



## Economic and Social Council

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### Economic Commission for Europe

#### Inland Transport Committee

#### Working Party on the Transport of Perishable Foodstuffs

##### Sixty-sixth session

Geneva, 9-12 November 2010

Item 5 (a) of the provisional agenda

##### Proposals of amendments to the ATP: Pending proposals

### **Introduction of type examination certificates as a means of certifying compliance of designs and tests carried out in accordance with the ATP<sup>1</sup>**

#### **Transmitted by the Government of France**

##### **Addendum**

1. The certificates to be annexed to document ECE/TRANS/WP.11/2009/11/Rev.1 are reproduced below.

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<sup>1</sup> Submitted in accordance with the programme of work of the Inland Transport Committee for 2010-2014 (ECE/TRANS/208, para. 106; ECE/TRANS/2010/8, programme activity 02.11).

**MODEL No. 1 A –Type Examination Certificate**

**Type Examination Certificate**

No.....

**Issued by approved testing station/expert:**<sup>(1)</sup> Name .....  
 Address.....

**In accordance with:** the provisions of the Agreement on the International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for such Carriage (ATP)

**Manufacturer:** Name .....  
 Address.....

**Authorized representative:** Name .....  
 Address.....

**In respect of:**  Wagon  lorry  trailer  semi-trailer  container  Other: .....

**Technical specifications:**

Brand: ..... Registration number: ..... Serial number: .....

Date of first entry into service: Tare<sup>(2)</sup> kg ..... Carrying capacity<sup>(2)</sup>: ..... kg

**Body description:**

Brand and type: ..... Identification number: .....

Built by: ..... Date of construction: .....

**Principal dimensions:**

Outside: length .....m, width ..... m, height..... m

Inside: length .....m, width ..... m, height..... m

Total floor area of body .....m<sup>2</sup>

Usable internal volume of body .....m<sup>3</sup>

Total inside surface area Si of body .....m<sup>2</sup>

Total outside surface area Se of body .....m<sup>2</sup>

Mean surface area:  $S = \sqrt{S_i \cdot S_e}$  .....m<sup>2</sup>

Specifications of the body walls, structural peculiarities of body and supplementary accessories are listed in the annex to this certificate.

**Declaration of conformity:** On the basis of the result contained in the test report N° XXXX issued by [NAME] on [DD/MM/YYYY], especially the K coefficient value established to be equal to ..... W/m<sup>2</sup>K, the equipment mentioned above is assignable to the following category<sup>(3)</sup>:

<b>I</b>	<input type="checkbox"/> N (Normally insulated equipment characterized by a K coefficient equal to or less than 0.70 W/m <sup>2</sup> K;)
	<input type="checkbox"/> R (Heavily insulated equipment characterized by a K coefficient equal to or less than 0.40 W/m <sup>2</sup> K and by sidewalls with a thickness of at least 45 mm for transport equipment of a width greater than 2.50 m.)

**Valid until:** This certificate is valid for a period of 6 years from its date of issue

Date of issue ..... *Signature of the issuing authority representative*

**Important:** The principal characteristics and approval conditions are set out in the annex hereto, which forms part of the approval documents and consists of page(s). All documents are registered by the approved testing station which issued this certificate. The manufacturer shall inform the approved test station that holds the technical documentation concerning this Type Examination Certificate of all modifications to the equipment that may affect its conformity with the requirements or the conditions for validity of this certificate. Such modifications require additional approval in the form of an addition to this original Type Examination Certificate.

<sup>(1)</sup>Delete as necessary (experts only in the case of tests carried out under ATP annex 1, appendix 2, para. 27 or 49).<sup>(2)</sup>State source of information.<sup>(3)</sup> Chose by marking the applicable category.

## Annex to Type Examination Certificate No.....

Page 2/2

### General view of the equipment

*Include here a picture of the body*

### Specifications of the body walls

<i>Unit (mm)</i>	<i>Outside coating</i>	<i>Thermal insulation</i>	<i>Internal coating</i>	<i>Total</i>	<i>Density kg/m<sup>3</sup></i>
<b>Top</b>					
<b>Lateral sides</b>					
<b>Rear door/wall</b>					
<b>Front face</b>					
<b>Bottom</b>					

*Abbreviations: GC = Gel coat / PU = Polyurethane*

### Structural peculiarities of the body

<i>Accessories</i>	<i>No.</i>	<i>Position in the body</i>	<i>Type (No. of door flaps)</i>	<i>Height (mm)</i>	<i>Length (mm)</i>	<i>Thickness (mm)</i>
<b>Doors</b>		Right side / Left side				
<b>Vents</b>						
<b>Other:</b>						

### Supplementary devices and accessories:

- *List here the supplementary devices or accessories like lighting, meat rails, meat rail runner stops, kick-strips...*
- *List only the ones which have an impact on the equipment's K value.*

***This type examination certificate is composed of 1 page and 1 page of annex and must be reproduced in full.***

**MODEL No. 1 B –Type Examination Certificate**

**Type Examination Certificate**

No.....

