



REPAIR STATION FORMS MANUAL

**For
FAA Approved Repair Station No ENRR619D
FAA Approved Satellite Repair Station No EN2D619D
DBA
Maritime Helicopters, Inc.
3520 FAA Road
Homer, Alaska 99603
(907) 235-7771**

**Revision 5
07/01/21**



Published by:

Maritime Helicopters, Inc.

3520 FAA Road

Homer, AK 99603

(907) 235-7771

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Record of Revisions

Rev No.	Rev Date	Change Summary	Posted
Reissue	11/01/2013	All Pages	SDS
Rev 1	01/10/2015	ii, iii, iv, 3-1, 4-38, 4-39, 4-40; 411/413 Forms	SDS
Rev 2	07/20/2015	Cover, ii, iii, iv, 3-1, 4-41; Added Return to Service Roster	SDS
Rev 3	08/15/2016	Cover, ii, iii, iv, 3-1, 4-7-11, 4-30, 4-31 4-50-52 Added forms	SDS
Rev 4	04/01/2019	Cover, ii, iii, iv, v, 3-1, 3-2, 4-53 thru 5-48; Added forms	SDS
Rev 5	07/01/2021	Cover, iii – 46; Added/deleted some forms. Rearranged order	SDS



List of Effective Pages

PAGE	STATUS	DATE	PAGE	STATUS	DATE	PAGE	STATUS	DATE
i	Rev 5	07/01/21	25	Rev 5	07/01/21			
ii	Reissue	11/01/13	26	Rev 5	07/01/21			
iii	Rev 5	07/01/21	27	Rev 5	07/01/21			
iv	Rev 5	07/01/21	28	Rev 5	07/01/21			
v	Rev 5	07/01/21	29	Rev 5	07/01/21			
1	Rev 5	07/01/21	30	Rev 5	07/01/21			
2	Rev 5	07/01/21	31	Rev 5	07/01/21			
3	Rev 5	07/01/21	32	Rev 5	07/01/21			
4	Rev 5	07/01/21	33	Rev 5	07/01/21			
5	Rev 5	07/01/21	34	Rev 5	07/01/21			
6	Rev 5	07/01/21	35	Rev 5	07/01/21			
7	Rev 5	07/01/21	36	Rev 5	07/01/21			
8	Rev 5	07/01/21	37	Rev 5	07/01/21			
9	Rev 5	07/01/21	38	Rev 5	07/01/21			
10	Rev 5	07/01/21	39	Rev 5	07/01/21			
11	Rev 5	07/01/21	40	Rev 5	07/01/21			
12	Rev 5	07/01/21	41	Rev 5	07/01/21			
13	Rev 5	07/01/21	42	Rev 5	07/01/21			
14	Rev 5	07/01/21	43	Rev 5	07/01/21			
15	Rev 5	07/01/21	44	Rev 5	07/01/21			
16	Rev 3	08/15/16	45	Rev 5	07/01/21			
17	Rev 3	08/15/16	46	Rev 5	07/01/21			
18	Rev 5	07/01/21						
19	Rev 5	07/01/21						
20	Rev 5	07/01/21						
21	Rev 5	07/01/21						
22	Rev 5	07/01/21						
23	Rev 5	07/01/21						
24	Rev 5	07/01/21						

FAA PRINCIPAL MAINTENANCE INSPECTOR_____
FAA PRINCIPAL AVIONICS INSPECTOR



Table of Contents

RECORD OF REVISIONS.....	III
LIST OF EFFECTIVE PAGES.....	IV
TABLE OF CONTENTS.....	V
1. INTRODUCTION.....	1
1.1 Manual Revisions.....	1
1.2 Manual Revisions and Control.....	1
1.3 Web Based Manual.....	1
FORMS LISTING.....	2
REPAIR STATION FORMS.....	3
1. AUTHORIZED RELEASE CERTIFICATE FAA FORM 8130-3 – MHI 001.....	3
2. WORK ORDER COVER SHEET – FORM MHI 002.....	6
3. VENDOR AUDIT – FORM MHI 003.....	8
4. REPAIRABLE PARTS TAG – FORM MHI 004.....	13
5. PART 145 WORK SHEET – FORM MHI 005.....	15
6. SERVICEABLE PARTS TAG – FORM MHI 006.....	18
7. REJECTED PART TAG – FORM 007.....	20
8. IDENTIFICATION TAG - FORM MHI 008.....	22
9. RECEIVING INSPECTION LOG – FORM MHI 009.....	24
10. NON-DESTRUCTIVE TESTING PARTS TAG – FORM MHI 010.....	26
11. NDT INVENTORY LOG – FORM MHI 011.....	28
12. SHELF LIFE AUDIT – FORM MHI 012.....	30
13. INVENTORY PART RECEIVING LABEL – FORM MHI 013 (FAIRBANKS ONLY).....	31
14. INVENTORY PART RECEIVING LABEL – FORM MHI 014 (HOMER ONLY).....	32
15. SUMMARY OF EMPLOYMENT – FORM MHI 015.....	33
16. CALIBRATION STICKER (SAMPLE) – FORM MHI 016.....	35
17. CAPABILITIES SELF EVALUATION CHECKLIST – FORM 017.....	36
18. TOOL CALIBRATION RECORD – MHI FORM 018.....	38
19. INVENTORY SIGN OUT TAG – FORM MHI 019.....	39
20. REQUIRED LOGBOOK ENTRIES TAG – FORM MHI 020.....	40
21. MECHANIC SIGNATURE/INITIAL ROSTER - FORM MHI 021.....	41
22. ALTIMETER 24 MONTH CHECKLIST FORM MHI 022.....	42
23. TRANSPONDER 24 MONTH CHECKLIST FORM MHI 023.....	44
24. REPAIR STATION INSPECTION AND RETURN TO SERVICE ROSTER - FORM MHI 024.....	45
25. REPAIR STATION MANAGEMENT AND SUPERVISORY ROSTER - FORM MHI 025.....	46



1. Introduction

This **Repair Station Forms Manual (RSFM)** has been prepared in accordance with the current regulations contained in Title 14 CFR §145, and is a prerequisite for operation under the privileges of the Repair Station certificate. THE validity of the Repair Station's certificate is directly dependent upon compliance with the procedures and requirements within this manual, as well as, the associated Repair Station and Quality Control Manuals.

MHI Repair Stations will not maintain or alter any article for which it is not rated, and will not maintain or alter any article for which it is rated if it requires technical data, equipment, materials, facilities or trained personnel that are not available.

A current copy of this RSFM, including the **associated** Repair Station and Quality Control Manuals, shall be accessible to applicable Repair Station personnel. A current copy of the required Repair Station Forms Manual and any revisions made will also be provided to the FAA Certificate Holding District Office (CHDO).

