



PART A			
Description of tool	BATTERY TESTER / CHARGER.	Tool Part No. (OEM)	TRUE BLUE CHARGER PRO TT28-12. ACM-1260-101.
Document reference	INSTALLATION MANUAL AND OPERATING INSTRUCTIONS TRUE BLUE POWER TBX SERIES MANUAL NUMBER 9020005. REVISION A, JANUARY 15, 2024	Aircraft type	N/A
Signature :	 HAMIDAH BINTI HAMA Workshop In-Charge / Repair Administrator Galaxy Aerospace (M) Sdn. Bhd. 24/2024 (1040262-B)		
Name :			
Designation :			
Date :			

PART B			
Drawing No.		Assigned Part No.	
Engineering Order No.			
Signature :	N/A		
Name :			
Designation :			
Date :			
Verification			
Signature :			
Name :			
Designation :			
Date :			

PART C			
Evaluation			
Section 1			
	Original/ OEM Tool	Equivalent Tool	Remarks
Part No. and Model	ACM-1260-101/ TT28-12	4168 / BC-8000	N/A
Technical Specification:			
i. CHARGING	12.5 AMPS CHARGE NOMINAL	0.05 - 25 AMPS	N/A
ii. CHARGING	28.0 - 28.8 VDC	3.0 - 36.0 VDC	N/A
iii. DISCHARGE	60 AMPS DISCHARGE (MAXIMUM)	0.5 - 55 AMPERE	HIGHEST BATTERY CAPACITY IS 40 AMP-HOUR
Section 2			
Condition of Tool:	Satisfactory	Unsatisfactory	Remarks
i. Technical Specification	SATISFACTORY	N/A	N/A
ii. Dimension	SATISFACTORY	N/A	N/A
iii. Physical appearance	SATISFACTORY	N/A	N/A
iv. Paintwork	N/A	N/A	N/A
v. Surface treatment	N/A	N/A	N/A
vi. Function/Operation	SATISFACTORY	N/A	N/A
vii. Safety feature	SATISFACTORY	N/A	N/A
viii. Attachment & fitting	SATISFACTORY	N/A	N/A
Requirement for load test	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	N/A
Requirement for calibration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A

PART D	
Declaration	
I hereby verify that:	
<input checked="" type="checkbox"/> The Alternative Tool and Test Equipment has been assessed and found to be equivalent to that specified in the Maintenance Data/ Drawing. <input type="checkbox"/> The Alternative Tool and Test Equipment has been assessed and found to be incompatible for use in accordance with specifications in the Maintenance Data/ Drawing.	
Signature	: 
Name	: MIOR MOHD ADIB BIN MIOR SALLEHUDDIN
Designation	: AVIONIC WORKSHOP SUPERVISOR
Date	: 02 APR 2024

**Instruction for completing GAME/E-081, Alternative Tool and Test Equipment
Equivalency Report.**

PART A (to be completed by EC/ EIC/ SMM.)	
Description of tool	Insert name of tool and function of tool.
Tool Part No. (OEM)	Insert part number of tool.
Document reference	Insert document reference for the tool. (Example: CMM, AMM, etc.)
Aircraft type	Insert aircraft type of tool.
Signature	Insert signature of requestor.
Name	Insert requestor name.
Designation	Insert designation of requestor.
Date	Insert date of request.

PART B (If the alternative tool does not require Drawing, cross out all of PART B diagonally and write 'N/A' across the area.)	
This part is to be filled by Design Engineer for alternative tool process.	
Drawing No.	Insert drawing number of alternative tool.
Assigned Part No.	Insert assigned part number of alternative tool.
Engineering order No.	Insert engineering order number.
Signature	Insert signature of Design Engineer drawing the alternative tool.
Name	Insert name of Design Engineer drawing the alternative tool.
Designation	Insert designation of Design Engineer.
Date	Insert date of drawing.
Verification (This part is to be filled by Engineering Manager or Design Acceptance Representatives verifying the requisition document above.)	
Signature	Insert signature of EM or DAR.
Name	Insert name of EM or DAR.
Designation	Insert designation of EM or DAR.
Date	Insert date of requisition document verified.

PART C	
Evaluation (This part is to be completed by Design Engineer.)	
Section 1 (Enter 'N/A' if not applicable.)	
Part No. and model	Insert part number and model of original/OEM tool and equivalent tool.
Technical Specification:	
i. - iii.	Specify the technical specification of equivalent tool for comparison between original/OEM tool and equivalent tool. Example: Voltage, Ampere, Force

Section 2 (Applicable for both alternative tool and test equipment process.)	
Condition of Tool:	
i. - viii.	Tick where the alternative tool is 'Satisfactory' or 'Unsatisfactory' for all listed condition of tool.
Requirement for load test	Tick where applicable.
Requirement for calibration	Tick where applicable.

Part D	
Declaration	
-	Declaration made by Design Engineer whether alternative tool and test equipment fits to be used or otherwise. Tick where applicable.
Signature	Insert signature of Design Engineer.
Name	Insert name of Design Engineer.
Designation	Insert designation of Design Engineer.
Date	Insert date of declaration.