**Issued by approved testing station/expert:**<sup>(1)</sup> Name .....  
 Address.....

**In accordance with:** the provisions of the Agreement on the International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for such Carriage (ATP)

**Manufacturer:** Name .....  
 Address.....

**Authorized representative:** Name .....  
 Address.....

**In respect of:** Tanks for the carriage of liquid foodstuffs

**Technical specifications:**

Brand: ..... Registration number: ..... Serial number: .....

Date of first entry into service: ..... Tare<sup>(2)</sup> kg..... Carrying capacity <sup>(2)</sup>: .....kg

**Body description:**

Brand and type: ..... Identification number: .....  
 Built by: ..... Date of construction: .....

**Principal dimensions:**

- Outside: length of cylinder ..... m, major axis ..... m, minor axis..... m
- Inside: length of cylinder ..... m, major axis ..... m, minor axis..... m
- Usable internal volume ..... m<sup>3</sup>
- Internal volume of each compartment ..... m<sup>3</sup>
- Inside surface area of each compartment Si1 ....., iS2 ....., ..... m<sup>2</sup>
- Total outside surface area Se of body ..... m<sup>2</sup>
- Mean surface area:  $S = \sqrt{S_i \cdot S_e}$  ..... m<sup>2</sup>

Specifications of the tank walls, structural peculiarities and supplementary accessories are listed in the annex to this certificate.

**Declaration of conformity:** On the basis of the result contained in the test report N° XXXX issued by [NAME] on [DD/MM/YYYY], especially the K coefficient value established to be equal to ..... W/m<sup>2</sup>K, the equipment mentioned above is assignable to the following category<sup>(3)</sup>:

<b>I</b>	<input type="checkbox"/> N (Normally insulated equipment characterized by a K coefficient equal to or less than 0.70 W/m <sup>2</sup> K;)
	<input type="checkbox"/> R (Heavily insulated equipment characterized by a K coefficient equal to or less than 0.40 W/m <sup>2</sup> K and by sidewalls with a thickness of at least 45 mm for transport equipment of a width greater than 2.50 m.)

**Valid until:** This certificate is valid for a period of 6 years from its date of issue

Date of issue ..... *Signature of the issuing authority representative*

**Important:** The principal characteristics and approval conditions are set out in the annex hereto, which forms part of the approval documents and consists of ..... page(s). All documents are registered by the approved testing station which issued this certificate. The manufacturer shall inform the approved test station that holds the technical documentation concerning this Type Examination Certificate of all modifications to the equipment that may affect its conformity with the requirements or the conditions for validity of this certificate. Such modifications require additional approval in the form of an addition to this original Type Examination Certificate.

<sup>(1)</sup>Delete as necessary (experts only in the case of tests carried out under ATP annex 1, appendix 2, para. 27 or 49).<sup>(2)</sup> State source of information.<sup>(3)</sup> Chose by marking the applicable category.

**Annex to Type Examination Certificate No.....**

Page 2/2

**General view of the equipment**

*Include here a picture of the body*

**Specifications of the tank walls**

**Structural peculiarities of the body**

- Number, dimensions and description of manholes .....
- .....
- Description of manhole covers .....
- .....
- Number, dimensions and description of discharge piping .....
- .....
- Number and description of tank cradles .....

**Supplementary devices and accessories:**

- *List here the supplementary devices or accessories like lighting, meat rails, meat rail runner stops, kick-strips...*
- *List only the ones which have an impact on the equipment's K value.*

***This type examination certificate is composed of 1 page and 1 page of annex and must be reproduced in full***

**MODEL No. 4 A –Type Examination Certificate**

**Type Examination Certificate**

No.....

**Issued by approved testing station/expert:**<sup>(1)</sup> Name .....  
 Address.....

**In accordance with:** the provisions of the Agreement on the International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for such Carriage (ATP)

**Manufacturer:** Name .....  
 Address.....

**Authorized representative:** Name .....  
 Address.....

**In respect of:** Refrigerated equipment using ice or dry ice ( Wagon  lorry  trailer  semi-trailer  container  
 Other: .....

**Technical specifications:**

Brand: ..... Registration number: ..... Serial number: .....

Date of first entry into service: ..... Tare<sup>(2)</sup> kg..... Carrying capacity <sup>(2)</sup>: ..... kg

**Body description:**

Brand and type: ..... Identification number: .....

Built by: ..... Date of construction:.....

**Description of cooling appliance:**

Manufacturer .....

Type, serial number .....

Year of manufacture .....

Specifications of the equipment, structural peculiarities and supplementary accessories are listed in the annex to this certificate.