1.1 Manual Revisions

The Accountable Manager oversees the creation and revision of MHI controlled documents. Department Managers and Supervisors may submit suggestions and corrections for incorporation into this manual by contacting the Chief Inspector. Changes made to this manual will be summarized in the change summary table and indicated throughout the manual by change bars. A vertical bar (change bar) in the right margin indicates a change, addition, or deletion in the adjacent text for the current revision of that page only. The change bar is dropped at the next revision of that page.

1.2 Manual Revisions and Control

The Chief Inspector is responsible for the content of this manual and any revisions. This manual requires FAA acceptance prior to release. Revisions to this manual must be routed for MHI internal and FAA acceptance prior to distribution. This manual cannot be published or distributed to end users prior to formal submission to and acceptance by the FAA.

1.3 Web Based Manual

Web based company manuals maintained by the Part 145 Accountable Manager will be placed on the Maritime Helicopters company maintenance Portal and available to all Part 145 maintenance personnel. The Part 145 Accountable Manager is responsible for assuring all web-based company manuals are current. Any downloaded or printed material from the company maintenance Portal is considered an uncontrolled copy.

Maintenance Personnel are to use the Maritime Maintenance Web Portal for all company manuals unless internet access is not available. In the advent of no internet access to manuals, a current company paper format manual shall be used.



Forms Listing

Form #	Description
MHI 001	FAA Form 8130-3
MHI 002	Work Order Cover Sheet
MHI 003	Vendor Audit
MHI 004	Repairable Parts Tag
MHI 005	Part 145 Work Sheet
MHI 006	Serviceable Parts Tag
MHI 007	Rejected Parts Tag
MHI 008	Identification Tag
MHI 009	Receiving Inspection Log
MHI 010	NDT Testing Parts Tag
MHI 011	NDT Inventory Log
MHI 012	Shelf-Life Audit
MHI 013	Inventory Part Receiving Label (Fairbanks Only)
MHI 014	Inventory Part Receiving Label (Homer Only)
MHI 015	Summary of Employment
MHI 016	Calibration Sticker
MHI 017	Capabilities Self-Evaluation Checklist
MHI 018	Tool Calibration Record
MHI 019	Inventory Sign Out Tag
MHI 020	Required Logbook Entries
MHI 021	Mechanic Signature/Initial Roster
MHI 022	Altimeter 24 Month Checklist
MHI 023	Transponder 24 Month Checklist
MHI 024	Inspection and Return to Service Roster
MHI 025	Management and Supervisor Roster



REPAIR STATION FORMS

1. Authorized Release Certificate FAA Form 8130-3 – MHI 001

1. Approving Civil Aviation Authority/Country: FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG			3. Form Tracking Number: 2004-664	
4. Organization Name and Address: Anyone's Repair Station, 1104 Wing Avenue, Anyplace, TX 22212 (PW8RW813J)					5. Work Order/Contract/Invoice Number: W 8851	
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:	
010	Actuator	69A321	1	3384-L	REPAIRED	
12. Remarks: "The work specified has been accomplished in accordance with [insert type of manual or specification, number, and revision date]."						
13a. Certifies the items identified above were manufactured in conformity to: ☐ Approved design data and are in a condition for safe operation. ☐ Non-approved design data specified in Block 12.			14a. ☒ 14 CFR 43.9 Return to Service ☐ Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
13b. Authorized Signature:		13c. Approval/Authorization No.:		14b. Authorized Signature: <i>A. Inspector</i>		14c. Approval/Certificate No.: PW8RW813J
13d. Name (Typed or Printed):		13e. Date (dd/mmm/yyyy):		14d. Name (Typed or Printed): A. Inspector		14e. Date (dd/mmm/yyyy): 12 Oct 2007
User/Installer Responsibilities						
It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1. Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.						

FAA Form 8130-3 (02-14)

NSN: 0052-00-012-9005

APPLICABILITY: Only Maritimes Helicopters Fairbanks Overhaul Shop is required to issue an FAA Form 8130-3 in lieu of yellow serviceability parts tag (FORM MHI 006) for work performed under a FORM MHI 002 work order.

Electronic copies of each completed FAA Form 8130-3 shall be submitted to the Part 145 Accountable Manager or his designee for review.



REPAIR STATION FORMS MANUAL

Rev - 5: 07/01/2021

Instructions for completion of FAA Form 8130-3:

Block

1. **Approving National Aviation Authority/Country** - FAA/United States. Preprinted
2. **Authorized Release Certificate, FAA Form 8130-3, Airworthiness Approval Tag** - Preprinted
3. **Form Tracking Number** - Enter the unique number established by the numbering system.
4. **Organization Name and Address** - Enter the full name and physical address (no post office box numbers) of the organization or facility for which the form is being issued and Repair Station Number (EN2D619D).
5. **Work Order/Contract/Invoice Number** - To facilitate customer traceability of the product, part, or appliance, enter the work order number, contract number, invoice number, or similar reference number.
6. **Item** - When Form 8130-3 is issued, a single item number or multiple item numbers (for example, same item with different serial numbers) may be used for the same part number. Multiple items must be numbered in sequence, although not necessarily beginning with the number one (for example, 0040, 0050, 0062, 0063). If a separate listing is used, enter "List Attached"
7. **Description** - Enter the name or description of the product, part, or appliance. Preference should be given to the term used in the instructions for continued airworthiness or maintenance data (for example, illustrated parts catalog, aircraft maintenance manual, or service bulletin (SB)).
8. **Part Number** - Enter each part number of the product, part, or appliance. If article is a subassembly and does not have a part number, enter the next higher assembly part number followed by the words "Subassembly".
9. **Quantity** - Enter the quantity of each product, part, or appliance shipped.
10. **Serial/Batch Number** - If the product, part, or appliance is required by 14 CFR part 45, Identification and Registration Marking, to be identified with a serial number, enter it here. Additionally, any other serial number not required by regulation also may be entered. If no serial number is entered in this block, enter "N/A."
11. **STATUS/WORK** – enter one of the following statements accordingly: (1) TESTED, (2) INSPECTED, (3) REPAIRED, (4) MODIFIED, (5) OVERHAULED, or (6) SEE BLOCK 12.
12. **Remarks** - State any information in this block, either directly or by reference, to supporting documentation necessary for the user or installer to determine the airworthiness of the product, part, or appliance. If necessary, a separate sheet may be used and referenced from the main Form 8130-3. Each statement must clearly identify which product, part, or appliance in Block 6 it relates to. If there is no statement, state "none." The purpose of the form (for example, airworthiness approval.
13. **Blocks 13a through 13e. Shade, darken, or otherwise mark to preclude inadvertent or unauthorized use.**



REPAIR STATION FORMS MANUAL

Rev - 5: 07/01/2021

- 14a. **Approval for Return to Service** - Mark the box 14 CFR 43.9 Return to Service.
- 14b. **Authorized Signature** - This space will be completed with the signature of the authorized person. Only persons specifically authorized are permitted to sign this block. The approval signature must be applied at the time and place of issuance and manually applied,
- 14c. **Approval/Certificate No.** Enter the air agency, or air carrier certificate number (for example, EN2D619D).
- 14d. **Name** - Enter the typed or printed name of the authorized representative whose signature appears in Block 20.
- 14e. **Date (m d y)** - Enter the date on which Block 14 is completed, or in the case of electronically generated forms, the date the conformity determination is made and the form is authorized to be issued. The date must be in the following format: first three letters of the month, two-digit day, and four-digit year, for example, Feb 03 2008. This does not need to be the same as the printing or shipping date, which may occur later.

