

AIRCRAFT ACCEPTANCE / HANDOVER INSPECTION FORM

A/C TYPE:	AS 350 B2
A/C REG:	9M-TBL
A/C SN:	4295
CLIENT:	HELISTAR RESOURCES SDN BHD

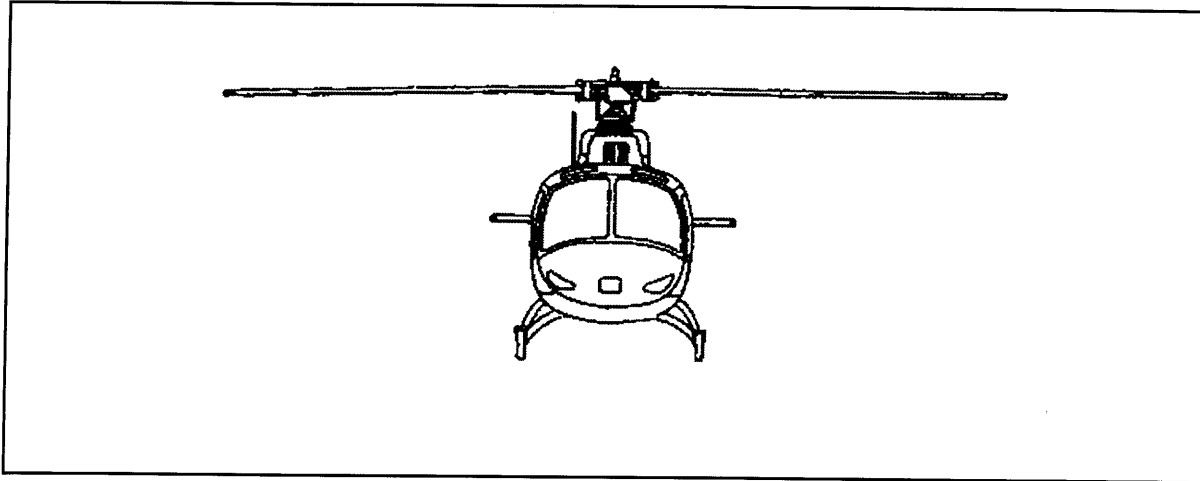




FIGURE 1: NOSE AREA

NO	NOTES/FINDINGS	INSPECTED BY	VERIFIED BY
	NIL	JAGATUNESDA 	 15/8/23

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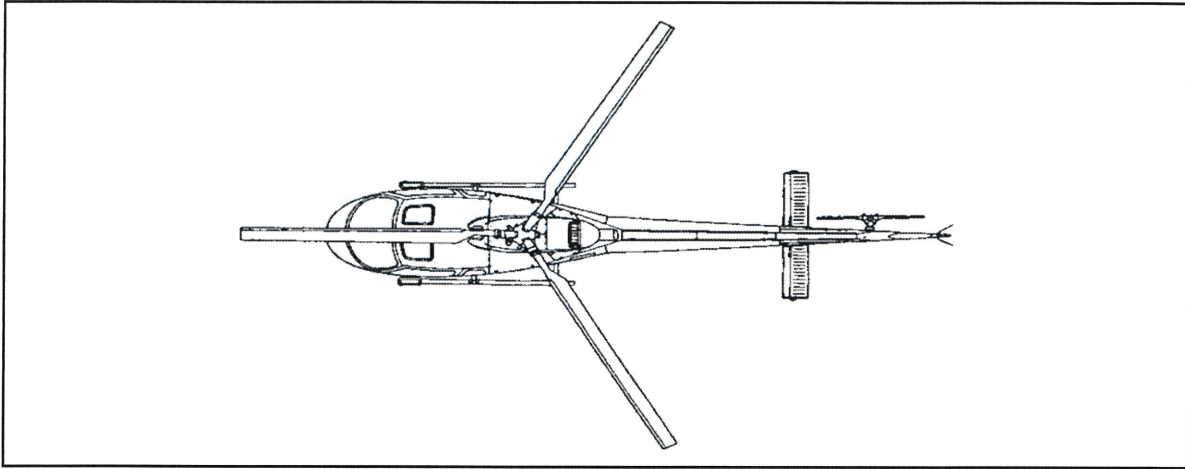




FIGURE 2: TOP AREA

NO	NOTES/FINDINGS	INSPECTED BY	VERIFIED BY
	<p style="text-align: center;">NIL</p>	<p style="text-align: center;">JAGETMESAN</p> 	<p style="text-align: center;">  15/8/23 </p>