**Declaration of conformity:** On the basis of the result contained in the test report N° XXXX issued by [NAME] on [DD/MM/YYYY], especially the K coefficient value established to be equal to ..... W/m<sup>2</sup>K, and the performance of the cooling appliance, the equipment mentioned above is assignable to the following category<sup>(3)</sup>:

<b>I</b>	<input type="checkbox"/> N (Normally insulated equipment characterized by a K coefficient equal to or less than 0.70 W/m <sup>2</sup> K;)	<input type="checkbox"/> A
		<input type="checkbox"/> B
	<input type="checkbox"/> R (Heavily insulated equipment characterized by a K coefficient equal to or less than 0.40 W/m <sup>2</sup> K and by sidewalls with a thickness of at least 45 mm for transport equipment of a width greater than 2.50 m.)	<input type="checkbox"/> A
		<input type="checkbox"/> B

**Valid until:** This certificate is valid for a period of 6 years from its date of issue

Date of issue .....

*Signature of the issuing authority representative*

**Important:** The principal characteristics and approval conditions are set out in the annex hereto, which forms part of the approval documents and consists of page(s). All documents are registered by the approved testing station which issued this certificate. The manufacturer shall inform the approved test station that holds the technical documentation concerning this Type Examination Certificate of all modifications to the equipment that may affect its conformity with the requirements or the conditions for validity of this certificate. Such modifications require additional approval in the form of an addition to this original Type Examination Certificate.

<sup>(1)</sup>Delete as necessary (experts only in the case of tests carried out under ATP annex 1, appendix 2, para. 27 or 49).<sup>(2)</sup> State source of information.<sup>(3)</sup> Chose by marking the applicable category.

## Annex to Type Examination Certificate No.....

Page 2/2

### General view of the equipment

*Include here a picture of the equipment*

### Principal dimensions of the body:

Outside: length .....m, width ..... m, height..... m  
 Inside: length .....m, width ..... m, height..... m  
 Total floor area of body .....m<sup>2</sup>  
 Usable internal volume of body .....m<sup>3</sup>  
 Total inside surface area Si of body .....m<sup>2</sup>  
 Total outside surface area Se of body .....m<sup>2</sup>  
 Mean surface area:  $S = \sqrt{S_i \cdot S_e}$  .....m<sup>2</sup>

### Specifications of the body walls

Unit (mm)	Outside coating	Thermal insulation	Internal coating	Total	Density kg/m <sup>3</sup>
<b>Top</b>					
<b>Lateral sides</b>					
<b>Rear door/wall</b>					
<b>Front face</b>					
<b>Bottom</b>					

*Abbreviations: GC = Gel coat / PU = Polyurethane*

### Structural peculiarities of the body

Accessories	No.	Position in the body	Type (No. of door flaps)	Height (mm)	Length (mm)	Thickness (mm)
<b>Doors</b>		Right side / Left side				
<b>Vents</b>						
<b>Other:</b>						

### Supplementary devices and accessories:

- List here the supplementary devices or accessories like lighting, meat rails, meat rail runner stops, kick-strips...
- List only the ones which have an impact on the equipment's K value.

### Description of cooling appliance:

Nature of refrigerant .....  
 Nominal refrigerant filling capacity specified by manufacturer ..... kg  
 Actual filling of refrigerant used for test kg .....  
 Drive independent  dependent  mains-operated  
 Cooling appliance  removable  not removable  
 Filling device .....  
 Inside ventilation appliances:  
 Description (number of appliances, etc.) .....  
 Power of electric fans ..... W  
 Delivery rate ..... m<sup>3</sup>/h  
 Dimensions of ducts: cross-section ..... m<sup>2</sup>, length ..... m  
 Air intake screen; description<sup>1</sup> .....

***This type examination certificate is composed of 1 page and 1 page of annex and must be reproduced in full.***

**MODEL No. 4 B - Type Examination Certificate**

**Type Examination Certificate**

No.....

**Issued by approved testing station/expert:**<sup>(1)</sup> Name .....  
 Address.....

**In accordance with:** the provisions of the Agreement on the International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for such Carriage (ATP)

**Manufacturer:** Name .....  
 Address.....

**Authorized representative:** Name .....  
 Address.....

**In respect of:** Refrigerated equipment using eutectic plates ( *Wagon*  *lorry*  *trailer*  *semi-trailer*  *container*  
 *Other:* .....

**Technical specifications:**

Brand: ..... Registration number: ..... Serial number: .....

Date of first entry into service: Tare<sup>(2)</sup> kg ..... Carrying capacity<sup>(2)</sup>: ..... kg

**Body description:**

Brand and type: ..... Identification number: .....  
 Built by: ..... Date of construction:.....

**Description of cooling appliance:**

Manufacturer .....  
 Type, serial number .....  
 Year of manufacture .....

Specifications of the equipment, structural peculiarities and supplementary accessories are listed in the annex to this certificate.