NOTE: Lost Form 8130-3 Issued for an Approval for Return To Service. If a copy of a Form 8130-3 is requested, a file copy of the original form may be provided by an authorized person, if available.

Reissuance of Form 8130-3 Because of Typographical Errors on the Original - The original issuer may reissue Form 8130-3 if there are typographical errors on the original.

- a. The recipient must provide a written statement and a copy of the incorrect Form 8130-3 to the original issuer highlighting the errors.
- b. Once these actions are taken, the copy of the original form should be reviewed to determine validity of the errors. If the errors are valid, a corrected form may be issued and the words "THIS FORM 8130-3 REPLACES FORM 8130-3 WITH FORM TRACKING NUMBER [insert number], DATED [enter original issuance date]" must be typed in Block 13. The replacement form must have an original signature and the date the signature was applied. The erroneous form must be marked as such.

NOTE: Both forms should be retained according to the retention period associated with the original form.



Rev - 5: 07/01/2021

[illegible]



REPAIR STATION FORMS MANUAL

Rev - 5: 07/01/2021

Instructions: Work Order Cover Sheet

This form shall be utilized to document the aircraft information and work to be performed. Complete the fields as follows:

W.O. #	Enter a work order number for tracking
Start	Date the work order was opened
Customer Name	Customer's name
Complete	Date the work order was closed
Address	Street address of company
Phone	Contact phone number
Labor	Total mechanic hours
Rate	Agreed upon shop rate
City & State	City & state of customer address
Make & Model	For example, 'Bell 407'
Serial #	For an aircraft, enter serial aircraft serial number. For an article, refer to the serviceability tag and enter the S/N of the aircraft from which the article was removed or the article's S/N.
N#	For the aircraft, enter serial aircraft serial number. For an article, refer to the serviceability tag. Enter N# of the aircraft from which the article was removed.
Total Time	The total time for an aircraft. For an article, the aircraft's total flight time at time of removal.
RIN	Fill in cycles, landings, or flights for articles or assembly (as applicable)
Engine TT	Total time of aircraft engine
Cycles / Starts	Engine/prop can be found on serviceability tag, status report, or logbook.
Labor	Total labor cost
Parts	Total cost of parts
Outside Repairs	Total cost of outside repairs
Gas	Total cost of fuel
Oil	Total cost of oil
Shipping	Total cost of shipping
Tax	Amount of tax costs applied
Grand Total	Total costs
Authorization	Signature and date of person(s) authorizing the aircraft work

COMPONENTS

Name	Common abbreviations are acceptable (i.e., M/R, T/R, G/B, Assy, etc.)
Part #	Part number of the article from serviceability tag. If there are multiple articles, write "See below" and list the part numbers with each specific article in the Job Description.
Serial #	Serial number of the article from serviceability tag. If there are multiple articles, write "See below", list the serial numbers with each specific article in the job description.
Total Time/TSO	Applicable total time (since new) of the article or time since overhaul. If there are multiple articles, write "See below", list the times with each specific article in the job description.

**3. Vendor Audit – FORM MHI 003**

**Maritime Helicopters
Repair/Overhaul Vendor Audit Surveillance Report**

Vendor Name:	Phone: Fax:
Vendor Contact Name:	
Address:	

Key Company Officials:	
Name	Title

Individual Responsible for Quality Control Program:		
Name	Title	Phone

Type of Business:	Airline	Manufacturer	FAA Repair Station
Distributor/Supplier		Other	Repair Station #
Years in Business:		Number of Employees:	

CAA or FAA Principal Maintenance Inspector:	
Name	Phone

Major Customers:	
Company Name	Service Provided



Personnel Numbers:			
Production	Quality	Engineering	Certified Repairmen
		Yes	No
			N/A
1) Certification			
a) Do you have a FAR Part 145 Repair Station Certificate?			
i) Please attach a copy of the certificate and operations specifications to this questionnaire.			
b) Do you have an approved anti-drug program?			
i) Please attach a copy of the FAA acceptance/exemption letter.			
c) Do you have an approved alcohol testing program?			
i) Please attach a copy of the FAA acceptance/exemption letter.			
2) Quality Control Program			
a) Do you have an established quality control program?			
b) Is it described in detail in a quality control manual or other appropriate document?			
c) Please describe the functional separation of Quality Control and Production.			
d) Are all inspections and tests documented?			
e) Are all incoming parts and materials subject to a documented receiving inspection?			
3) Technical Data			
a) Do you have the required technical data on-hand to perform the work we will be contracting/are sending to you?			



REPAIR STATION FORMS MANUAL

Rev - 5: 07/01/2021

b) Do you have an established system to ensure technical data remains current?			
c) Is uncontrolled technical/reference data marked as such and segregated from controlled data?			
4) Tooling and Test Equipment			
a) Do you have adequate tooling and test equipment necessary to perform the work we will be contracting/are sending to you?			
b) Do you have an established system to ensure company and personal tools and test equipment are maintained serviceable/calibrated?			

	Yes	No	N/A
5) Training			
a) Do you have a formal training program for all supervisors, inspectors, and technicians?			
b) Do you document all training?			
6) Facilities			
a) Do you have adequate facilities to perform the work we will be contracting/are sending to you?			
b) Do you have a system that ensures parts, materials, and customer property is protected from damage, theft, and contamination?			
c) Are non-aircraft related activities segregated from aircraft related activities?			
7) Work Processing			
a) Do you have a system to properly identify customer parts throughout all maintenance actions and while in storage?			
b) Are serviceable and unserviceable units kept segregated?			
c) Are scrap parts tagged and removed from the work area?			



REPAIR STATION FORMS MANUAL

Rev - 5: 07/01/2021

8) Stores			
a) Do you have a system to ensure all parts and materials are environmentally protected?			
b) Do you maintain traceability certification for all parts and materials?			
c) Are aircraft parts segregated from non-aircraft parts?			
d) Do you have a quarantine area for rejected parts and materials awaiting disposition?			
e) Are life limited scrap parts returned to the customer or mutilated to prevent return to service?			
f) Do you have a system that monitors shelf-life limited parts and supplies?			

