Welker
Intertek Representative's Signature

Factory Representative's (printed name)

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Form F1 May 1, 2010



Intertek

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