**Declaration of conformity:** On the basis of the result contained in the test report N° XXXX issued by [NAME] on [DD/MM/YYYY], especially the K coefficient value established to be equal to ..... W/m<sup>2</sup>K, and the performance of the cooling appliance, the equipment mentioned above is assignable to the following category<sup>(3)</sup>:

<b>I</b>	<input type="checkbox"/> N (Normally insulated equipment characterized by a K coefficient equal to or less than 0.70 W/m <sup>2</sup> K;)	<input type="checkbox"/> A
		<input type="checkbox"/> B
	<input type="checkbox"/> R (Heavily insulated equipment characterized by a K coefficient equal to or less than 0.40 W/m <sup>2</sup> K and by sidewalls with a thickness of at least 45 mm for transport equipment of a width greater than 2.50 m.)	<input type="checkbox"/> A
		<input type="checkbox"/> B

**Valid until:** This certificate is valid for a period of 6 years from its date of issue

Date of issue ..... *Signature of the issuing authority representative*

**Important:** The principal characteristics and approval conditions are set out in the annex hereto, which forms part of the approval documents and consists of page(s). All documents are registered by the approved testing station which issued this certificate. The manufacturer shall inform the approved test station that holds the technical documentation concerning this Type Examination Certificate of all modifications to the equipment that may affect its conformity with the requirements or the conditions for validity of this certificate. Such modifications require additional approval in the form of an addition to this original Type Examination Certificate.

<sup>(1)</sup>Delete as necessary (experts only in the case of tests carried out under ATP annex 1, appendix 2, para. 27 or 49).<sup>(2)</sup> State source of information.<sup>(3)</sup> Chose by marking the applicable category.



**Annex to Type Examination Certificate No.....**

Page 2/2

**General view of the equipment**

*Include here a picture of the equipment*

**Principal dimensions of the body:**

Outside: length .....m, width ..... m, height..... m  
 Inside: length .....m, width ..... m, height..... m  
 Total floor area of body .....m<sup>2</sup>  
 Usable internal volume of body .....m<sup>3</sup>  
 Total inside surface area  $S_i$  of body .....m<sup>2</sup>  
 Total outside surface area  $S_e$  of body .....m<sup>2</sup>  
 Mean surface area:  $S = \sqrt{S_i \cdot S_e}$  .....m<sup>2</sup>

**Specifications of the body walls**

Unit (mm)	Outside coating	Thermal insulation	Internal coating	Total	Density kg/m <sup>3</sup>
<b>Top</b>					
<b>Lateral sides</b>					
<b>Rear door/wall</b>					
<b>Front face</b>					
<b>Bottom</b>					

*Abbreviations: GC = Gel coat / PU = Polyurethane*

**Structural peculiarities of the body**

Accessories	No.	Position in the body	Type (No. of door flaps)	Height (mm)	Length (mm)	Thickness (mm)
<b>Doors</b>		Right side / Left side				
<b>Vents</b>						
<b>Other:</b>						

**Supplementary devices and accessories:**

- *List here the supplementary devices or accessories like lighting, meat rails, meat rail runner stops, kick-strips...*
- *List only the ones which have an impact on the equipment's K value.*

**Description of cooling appliance:**

Description .....  
 Nature of eutectic solution .....  
 Nominal eutectic solution filling capacity specified by manufacturer .....kg  
 Latent heat at freezing temperature stated by manufacturer ..... kJ/kg at ..... °C  
 Drive independent  dependent  mains-operated<sup>1</sup>  
 Cooling appliance  removable  not removable<sup>1</sup>  
 Eutectic plates: Make ..... Type .....  
 Dimensions and number of plates, where situated; distance from walls (attach drawing) .....  
 Total cold reserve stated by manufacturer for freezing temperature of ..... kJ to ..... °C  
 Inside ventilation appliances (if any):  
 Description .....  
 Automatic devices.....

Mechanical refrigerator (if any) (if any):

Make ..... Type ..... No. ....  
Where situated .....  
Compressor: Make ..... Type .....  
Type of drive .....  
Nature of refrigerant .....  
Condenser .....  
Refrigerating capacity stated by the manufacturer for the specified freezing temperature and an outside temperature of +30 °C .....

Automatic devices:

Make ..... Type .....  
Defrosting (if any) .....  
Thermostat .....  
LP pressostat .....  
HP pressostat .....  
Relief valve .....  
Others .....

Accessory devices:

Electrical heating devices of the door joint:

Capacity by linear metre of the resistor ..... W/m  
Linear length of the resistor .....

***This type examination certificate is composed of 1 page and 1 page of annex and must be reproduced in full***

**MODEL No. 4 C - Type Examination Certificate**

**Type Examination Certificate**

No.....

**Issued by approved testing station/expert:**<sup>(1)</sup> Name .....  
 Address.....

**In accordance with:** the provisions of the Agreement on the International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for such Carriage (ATP)

**Manufacturer:** Name .....  
 Address.....

**Authorized representative:** Name .....  
 Address.....

**In respect of:** Refrigerated equipment using liquefied gases ( *Wagon*  *lorry*  *trailer*  *semi-trailer*  *container*  *Other:* .....)