Vendor Comments:

The data herein is applicable to the execution of contracts and the filling of orders from **Maritime Helicopters, Inc.** It is agreed that **Maritime Helicopters, Inc.** will be notified of any relocation or transfer of operations, or any change in quality control organization or procedures which affects compliance of relevant supplies and procedures to **Maritime Helicopters, Inc.** requirements. It is recognized that failure to furnish a description of such changes for **Maritime Helicopters, Inc.** review, or willful misrepresentation of any fact specified herein constitutes a material breach of contract which may result in disapproval as a **Maritime Helicopters, Inc.** vendor and void any existing contract purchase order.

Signature of Company Official

Position Title

Name

Phone



REPAIR STATION FORMS MANUAL

Rev - 5: 07/01/2021

This Section for Maritime Helicopters, Inc. Use Only

Work Contracted/Intended:

Type Audit: ☐ **Initial** ☐ **Recurrent** ☐ **Follow-Up** ☐ **Special**

Corrective Action Required	Date Requested	Date Due:	Date Received:
Yes ☐ No ☐			

Approved for Use: Yes ☐ No ☐	By:	Date:
Approved Vendor List Updated: ☐		

Next Scheduled Audit Date:

Comments:

Records Accounting:	Completed Checklist	Finding/corrective Action Form(s)
Repair Station Certificate ☐	Operations Specifications ☐	Drug Letter ☐ Alcohol Letter ☐

Instructions: Vendor Audit Form

This form shall be utilized to document Maritime repair and overhaul vendors in performing a self-audit.



4. Repairable Parts Tag – Form MHI 004

REPAIRABLE PARTS TAG

Nomenclature _____ Date _____

P/N _____ S/N _____

A/C # _____ A/C TT _____ Position _____

Parts TSO _____ Part TT _____

Reason Removed _____

Mechanic _____ Inspector _____

Maritime Helicopters, Inc.

☐ 1915 DONALD AVE., FAIRBANKS, ALASKA 99712
FAA REPAIR STATION # EN2D619D

☐ 3520 FAA ROAD, HOMER, ALASKA 99603
FAA REPAIR STATION # ENRR619D

Form MHI-004



REPAIR STATION FORMS MANUAL

Rev - 5: 07/01/2021

Instructions: Repairable Parts Tag

This tag shall be utilized to record the information of a repairable article. It is initiated by a mechanic. It will remain with the article until the article is rejected or made serviceable.

Part Name	Part name.
Date	Date of removal.
Part No.	Part number.
Serial No.	Part serial number.
Aircraft N#	Aircraft registration number.
Position	If multiple locations i.e., Left hand, Upper
TSO	Time Since Overhaul, If applicable.
Total Time	Total time of part.
Reason Removed	Why removed; Unserviceable, overhaul, etc.
Mechanic	Signature of mechanic that removed the part
Inspector	Name of approving inspector, if required.



5. Part 145 Work Sheet – FORM MHI 005

Sample: Maintenance Discrepancy and Work Record

Maritime Helicopters MAINTENANCE DISCREPANCY AND WORK RECORD						
REGISTRATION NUMBER		AIRCRAFT MODEL	LOCATION	WORK ORDER #	PAGE OF	
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
Discovered By:			Corrected By Signature:	Certificate:	Final Insp.	Date
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
Discovered By:			Corrected By Signature:	Certificate:	Final Insp.	Date
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
Discovered By:			Corrected By Signature:	Certificate:	Final Insp.	Date
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
Discovered By:			Corrected By Signature:	Certificate:	Final Insp.	Date
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
Discovered By:			Corrected By Signature:	Certificate:	Final Insp.	Date
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
Discovered By:			Corrected By Signature:	Certificate:	Final Insp.	Date



Instructions: Maintenance Discrepancy and Work Record

This form shall be utilized to document discrepancies and corrective actions. Upon completion, this form will become part of the work order package.

Registration No.	Enter aircraft registration number.
Aircraft Model	For example, 'Bell 407'
Location	Where maintenance is being performed
Work Order No	Found at the top of the MHI form 002
Acft TT	Aircraft total current airframe time
Page No.	Page number if multiple pages are used.
Item #	Item # for sequential itemization of different tasks to be performed (i.e. for multiple steps: #1, #2, #3, etc.).
Date discovered	The person that entered the discrepancy must input date of the entry.
Pre Insp/In Progress	Note type of inspection. In Progress if item is being inspected as part of a larger assembly
S/N Off	Enter serial number (If serialized) of component removed
S/N On	Enter serial number (If serialized) of component installed
Discrepancy	Use this space to describe the removal or discrepancy.
Corrective Action	State the installation/corrective action within the section provided. References must satisfy requirements per CFR 14 § 43.13. i.e. MM, dwg, ICA.
Discovered by	Mechanic who found the discrepancy will enter their initials
Corrective by signature	The mechanic that entered the corrective action will enter their initials.
Certificate	Mechanics certificate number (may be Repair Station number)
Final Insp	QA inspector will enter their initials if all work has been completed satisfactorily.
Date	Enter date of completion of item

ADDITIONAL INFO

Name	Common abbreviations are acceptable (i.e., M/R, T/R, G/B, Assy, etc.)
Part #	Part number of the article from serviceability tag. If there are multiple articles, write "See below" and list the part numbers with each specific article in the Job Description.
Serial #	Serial number of the article from serviceability tag. If there are multiple articles, write "See below", list the serial numbers with each specific article in the job description.
Total Time/TSO	Applicable total time (since new) of the article or time since overhaul. If there are multiple articles, write "See below", list the times with each specific article in the job description.
Item No.	For sequential itemization of different jobs (i.e. multiple articles: #1, #2, #3, etc.).
Description	Fill in the job description from the discrepancy on the Component record tag or an abbreviated version from the TSD for an aircraft. For more than one article, include the P/N, S/N, Name and applicable TSN/TSO times.



INSPECTIONS

- Preliminary** A preliminary inspection **MUST BE PERFORMED** on any aircraft or article prior to maintenance being performed. Initials in this box stating an inspection was performed. If a preliminary discrepancy(s) was/were found, write up discrepancies(s) were found in box.
- Hidden Damage** The QA inspector shall write up any hidden damage if found. If no hidden damage is found, write "N/A" for any hidden.
- Continuity** QA Inspector initials. "See Attached" - continuity forms were used; "No" if continuity forms were not used.
- Maintenance Final** Shall be initialed by the assigned Lead or Supervisor upon completion of work performed.
- QA Final** The QA inspector shall acknowledge that the work record has had a final review prior to being closed and write in that statement.



