

(A) GENERAL INFORMATION

1.	a) NEW <input type="checkbox"/> b) ADDITIONAL <input checked="" type="checkbox"/> c) REMOVAL <input type="checkbox"/>			
2.	Description	Approval for AW139 aircraft weighing activity at Weststar Aviation Services hangar, Kerteh		
3.	Part No.	-	4. Manufacturer	-
5.	REQUIRED AUTHORITY APPROVAL / ACCEPTANCE CAAM <input type="checkbox"/> FAA <input type="checkbox"/> OTHERS <input checked="" type="checkbox"/> (Please Specify) <u>Internal Acceptance</u>			
6.	Rating	-	7. Class	-
8.	Raised by	Nur Farhana binti Othman	9. Designation	Weighing Engineer

Instructions: Please tick (/) whether **Y** (yes), **N** (no) or **N/A** (not applicable) in the given space. Enter **Remarks** to justify your decision.

(B)	REQUIREMENTS	COMPLIANCE			REMARKS
		Y	N	N/A	
1.	Justification for the Proposed New or Addition of Capabilities				
a)	Has MOC been raised and approved? Note: Attached copy of MOC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer Appendix 1
2.	Housing / Facilities				
a)	Is there a designated location or facilities to perform the task? Note: State location / facilities to be performed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAAM Approved facility at Weststar Aviation Services facility, Kerteh Airport. Refer Appendix 2
b)	Do the facilities have sufficient work space and proper segregation and protection of articles during maintenance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific area for AW 139 maintenance operation available, Refer Appendix 2
c)	Does the proposed task require specific area to be segregated from other maintenance activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific area for AW 139 maintenance operation available, Refer Appendix 2
d)	Does the facility have suitable racks, trays, stands, and other segregation means for storage and protection of all articles during maintenance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holding rack available for loose equipment

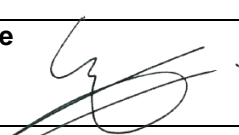
e)	Does the designated location have sufficient ventilation and lighting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting available for weighing operation
f)	Does it require temperature and humidity control?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weighing activity does not require temperature and humidity control
3.	Tools / Equipment				
a)	Are the complete set of tools available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weighing equipment available for use during weighing activity, Refer Appendix 3
b)	Are the inspection tools and equipment adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weighing equipment available for use during weighing activity, Refer Appendix 3
c)	Are the alternate tools available? Note: List of tools / equipment to be attached.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternate tools available for use during weighing activity. Refer Appendix 3
4.	Technical Data / Manual				
a)	Are approved technical data / manuals available to perform the task?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AW 139 maintenance data available for use during weighing. Refer Appendix 4.
b)	Has the reference data / manual been issued to work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c)	Has the instructional form / worksheet been prepared and released?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	Personnel				
a)	Do we have sufficient personnel to perform the task? Note: List of personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, Ms. Farhana binti Othman is currently an approved weighing engineer for AW139 aircraft. LAE involved in the weighing activity is approved by Weststar Aviation Services. Refer Appendix 5
b)	Have the personnel attended formalized product training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes

6. Safety				
a) Has HIRARC been performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable as specified in MOC. Refer attachment 1
b) Does the task require specific PPE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No specific PPE other than safety boot is required

(C) ADDITIONAL REMARK

Nil

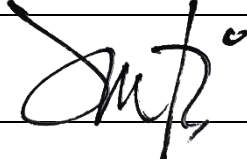
(D) VERIFICATION

a. Remark : Remarks declared in the checklists above has been checked for verification.	
Verified by	
b. Name Luqman Hakim bin Mohd Aroff	c. Signature 
d. Designation Quality Assurance Inspector	e. Date 25/11/2021

(E) APPROVAL

a. Remark : Facility, equipment, maintenance data and personnel checked. Found satisfactory.



b. Approved by	
c. Name Omar bin Ahmad	d. Signature 
e. Designation Quality Assurance Manager	f. Date 25/11/2021

INSTRUCTIONS FOR COMPLETING FORM

Part (A)

- 1. New / Addition** Please tick if the part/article is new or addition to GAM capability.
- 2. Description** Describe the name of part/article.
- 3. Part No.** Enter part no. of part/article.
- 4. Manufacturer** Please enter the aircraft manufacturer company name i.e. Airbus, Leonardo.
- 5. Required Authority** Please tick the part/article that requires for authority approval/acceptance.
- 6. Rating** Please identify by referring to the table below to fill the respective field accordingly
- 7. Class** (only from CAAM and FAA approval).
- 8. Raised by** Enter name of personnel filling out the checklist
- 9. Designation** Enter designation of personnel filling the checklist

CAAM

CLASS		RATING	CLASS		RATING
Aircraft	A1	Aeroplanes above 5700 kg	Components other than complete engines or APUs	C9	Fuel, ATA 28; 47
	A2	Aeroplanes 5700 kg and below		C10	Helicopters – Rotors, ATA 62; 64; 66; 67
	A3	Helicopters		C11	Helicopter – Trans, ATA 63; 65
	A4	Aircraft other than A1, A2 or A3		C12	Hydraulic Power, ATA 29
Engines	B1	Turbine Engine		C13	Indicating/Recording Systems, ATA 31; 4; 46
	B2	Piston Engine		C14	Landing Gear, ATA 32
	B3	Auxiliary Power unit (APU)		C15	Oxygen, ATA 35
Components other than complete engines or APUs	C1	Air Conditioning & Pressurisation, ATA 21		C16	Propellers, ATA 61
	C2	Auto Flight, ATA 22		C17	Pneumatic & Vacuum, ATA 36; 37
	C3	Comms and Nav, ATA 23; 34		C18	Protection ice/rain/fire, ATA 26; 30
	C4	Doors – Hatches, ATA 52		C19	Windows, ATA 56
	C5	Electrical Power & Lights, ATA 24; 33; 85		C20	Structural, ATA 53; 54; 57.10; 57.20; 57.30
	C6	Equipment, ATA 25; 38; 44; 45; 50	C21	Water Ballast, ATA 41	
	C7	Engine – APU, ATA 49; 71; 72; 73; 74; 75; 76; 77; 78; 79; 80; 81; 82; 83	C22	Propulsion Augmentation, ATA 84	
	C8	Flight Controls, ATA 27; 55; 57.40; 57.50; 57.60; 57.70	Specialised Services	D1	Non Destructive Testing (NDT)

FAA

RATING	CLASS	RATING	CLASS	
Airframe	1	Instrument	1	Mechanical
	2		2	Electrical
	3		3	Gyroscopic
	4		4	Electronic
Powerplant	1	Accessories	1	Mechanical
	2		2	Electrical
	3		3	Electronic
Propeller	1	Specialised Services		Non Destructive Testing (NDT)
	2			
Radio	1			
	2			
	3			

Part (C)

Additional Remark Enter additional remark pertaining to the checklist



Part (D)

- a. Remark** Remark by Quality Assurance personnel verifying the filled checklist
- b. Name** Insert name of Quality Assurance personnel verifying the filled checklist
- c. Signature** Insert signature of Quality Assurance personnel verifying the filled checklist
- d. Designation** Insert designation of Quality Assurance personnel verifying the filled checklist
- e. Date** Insert date of verification

Part (E)

- a. Remark** Remark by the Quality Assurance personnel approving the filled checklist
- b. Name** Insert name of Quality Assurance personnel approving the filled checklist
- c. Signature** Insert signature of Quality Assurance personnel approving the filled checklist
- d. Designation** Insert designation of Quality Assurance personnel approving the filled checklist
- e. Date** Insert date of approving