**Technical specifications:**

Brand: ..... Registration number: ..... Serial number: .....

Date of first entry into service: Tare<sup>(2)</sup> kg ..... Carrying capacity<sup>(2)</sup>: ..... kg

**Body description:**

Brand and type: ..... Identification number: .....

Built by: ..... Date of construction:.....

**Description of cooling appliance:**

Manufacturer .....

Type, serial number .....

Year of manufacture .....

Specifications of the equipment, structural peculiarities and supplementary accessories are listed in the annex to this certificate.

**Declaration of conformity:** On the basis of the result contained in the test report N° XXXX issued by [NAME] on [DD/MM/YYYY], especially the K coefficient value established to be equal to ..... W/m<sup>2</sup>K, and the performance of the cooling appliance, the equipment mentioned above is assignable to the following category<sup>(3)</sup>:

<b>I</b>	<input type="checkbox"/> N (Normally insulated equipment characterized by a K coefficient equal to or less than 0.70 W/m <sup>2</sup> K;)	<input type="checkbox"/> A
		<input type="checkbox"/> B
	<input type="checkbox"/> R (Heavily insulated equipment characterized by a K coefficient equal to or less than 0.40 W/m <sup>2</sup> K and by sidewalls with a thickness of at least 45 mm for transport equipment of a width greater than 2.50 m.)	<input type="checkbox"/> A
		<input type="checkbox"/> B

**Valid until:** This certificate is valid for a period of 6 years from its date of issue

Date of issue ..... *Signature of the issuing authority representative*

**Important:** The principal characteristics and approval conditions are set out in the annex hereto, which forms part of the approval documents and consists of page(s). All documents are registered by the approved testing station which issued this certificate. The manufacturer shall inform the approved test station that holds the technical documentation concerning this Type Examination Certificate of all modifications to the equipment that may affect its conformity with the requirements or the conditions for validity of this certificate. Such modifications require additional approval in the form of an addition to this original Type Examination Certificate.

<sup>(1)</sup>Delete as necessary (experts only in the case of tests carried out under ATP annex 1, appendix 2, para. 27 or 49).<sup>(2)</sup> State source of information.<sup>(3)</sup> Chose by marking the applicable category.

## Annex to Type Examination Certificate No.....

Page 2/2

### General view of the equipment

*Include here a picture of the equipment*

### Principal dimensions of the body:

Outside: length .....m, width ..... m, height..... m  
 Inside: length .....m, width ..... m, height..... m  
 Total floor area of body .....m<sup>2</sup>  
 Usable internal volume of body .....m<sup>3</sup>  
 Total inside surface area Si of body .....m<sup>2</sup>  
 Total outside surface area Se of body .....m<sup>2</sup>  
 Mean surface area:  $S = \sqrt{S_i \cdot S_e}$  .....m<sup>2</sup>

### Specifications of the body walls

Unit (mm)	Outside coating	Thermal insulation	Internal coating	Total	Density kg/m <sup>3</sup>
<b>Top</b>					
<b>Lateral sides</b>					
<b>Rear door/wall</b>					
<b>Front face</b>					
<b>Bottom</b>					

Abbreviations: GC = Gel coat / PU = Polyurethane

### Structural peculiarities of the body

Accessories	No.	Position in the body	Type (No. of door flaps)	Height (mm)	Length (mm)	Thickness (mm)
<b>Doors</b>		Right side / Left side				
<b>Vents</b>						
<b>Other:</b>						

### Supplementary devices and accessories:

- List here the supplementary devices or accessories like lighting, meat rails, meat rail runner stops, kick-strips...
- List only the ones which have an impact on the equipment's K value.

### Description of cooling appliance:

Description .....  
 Drive independent/dependent/mains-operated<sup>1</sup> .....  
 Cooling appliance removable/not removable<sup>1</sup> .....  
 Manufacturer.....  
 Type, serial number .....  
 Year of manufacture .....  
 Nature of refrigerant .....  
 Nominal refrigerant filling capacity specified by manufacturer .....kg  
 Actual filling of refrigerant used for test .....kg  
 Description of tank .....  
 Filling device (description, where situated) .....  
 Inside ventilation appliances:  
 Description (number, etc.) .....  
 Power of electric fans ..... W  
 Delivery rate ..... m<sup>3</sup>/h  
 Dimensions of ducts: cross-section ..... m<sup>2</sup>, length ..... m

Automatic devices: .....Mechanical refrigerator (if any):  
Make ..... Type .....  
Where situated .....  
Compressor: Make ..... Type ..... No. ....  
Type of drive .....  
Nature of refrigerant .....  
Condenser .....  
Refrigerating capacity stated by the manufacturer for the specified freezing temperature and an outside temperature of +30 °C ..... W

Automatic devices:  
Make ..... Type .....  
Defrosting (if any) .....  
Thermostat .....  
LP pressostat .....  
HP pressostat .....  
Relief valve .....  
Others .....