6. Serviceable Parts Tag – FORM MHI 006

FRONT

SERVICEABLE PARTS TAG	
W.O. #	Nomenclature _____ Date _____
	P/N _____ S/N _____
	TSO _____ TT _____
	Mechanic _____ Inspector _____
INSTALLATION INFO	
P.O. #	A/C # _____ Date _____
	A/C TT _____ Position _____
	Mechanic _____ Inspector _____
Maritime Helicopters, Inc.	
☐ 1915 DONALD AVE., FAIRBANKS, ALASKA 99712 FAA REPAIR STATION # EN2D619D	
☐ 3520 FAA ROAD, HOMER, ALASKA 99603 FAA REPAIR STATION # ENRR619D	
Form MHI-006	

BACK

MAINTENANCE RELEASE	OVERHAUL AGENCY
The aircraft, engine or component identified on front of tag was repaired and inspected in accordance with current regulations of the Federal Aviation Administration and is approved for return to service. Pertinent details of the repair are on file at this repair station under	New
W.O.#/A&P# _____ Date _____	Overhaul
Signed _____	Repair
MARITIME HELICOPTERS, INC.	Cont. Service
☐ 1915 DONALD AVE., FAIRBANKS, ALASKA 99712 FAA REPAIR STATION # EN2D619D	Functional Test
☐ 3520 FAA ROAD, HOMER, ALASKA 99603 FAA REPAIR STATION # ENRR619D	Other
Form MHI-006	MHI
	P.O. # _____



REPAIR STATION FORMS MANUAL

Rev - 5: 07/01/2021

Instructions: Serviceable Parts Tag

This tag shall be utilized to record the information of a serviceable article. It is initiated by a mechanic. It will remain with the article is installed.

Nomenclature	Part name.
Date	Date of serviceability.
Part No.	Part number.
Serial No.	Part serial number.
TSO	Time Since Overhaul if applicable.
Total Time	Total time of part. Also enter a RIN count if applicable
Mechanic	Signature required of the mechanic removed the part.
Inspector	Signature required of the QA inspector or the mechanic condemning the part.
INSTALLATION INFO	
Aircraft N#	Aircraft registration number.
Date	Date of installation.
Acft TT	Current aircraft airframe total time
Position	I.e. L/H, Upper, etc.
Mechanic	Installing mechanic name
Inspector	Installation Inspector
MAINTENANCE RELEASE	
W.O #	Work Order number (if applicable)
Date	Date of Release.
Signed	Signature of releasing inspector
OVERHAUL AGENCY	
	Circle status of part. i.e., new, overhauled, repaired, etc.
MHI PO#	Enter MHI Purchase Order number



7. Rejected Part Tag – Form 007

 **Maritime Helicopters**

3520 FAA Road, Homer AK 99603

REJECTED PART TAG

Date: _____
Part Name: _____
Part No.: _____
Serial No.: _____
Total _____ TSO: _____
Time: _____
RIN: _____ CYC: _____
Aircraft N#: _____ TT: _____

REASON FOR REJECTION

METHODS OF DESTRUCTION

☐ Removed Data Tag	☐ Cut/Broken
☐ Vibro-etched P/N & S/N	☐ Gouged/Ground
☐ Physically Mutilated	☐ Marked Training/Tool

Work Order No. _____ Item No. _____

Inspector or Mechanic

FORM MHI-007 07/2013



Instructions: Rejected Part Tag

This tag shall be utilized to record the information of a rejected article. It is initiated by a mechanic. It will remain with the article until the article is destroyed or mutilated.

Date	Date of rejection.
Part Name	Part name.
Part No.	Part number.
Serial No.	Part serial number.
Total Time	Total time of part.
TSO	If applicable.
RIN	If applicable.
CYC	If applicable.
Aircraft N#	Aircraft registration number.
TT	If applicable.
Reason	The reason for rejection must include a detailed explanation of why the part is not serviceable.
Methods	Record methods used to render the part un-usable. Prior to destruction, ensure parts are not to be returned to the owner.
Destruction	
Work Order No	Work order number.
Item No	Discrepancy item in the work order originally rejecting the part.
Inspector/Mech	Signature required of the QA inspector or the mechanic condemning the part.
Cert Type & No	Enter the applicable repair station number if signing for an MHI operated repair station.



8. Identification Tag - FORM MHI 008

 Maritime Helicopters 1915 DONALD AVE. FAIRBANKS ALASKA 99701 IDENTIFICATION TAG
ITEMS REMOVED FROM AIRCRAFT/ASSEMBLY
Work Order No. _____ Item No. _____ P/N/Description _____ & S/N _____ Was removed from aircraft/assembly N# / S/N _____ Aircraft _____ Location: _____
For maintenance convenience only. This item requires no maintenance at this time. Should this item not be reinstalled on this aircraft/assembly, it requires an appropriately completed SERVICEABLE PARTS TAG (Form MHI-006). This item must be visually inspected before installation on this aircraft/assembly.
Form MHI-008 (front)

 Maritime Helicopters 1915 DONALD AVE. FAIRBANKS ALASKA 99701 IDENTIFICATION TAG
ALL ITEMS PLACED ON OR IN THIS STORAGE UNIT WERE REMOVED FROM AIRCRAFT/ASSEMBLY
Work Order No. _____ Was removed from: _____ aircraft/assembly N#/S/N _____
For maintenance convenience only. These items require no maintenance at this time. Should any of these items <u>not be reinstalled</u> on this aircraft/assembly, they <u>will require</u> an appropriately completed SERVICEABLE PARTS TAG (Form MHI-006) for each item. Items must be visually inspected before installation on this aircraft/assembly.
Form MHI-008 (back)



Instructions: White Identification Tags

This tag shall be utilized to identify articles or shelving/storage units as required. It is initiated by a mechanic. This tag may be discarded when the component(s) is reinstalled on the same aircraft or identification tag is replaced by a component record card (form MHI 006).

Work Order No. Enter work order No. from applicable form MHI 002.

Item No. Enter discrepancy item number from form MHI 005.

P/N Description Enter part number of article and describe.

& S/N Enter article serial number.

Removed from N#/S/N Enter next higher assembly information.

Side One: **ITEMS REMOVED FROM AIRCRAFT / ASSEMBLY**

With the information on this side completed, the tag shall be attached to indicate a serviceable article's removal from an aircraft "for maintenance convenience only". This shall be attached to the individual item. Should the individual articles labeled with an "Identification Tag," form MHI 008, require any maintenance, enter a work order discrepancy card entry on form MHI 005. If the removed article is not to be reinstalled on the original aircraft, it requires the article to be tagged with a component record tag (form MHI 006).

NOTE: No item removed and tagged with a white Identification Tag, form MHI 008 will be reinstalled unless the item is deemed "serviceable" by an appropriately rated mechanic.

Side Two: **ALL ITEMS PLACED ON OR IN THIS STORAGE UNIT SIDE**

With the information on this side completed, the tag shall be utilized to identify shelves, racks and containers.

In the case of cabin interiors (seats, upholstery, etc.), empennage or fuselage cowl, inspection/access panels, hardware, and other similar items, such parts must be serviceable and will be segregated on shelves, racks or in containers labeled as appropriate with one identification tag.



Rev - 5: 07/01/2021

Maritime Helicopters

24



Instructions: Receiving Inspection Log

This form provides a record of articles received into the repair station. It is initiated by an incoming/receiving Inspector. The form is to be archived in the incoming and receiving area.

Date Received	Date item entered into the log.
PO#	PO number as stated on invoice.
Part #	Number of part.
Serial #	Serial number affixed to part.
QTY	Total number of parts received as stated on invoice.
Description	As stated on invoice.
Shelf Life	Indicate YES or NO whether shelf life is limited.
Maint Release	Indicate YES or NO whether maintenance release was supplied with unit.
Insp Initial	Initials of incoming and receiving inspector completing the inspection.



10. Non-Destructive Testing Parts Tag – FORM MHI 010

**Maritime Helicopters**
3520 FAA Road
Homer, AK 99603
FAA Repair Station No. ENRR619D

NDT PARTS TAG

WO#_____

N#_____

Name_____

P/N_____

S/N_____

MPI_____

FPI_____

Form MHI-0107/2013



Instructions: Non-Destructive Testing Parts Tag

This tag is used to identify articles leaving an MHI repair station for non-destructive testing. It is initiated by a mechanic. After work is performed by the vendor this form is no longer required for the work order package.

WO #	Assigned work Order number from form MHI 002.
N#	Aircraft's registration number.
Name	The given nomenclature/name of the article (i.e. "Sun Gear").
P/N	Part number of the article.
S/N	Serial number of the article. If there is no serial number use "NA".
MPI	X on line indicating if a magnetic particle inspection is required.
FPI	X on line indicating if a fluorescent penetrant inspection is required.



Rev - 5: 07/01/2021

NDT Inventory Log

S/N:

1



Instructions: Non-Destructive Testing (NDT) Inventory Log

This form is an inventory log of articles sent for non-destructive testing. It is initiated by a mechanic. It will be archived with the work order package.

Note: Leave no blanks – use ‘N/A’ if not required or not applicable.

W/O #	Work order number assigned on form MHI 002
A/C Type	Aircraft type (i.e. “Bell 407”).
A/C N#	Aircraft’s registration number.
A/C S/N	Aircraft’s serial number.
A/C T.T.	Aircraft’s total time.
Date	Date the form was initiated.
Assembly	Higher assembly’s nomenclature, if applicable (i.e. “Main Transmission”).
S/N	Serial number of the higher assembly, if applicable.
Qty	Number/quantity of pieces for the given article.
Nomenclature	Given nomenclature of the article (i.e. “Sun Gear”).
Part Number	Enter the part number of the article.
Serial Number	Enter the serial number of the article. If there no serial number, use “NSN” (“No Serial Number”).
MPI	“X” in the appropriate box if this type of inspection is required for the article.
FPI	“X” in the appropriate box if this type of inspection is required for the article.
Performed By	<i>For vendor use only.</i>
Work Order #	<i>For vendor use only.</i>
Accepted By	<i>For vendor use only.</i>
Notes	Use this space to note anything unusual or noteworthy. If no notes, enter “N/A”.
Received, Inspected By	Individual(s) receiving and inspecting the article must sign/date here.



12. Shelf Life Audit – FORM MHI 012

Section One: Shelf Life Audit Information			
Date	Name	Initials	Results
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Instructions: Shelf Life Audit Sheet

This form documents that an audit of shelf life items in the storage unit was performed. It will be initiated by the person responsible for monitoring MHI operated repair station shelf life products. Shelf life audits are to be conducted by the end of each month. This form will be discarded upon initiation of a new, annual form.

Date Day the audit is accomplished for the appropriate month.

Name Printed name of individual performing the audit.

Initials Individual's initials.

Results Brief description of results.



13. Inventory Part Receiving Label – FORM MHI 013 (Fairbanks Only)

Please Note:

This part is an inventory part and must be
Signed out from the Parts Department.

P/N: [Click here to enter text.](#)

Description: [Click here to enter text.](#)

S/N: [Click here to enter text.](#)

L/B: [Click here to enter text.](#)

Location: [Click here to enter text.](#)

~~SHELF LIFE EXPIRES:~~ [Click here to enter text.](#)

RECEIVING INSPECTION COMPLIED WITH

Date: _____ Signature: _____

Instructions: Inventory Part Receiving Label

This form is placed on part after an incoming and receiving inspection has been performed.

P/N	Manufacturer Part Number
Description	Nomenclature of Part
S/N	Serial Number if one present
L/B	Lot or Batch Number
Location	What location on the parts shelf
Shelf Life Expiration Date	Enter date expires if item has a shelf life
Date	Date the incoming/receiving inspection performed
Signature	Signature of person performing the incoming/receiving inspection



14. Inventory Part Receiving Label – FORM MHI 014 (Homer Only)

Please Note:

This part is an inventory part and must be signed out from the Parts Department.

P/N:
Description:
S/N:
L/B:
Location:
Expiration:
Cost:

INCOMING/RECEIVING INSPECTION COMPLIED WITH

Date: _____ Signature: _____

Instructions: Inventory Part Receiving Label

This form is placed on part packaging after an incoming and receiving inspection has been performed.

P/N	Manufacturer Part Number
Description	Nomenclature of Part
S/N	Serial Number if one present
L/B	Lot or Batch Number
Location	What location on the parts shelf
Expiration	Enter date expires if item has a shelf life
Cost	Optional
Date	Date the incoming/receiving inspection performed
Signature	Signature of person performing the incoming/receiving inspection



15. Summary of Employment – FORM MHI 015

Name: _____

Scope of Assignment: Maritime Helicopters Maintenance

Present Title: _____

Years' experience in this type work: _____

Past employment record: (at least 5 years)

From:	To:	Place:	Type of Work	Position

Authorized to sign: All Inspections & Maintenance per MHI Inspection Procedures Manual

Type and number of FAA Certificate(s) now held:

1. _____
2. _____
3. _____



This form shall be utilized to capture information required by Title 14 CFR §145.161(a)(4) for management, supervisory, inspection, and return to service personnel. For all other repair station positions, this is optional. This shall be maintained by the Chief Inspector during the individual's period of employment.