Accessory devices:  
Electrical heating devices of the door joint:  
Capacity by linear metre of the resistor ..... W/m  
Linear length of the resistor .....

***This type examination certificate is composed of 1 page and 1 page of annex and must be reproduced in full***

**MODEL No. 5 - Type Examination Certificate**

**Type Examination Certificate**

No.....

**Issued by approved testing station/expert:**<sup>(1)</sup> Name .....  
 Address.....

**In accordance with:** the provisions of the Agreement on the International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for such Carriage (ATP)

**Manufacturer:** Name .....  
 Address.....

**Authorized representative:** Name .....  
 Address.....

**In respect of:** Mechanically refrigerated equipment ( *Wagon*  *lorry*  *trailer*  *semi-trailer*  *container*  *Other:* ..... )

**Technical specifications:**

Brand: ..... Registration number: ..... Serial number: .....

Date of first entry into service: Tare<sup>(2)</sup> kg ..... Carrying capacity<sup>(2)</sup>: ..... kg

**Body description:**

Brand and type: ..... Identification number: .....  
 Built by: ..... Date of construction:.....

**Description of cooling appliance:**

Manufacturer .....  
 Type, serial number .....  
 Year of manufacture .....

Specifications of the equipment, structural peculiarities and supplementary accessories are listed in the annex to this certificate.

**Declaration of conformity:** On the basis of the result contained in the test report N° XXXX issued by [NAME] on [DD/MM/YYYY], especially the K coefficient value established to be equal to ..... W/m<sup>2</sup>K, and the performance of the cooling appliance, the equipment mentioned above is assignable to the following category<sup>(3)</sup>:

<b>I</b>	<input type="checkbox"/> N (Normally insulated equipment characterized by a K coefficient equal to or less than 0.70 W/m <sup>2</sup> K;)	<input type="checkbox"/> A
		<input type="checkbox"/> B
	<input type="checkbox"/> R (Heavily insulated equipment characterized by a K coefficient equal to or less than 0.40 W/m <sup>2</sup> K and by sidewalls with a thickness of at least 45 mm for transport equipment of a width greater than 2.50 m.)	<input type="checkbox"/> C
		<input type="checkbox"/> D
		<input type="checkbox"/> E
		<input type="checkbox"/> F

**Valid until:** This certificate is valid for a period of 6 years from its date of issue

Date of issue ..... *Signature of the issuing authority representative*

**Important:** The principal characteristics and approval conditions are set out in the annex hereto, which forms part of the approval documents and consists of page(s). All documents are registered by the approved testing station which issued this certificate. The manufacturer shall inform the approved test station that holds the technical documentation concerning this Type Examination Certificate of all modifications to the equipment that may affect its conformity with the requirements or the conditions for validity of this certificate. Such modifications require additional approval in the form of an addition to this original Type Examination Certificate.

<sup>(1)</sup>Delete as necessary (experts only in the case of tests carried out under ATP annex 1, appendix 2, para. 27 or 49).<sup>(2)</sup> State source of information.<sup>(3)</sup> Chose by marking the applicable category.

## Annex to Type Examination Certificate No.....

Page 2/3

### General view of the equipment

*Include here a picture of the equipment*

### Principal dimensions of the body:

Outside: length .....m, width ..... m, height..... m  
 Inside: length .....m, width ..... m, height..... m  
 Total floor area of body .....m<sup>2</sup>  
 Usable internal volume of body .....m<sup>3</sup>  
 Total inside surface area Si of body .....m<sup>2</sup>  
 Total outside surface area Se of body .....m<sup>2</sup>  
 Mean surface area:  $S = \sqrt{S_i \cdot S_e}$  .....m<sup>2</sup>

### Specifications of the body walls

Unit (mm)	Outside coating	Thermal insulation	Internal coating	Total	Density kg/m <sup>3</sup>
<b>Top</b>					
<b>Lateral sides</b>					
<b>Rear door/wall</b>					
<b>Front face</b>					
<b>Bottom</b>					

*Abbreviations: GC = Gel coat / PU = Polyurethane*

### Structural peculiarities of the body

Accessories	No.	Position in the body	Type (No. of door flaps)	Height (mm)	Length (mm)	Thickness (mm)
<b>Doors</b>		Right side / Left side				
<b>Vents</b>						
<b>Other:</b>						

### Supplementary devices and accessories:

- *List here the supplementary devices or accessories like lighting, meat rails, meat rail runner stops, kick-strips...*
- *List only the ones which have an impact on the equipment's K value.*