Employee Name	Name
Scope	Define scope of present employment.
Present Title	Title
Years' Experience	Number of years in this type of work
Past Employment	Enter past 5 years of experience
Dates of Employ	Dates of previous employment
Place	Name of previous employment
Type of Work	Types of maintenance work performed (attach add'l sheets)
Type FAA Certification	FAA Certificates currently held (A&P, IA, Repairman, etc.)
and Cert Number	Certification Numbers



16. Calibration Sticker (sample) – FORM MHI 016

A rectangular calibration sticker with a green header bar containing the word "CALIBRATION" in white. Below the header, there are three lines of text with corresponding blank lines for entry: "I.D. No. _____", "By _____ Date _____", and "Due _____".

Instructions: Calibration Sticker

This sticker is used when calibration is performed in-house by Maritime Helicopters. The wording and size of information might vary in order to fit the necessary information on the sticker. This sticker is to remain on the calibrated tool until the tool is recalibrated. The manufacturers calibration sticker shall remain on if performed outside MHI.

In the event the manufacturers sticker becomes too worn to read or detaches, this sticker may be used, transferring the information. **NOTE:** Verify with received calibration paperwork, which is to be kept on record with each recal.

ID Number Enter I.D. No. of the tool (Either model number or S/N)

By Initials of person performing the calibration

Date Enter date of calibration

Date due Enter tool re-calibration due date



17. Capabilities Self Evaluation Checklist – FORM 017



CAPABILITY LIST SELF EVALUATION CHECKLIST

NOTE: This checklist shall be completed when an aircraft or article is considered for addition to the Capability List. Any deficiencies found during the self-evaluation must be corrected before the article can be added to the Capability List the individual conducting the self-evaluation must record the results and report them to the Chief Inspector for review and approval. Completed form's will be maintained in the Chief Inspector's office and maintained for two (2) years. Use additional sheets and/or attach any notes/photos/etc. as applicable.

Personnel Requirements for Individuals Conducting Self Evaluations Checklist:

- A. Individuals performing this self-evaluation required under 14 CFR 145.209(c) should have the following qualifications:
 - I. Experience with performing evaluations and conducting audits
 - II. An understanding of the requirements of 14 CFR Part 145
 - III. Knowledge of the maintenance requirements for the particular make/model of article to be added to the list.
 - IV. An understanding of MHI Repair Station facilities, operations and manuals
- B. Description of addition being evaluated: _____

Accomplish the following:

Yes No N/A

Is article being considered within the scope and ratings of MHI's FAA Air Agency Certificate and associated Operations Specifications?

Does MHI possess adequate housing and facilities required pertaining to the article being considered?

Does MHI possess the recommended tools, equipment and materials required pertaining to the article being considered?

Does MHI possess (if applicable) the special processes required pertaining to the article being considered?

Does MHI possess sufficient properly trained and qualified personnel required pertaining to the article being considered?

Notes: _____

Signature: _____ Date: _____

**Instructions: Capabilities Self Evaluation Checklist**

This form shall be utilized for the purposes of performing a self-evaluation prior to modifying the Repair Station Capabilities List. This self-evaluation shall also be utilized for the purpose of performing an annual review of the capabilities. Attachments may be utilized if needed for additional information.

Description	Indicate the nature of the Self Evaluation (Add, Delete, modify an existing capability, or perform an Annual Review), Capability to be performed.
Items 1 Thru 5	Answer each question with either a Yes, No or N/A as applicable
Notes	Enter any relevant notes pertaining to the aircraft or article being evaluated.
Signature	Enter signature of the person performing the evaluation.
Date	Enter the Capability Checklist was performed.



18. Tool Calibration Record – MHI Form 018

1	TODAY'S DATE							
2	5/19/2021		LEGEND:		THIS MONTH	30-60 DAYS	OVERDUE	
3								
4	Group	Description	S/N	OWNER	C/W	DUE	Notes	Part
139								
140								
141								
150								
151								
152								
153								
154								
188								
189								
190								
217								
218								
219								
220								
223								
224								
228								
229								
230								
232								
233								
234								
235								
236								
237								
238								
253								
255								
260								
261								
269								
270								

Instructions: Tool Calibration Record

This is used track and record tools that must be calibrated, S/N, owner and due date of next recal.

- Group** Enter the application
- Description** Enter the name of the tool
- S/N** Enter serial number of the tool
- Owner** Enter company or mechanic's name
- C/W** Enter date tool was inspected
- Due** Enter tool re-calibration due date
- Notes** Enter relevant notes on status of tool
- Part** Enter what CFR or Personal the tool belongs to



19. Inventory Sign Out Tag – Form MHI 019

An orange rectangular tag with a hole at the top. It contains the Maritime Helicopters logo and address, a 'PLEASE NOTE' section, and fields for P/N and S/N.

Maritime Helicopters
1915 DONALD AVE. FAIRBANKS, ALASKA 99701
SATELLITE FAA REPAIR STATION #EN2D019D

PLEASE NOTE:

**THIS PART IS AN
INVENTORY PART AND
MUST BE SIGNED OUT**

P/N _____

S/N _____



20. Required Logbook Entries Tag – Form MHI 020

 **Maritime Helicopters**
1915 DONALD AVE. FAIRBANKS, ALASKA 99701
SATELLITE FAA REPAIR STATION #EN2D619D

REQUIRED LOGBOOK ENTRIES:



21. Mechanic Signature/Initial Roster - Form MHI 021



Maritime Helicopters

Mechanic Signature Sheet

The following mechanic(s) performed maintenance during this inspection:

Printed Name	Certificate Number	Signature	Initials

Attach this sheet to the Work Order or inspection being performed. ALL mechanics that performed maintenance, preventative maintenance and/or any approved alteration on the aircraft MUST fill out this sheet.

Aircraft N# _____

ACFTT _____

W.O # _____

Date Started _____

Date Finished _____

NOTES: _____



22. Altimeter 24 Month Checklist Form MHI 022

ITEM No.	Altimeter Appendix E (91.411)				INSPECT DATE	
N# _____ Model # _____ S/N # _____ W.O.# _____ Date _____ Equip Model _____ S/N _____						
	NOTE: Appropriate Manufactures Maintenance Manuals will be used during any inspection of unfamiliar systems on the aircraft.					
1	Ensure the Pitot/Static system is free from entrapped moisture and restrictions. Drain system prior to test if applicable.					
2	Check operation of pitot tube and/or static port heaters if installed					
3	Ensure no alterations or deformations of the airframe surface have been made that would affect the relationship between air pressure in the static pressure system and true ambient static air pressure for any flight condition.					
4	Set the Altimeter on the test set and the aircraft to 29.92 and note indicated altitude. Record indicated Altitude: A) Test Set Altimeter: _____ B) Aircraft Altimeter: L _____ R _____					
5	Bring the test set to each of the following test points Let stabilize for at least one minute but not more than 10. Enter the aircraft altimeter indication and calculate error. This error must not exceed the max tolerance.					
Scale Error Check NOTE: ITEMS 1-5 WILL BE UTILIZED WHEN PERFORMING A DATA CORRESPONDANCE TEST (APPENDIX E, DATA c)	TEST SET ALTITUDE	MAX TOLERANCE	AIRCRAFT INDICATED ALT		ERROR	
	-1000	20	L	R	L	R
	0	20	L	R	L	R
	500	20	L	R	L	R
	1000	20	L	R	L	R
	1500	25	L	R	L	R
	2000	30	L	R	L	R
	3000	30	L	R	L	R
	4000	35	L	R	L	R
	6000	40	L	R	L	R
	8000	60	L	R	L	R
	10,000	80	L	R	L	R
	12,000	90	L	R	L	R
	14,000	100	L	R	L	R
	16,000	110	L	R	L	R
	18,000	120	L	R	L	R
	20,000	130	L	R	L	R
	22,000	140	L	R	L	R
	25,000	155	L	R	L	R
	30,000	180	L	R	L	R
35,000	205	L	R	L	R	
40,000	230	L	R	L	R	
45,000	255	L	R	L	R	
50,000	280	L	R	L	R	
					NOTE: CASE LEAK AT 18,000 FEET FOR 1 MIN. NOT TO EXCEED 30 FEET CASE LEAK _____ Feet	



ITEM No.	Altimeter Appendix E (91.411)				INSPECT DATE
6 Hysteresis	From max altitude test point, rapidly decrease attitude at the max rate of descent of the aircraft VSI until within 3000 ft of the first test point (50% of the max altitude tested) then approach the test point at the approximately 3000 ft/min. Stabilize 5 minutes (max 75' diff from item 5) Aircraft Alt Reads: Left:_____ Right:_____				
	Rapidly decrease attitude at approximately 3000 ft/min to the second test point. (40% of max altitude tested) Stabilize one (1) minute: Aircraft Alt Reads: Left:_____ Right:_____ (max 75' diff from item 5)				
7 After Effect	Not more than 5 minutes after completion of Step 6, equalize pressure to ambient pressure. Record altitude. (Max difference is 30' from item 4, B) Aircraft Alt Reads: Left:_____ Right:_____				
	Increase altitude at 750 feet per minute to each of the altitudes listed below. While still increasing altitude, tap on the panel next to the altimeter and note the amount the needle jumps, enter below				
	Altitude	Tolerance	Enter change in reading of pointer		
	1000	70	L	R	
	2000	70	L	R	
	3000	70	L	R	
	5000	70	L	R	
	10,000	80	L	R	
	15,000	90	L	R	
	20,000	100	L	R	
	25,000	120	L	R	
	30,000	140	L	R	
	35,000	60	L	R	
	40,000	180	L	R	
9 Baro-Metric Scale Error	A) Begin at 29.92 on the test set and the aircraft: Test Set Altimeter:_____ Aircraft Altimeter: L_____ R_____ B) Turn the Barometric pressure knob to the listed pressures in column i C) Record the actual indicated altitude of the aircrafts altimeter in column iii D) Calculate the difference between the starting altitude recorded in 9, A and the indicated altitude of the required check point. Record actual diff. in column iv.				
	i) Pressure	ii) Alt Diff	iii) Ind. Alt	iv) Actual Diff (MAX 25)	
	28.10	-1,727		L R	
	28.50	-1,340		L R	
	29.00	-863		L R	
	29.50	-392		L R	
	29.92	0		L R	
	30.50	+531		L R	
	30.90	+893		L R	
	30.99	+074		L R	
10	Altimeters which are air data computer type with associated systems may be tested I/A/W the manufacturers spec that are FAA approved				



23. Transponder 24 Month Checklist Form MHI 023

Appendix F to Part 43—ATC Transponder Tests and Inspections

The ATC transponder tests required by §91.413 of this chapter may be conducted using a bench check or portable test equipment and must meet the requirements prescribed in paragraphs (a) through (j) of this appendix. If portable test equipment with appropriate coupling to the aircraft antenna system is used, operate the test equipment for ATCRBS transponders at a nominal rate of 235 interrogations per second to avoid possible ATCRBS interference. Operate the test equipment at a nominal rate of 50 Mode S interrogations per second for Mode S. An additional 3 dB loss is allowed to compensate for antenna coupling errors during receiver sensitivity measurements conducted in accordance with paragraph (c)(1) when using portable test equipment.

(Enter P for pass, F for fail, or NA for not applicable in XPDR #1 or XPDR #2 Column)

ATC TRANSPONDER TEST AND INSPECTION 91.413			
N# _____ Model# _____ S/N _____ W.O.# _____ Date _____ Equip Model# _____ S/N _____			
Modes	Parameter	XPDR #1	XPDR #2
A and C	(a) Radio Reply Frequency: (1) For all classes of ATCRBS transponders, interrogate the transponder and verify that the reply frequency is 1090 ±3 Megahertz (MHz). (2) For classes 1B, 2B, and 3B Mode S transponders, interrogate the transponder and verify that the reply frequency is 1090 ±3 MHz. (3) For classes 1B, 2B, and 3B Mode S transponders that incorporate the optional 1090 ±1 MHz reply frequency, interrogate the transponder and verify that the reply frequency is correct. (4) For classes 1A, 2A, 3A, and 4 Mode S transponders, interrogate the transponder and verify that the reply frequency is 1090 ±1 MHz.		
A and C	(b) Suppression: (1% and 90%)		
A and C	(c) Receiver Sensitivity: MTL for Mode S format (F6 type) interrogations is -74 ±3 dbm		
A and C	(d) Radio Frequency (RF) Peak Output Power: (125 or 70 watts)		
S	(e) Mode S Diversity Transmission Channel Isolation: (20db difference)		
S	(f) Mode S Address		
S	(g) Mode S Formats		
S	(h) Mode S All-Call Interrogations		
S	(j) Squitter		

**24. Repair Station Inspection and Return to Service Roster - Form MHI 024**

Inspection/Return to Service Roster Homer and Fairbanks Part 145 Repairs Stations CFR 145.161(a)(2,3) MHI 024				
NAME	TITLE	APPROVALS	CERT #	DATE AUTHORIZED

***25. Repair Station Management and Supervisory Roster - Form MHI 025***

Management and Supervisory Roster Homer and Fairbanks Part 145 Repairs Stations CFR 145.161(a)(1) MHI 025				
NAME	TITLE	MAINT FUNCTION(S) RESPONSIBILITIES	DATE AUTHORIZED	DATE CANCELLED