### Description of mechanical refrigerating appliance:

Drive  independent  dependent  mains-operated<sup>1</sup>  
 Mechanical refrigerating appliances  removable  not removable  
 Nature of refrigerant and filling capacity .....  
 Effective refrigerating capacity stated by manufacturer for an outside temperature of + 30 °C and an inside temperature of:  
 0 °C .....  
 -10 °C .....  
 -20 °C .....  
 Compressor:  
 Make ..... Type .....  
 Drive:  electric  thermal  hydraulic  
 Description .....  
 Make ..... Type .....power..... kW .....at.....  
 Condenser and evaporator .....  
 Motor element of fan(s): make ..... type.....number .....  
 power: ..... kW .....at..... rpm

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**Annex to Type Examination Certificate No.....**

*Page 3/3*

Inside ventilation appliances:

Description (number of appliances, etc.) .....  
Power of electric fans ..... W  
Delivery rate ..... m<sup>3</sup>/h  
Dimensions of ducts: cross-section ..... m<sup>2</sup> length ..... m

Automatic devices:

Make ..... Type .....  
Defrosting (if any) .....  
Thermostat .....  
LP pressostat .....  
HP pressostat .....  
Relief valve .....  
Others .....

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**MODEL No. 6 - Type Examination Certificate**

**Type Examination Certificate**

No.....

**Issued by approved testing station/expert:**<sup>(1)</sup> Name .....  
 Address.....

**In accordance with:** the provisions of the Agreement on the International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for such Carriage (ATP)

**Manufacturer:** Name .....  
 Address.....

**Authorized representative:** Name .....  
 Address.....

**In respect of:** Heated equipment ( Wagon  lorry  trailer  semi-trailer  container  Other: ..... )

**Technical specifications:**

Brand: ..... Registration number: ..... Serial number: .....

Date of first entry into service: Tare<sup>(2)</sup> kg ..... Carrying capacity<sup>(2)</sup>: ..... kg

**Body description:**

Brand and type: ..... Identification number: .....  
 Built by: ..... Date of construction: .....

**Description of heating appliance:**

Manufacturer .....  
 Type, serial number .....  
 Year of manufacture .....

Specifications of the equipment, structural peculiarities and supplementary accessories are listed in the annex to this certificate.

**Declaration of conformity:** On the basis of the result contained in the test report N° XXXX issued by [NAME] on [DD/MM/YYYY], especially the K coefficient value established to be equal to ..... W/m<sup>2</sup>K, and the performance of the cooling appliance, the equipment mentioned above is assignable to the following category<sup>(3)</sup>:

<b>I</b>	<input type="checkbox"/> N (Normally insulated equipment characterized by a K coefficient equal to or less than 0.70 W/m <sup>2</sup> K;)	<input type="checkbox"/> A
	<input type="checkbox"/> R (Heavily insulated equipment characterized by a K coefficient equal to or less than 0.40 W/m <sup>2</sup> K and by sidewalls with a thickness of at least 45 mm for transport equipment of a width greater than 2.50 m.)	<input type="checkbox"/> B
		<input type="checkbox"/> C

**Valid until:** This certificate is valid for a period of 6 years from its date of issue

Date of issue ..... *Signature of the issuing authority representative*

**Important:** The principal characteristics and approval conditions are set out in the annex hereto, which forms part of the approval documents and consists of page(s). All documents are registered by the approved testing station which issued this certificate. The manufacturer shall inform the approved test station that holds the technical documentation concerning this Type Examination Certificate of all modifications to the equipment that may affect its conformity with the requirements or the conditions for validity of this certificate. Such modifications require additional approval in the form of an addition to this original Type Examination Certificate.

<sup>(1)</sup>Delete as necessary (experts only in the case of tests carried out under ATP annex 1, appendix 2, para. 27 or 49).<sup>(2)</sup>State source of information.<sup>(3)</sup>Chose by marking the applicable category.

## Annex to Type Examination Certificate No.....

Page 2/2

### General view of the equipment

*Include here a picture of the equipment*

### Principal dimensions of the body:

Outside: length .....m, width ..... m, height..... m  
 Inside: length .....m, width ..... m, height..... m<sup>2</sup>  
 Total floor area of body .....m<sup>2</sup>  
 Usable internal volume of body .....m<sup>3</sup>  
 Total inside surface area Si of body .....m<sup>2</sup>  
 Total outside surface area Se of body .....m<sup>2</sup>  
 Mean surface area:  $S = \sqrt{S_i \cdot S_e}$  .....m<sup>2</sup>

### Specifications of the body walls

Unit (mm)	Outside coating	Thermal insulation	Internal coating	Total	Density kg/m <sup>3</sup>
<b>Top</b>					
<b>Lateral sides</b>					
<b>Rear door/wall</b>					
<b>Front face</b>					
<b>Bottom</b>					

*Abbreviations: GC = Gel coat / PU = Polyurethane*

### Structural peculiarities of the body

Accessories	No.	Position in the body	Type (No. of door flaps)	Height (mm)	Length (mm)	Thickness (mm)
<b>Doors</b>		Right side / Left side				
<b>Vents</b>						
<b>Other:</b>						

### Supplementary devices and accessories:

- *List here the supplementary devices or accessories like lighting, meat rails, meat rail runner stops, kick-strips...*
- *List only the ones which have an impact on the equipment's K value.*

### Description of mechanical refrigerating appliance:

Description  
 Drive  independent  dependent  mains-operated<sup>1</sup>  
 Heating appliance removable/not removable<sup>1</sup>  
 Manufacturer .....  
 Where situated .....  
 Overall area of heat exchange surfaces .....m<sup>2</sup>  
 Effective power rating as specified by manufacturer ..... kW  
 Inside ventilation appliances:  
 Description (number of appliances, etc.) .....  
 Power of electric fans ..... W  
 Delivery rate ..... m<sup>3</sup>/h  
 Dimensions of ducts: cross-section .....m<sup>2</sup> length .....m

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**MODEL No. 10 - Type Examination Certificate**

**Type Examination Certificate**

No.....

**Issued by approved testing station/expert:**<sup>(1)</sup> Name .....  
 Address.....

**In accordance with:** the provisions of the Agreement on the International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for such Carriage (ATP)

**Manufacturer:** Name .....  
 Address.....

**Authorized representative:** Name .....  
 Address.....

**In respect of:** a Refrigeration Unit

Self-contained  not self-contained  Removable  not removable  Single unit  assembled

**Technical specifications:**

Date of manufacture: ..... Make: .....  
 Type: ..... Serial No: .....

**Description of the unit:**

Compressor: ....., Brand: ..... type.....  
 Number of cylinders: ....., Cubic capacity: ..... Nominal speed of rotation: ..... rpm  
 Methods of drive:  
 electric motor  separate internal combustion engine  vehicle engine  vehicle motion  
 Compressor drive motor:  
 Electrical: Make ..... Type ..... Power..... kW .....at..... rpm  
 Supply voltage: ..... V, Supply frequency: ..... Hz  
 Internal combustion engine: Make ..... Type ..... Number of cylinders.....  
 Cubic capacity: ..... Power ..... kW ..... at ..... rpm  
 Fuel: .....  
 Hydraulic motor: Make ..... Type .....  
 Method of drive: .....  
 Alternator: Make ..... Type .....  
 Speed of rotation given by the manufacturer: Nominal ..... rpm, Minimum .....rpm  
 Speed of rotation given by the manufacturer: Nominal ..... rpm, Minimum .....rpm  
 Refrigerant fluid: ..... Nominal capacity of refrigerant: .....

Specifications of the equipment, structural peculiarities and supplementary accessories are listed in the annex to this certificate.

**Declaration of conformity:** Transport equipment equipped with a refrigeration unit corresponding to this certificate may be accepted as mechanically refrigerated equipment without undergoing an efficiency test if the effective refrigerating capacity determined in the annex of the present certificate in continuous operation exceeds the heat loss through the walls for the class of ATP under consideration, multiplied by the factor 1.75.

**Valid until:** This certificate is valid for a period of 6 years from its date of issue

Date of issue ..... *Signature of the issuing authority representative*

**Important:** The principal characteristics and approval conditions are set out in the annex hereto, which forms part of the approval documents and consists of page(s). All documents are registered by the approved testing station which issued this certificate. The manufacturer shall inform the approved test station that holds the technical documentation concerning this Type Examination Certificate of all modifications to the equipment that may affect its conformity with the requirements or the conditions for validity of this certificate. Such modifications require additional approval in the form of an addition to this original Type Examination Certificate.

<sup>(1)</sup>Delete as necessary (experts only in the case of tests carried out under ATP annex 1, appendix 2, para. 27 or 49).<sup>(2)</sup> State source of information.<sup>(3)</sup> Chose by marking the applicable category.

## Annex to Type Examination Certificate No.....

Page 2/2

### Description of the type of refrigeration unit

#### Specifications of the unit

Heat exchangers		Condenser	Evaporator
Make-type			
Number of tubes			
Fan pitch (mm)			
Tube: nature and diameter (mm)			
Exchange surface area (m <sup>2</sup> )			
Frontal area (m <sup>2</sup> )			
FANS	Number		
	Number of blades per fan		
	Diameter (mm)		
	Nominal power (W)		
	Total nominal output at a pressure of ..... Pa (m <sup>3</sup> /h)		
	Method of drive		

Expansion valve: Make: ..... Model: .....  Adjustable  Not adjustable

Defrosting device: .....

Automatic device: .....

Security device: .....

Mean temperature inlet to evaporator	Refrigerating capacity (Wo) W
with engine driven: -20 °C -10 °C 0 °C	Compressor nominal speed ( rpm)
with electric motor driven -20 °C -10 °C 0 °C	Compressor nominal speed ( rpm)

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