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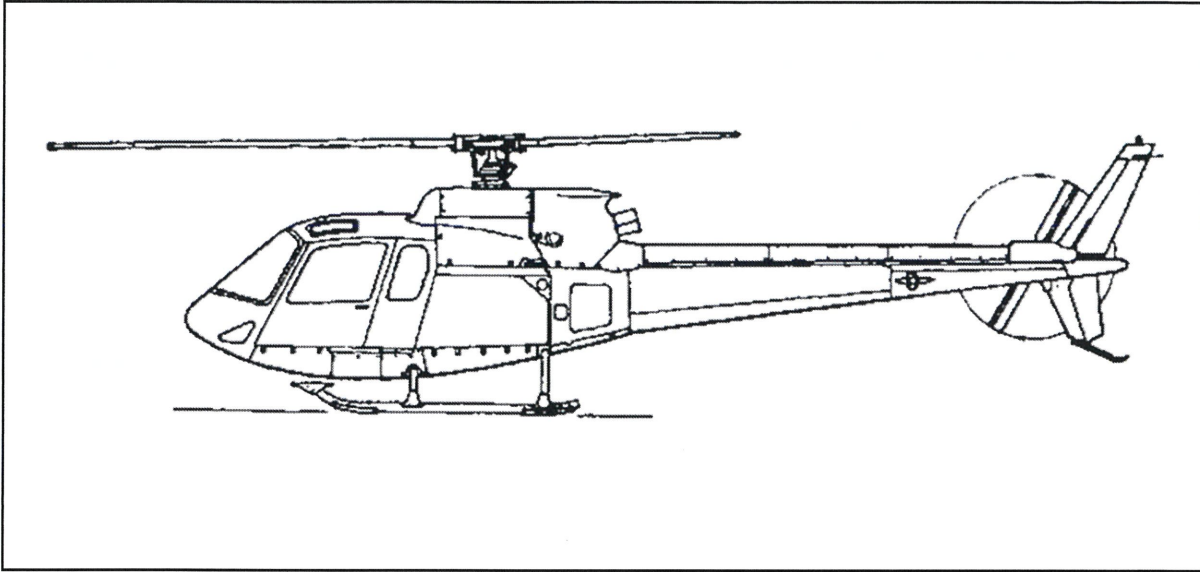



FIGURE 3: LEFT SIDE AREA

NO	NOTES/FINDINGS	INSPECTED BY	VERIFIED BY
	<p>FOOT STEP At SKID TUBE FOUND TORN</p>	<p><i>JAGANESON</i></p> 	<p><i>[Signature]</i> 15/8/23</p>

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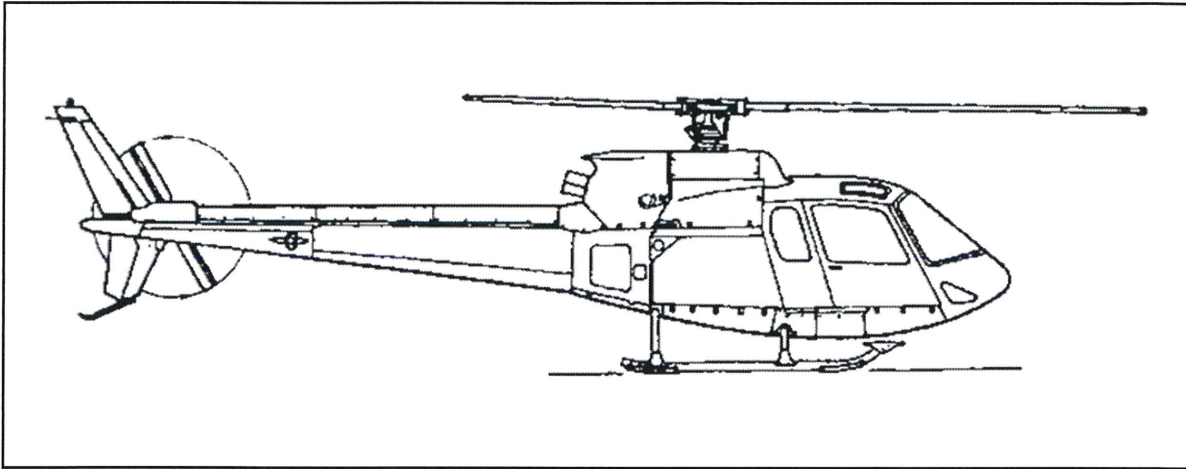




FIGURE 4: RIGHT SIDE AREA

NO	NOTES/FINDINGS	INSPECTED BY	VERIFIED BY
	<p>POUT THE STEP ANTI-SKID TABS FOUND TO DM.</p>	<p>JAGGERSON </p>	<p> 15/8/23</p>

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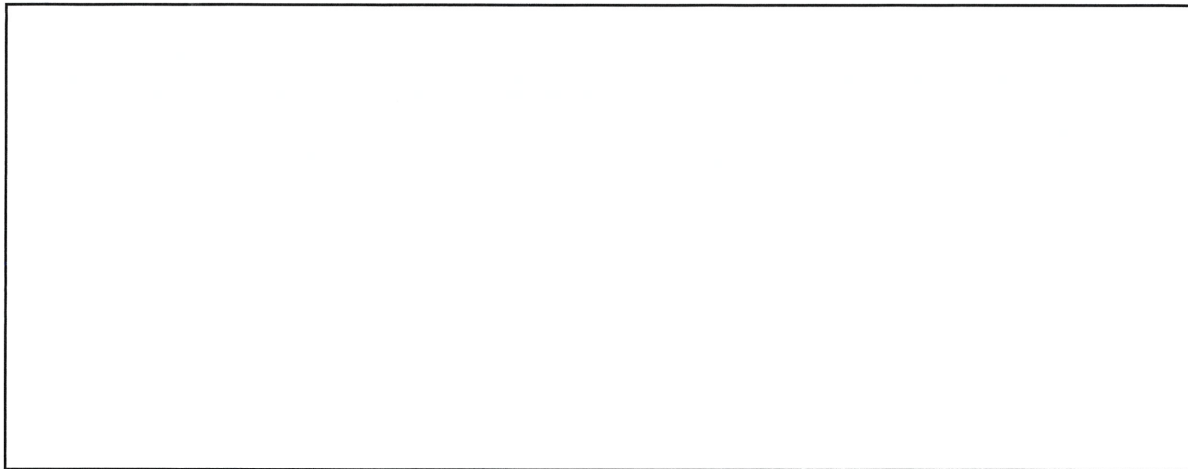




FIGURE 5: BELLY AREA

NO	NOTES/FINDINGS	INSPECTED BY	VERIFIED BY
	NIL		15/8/23 

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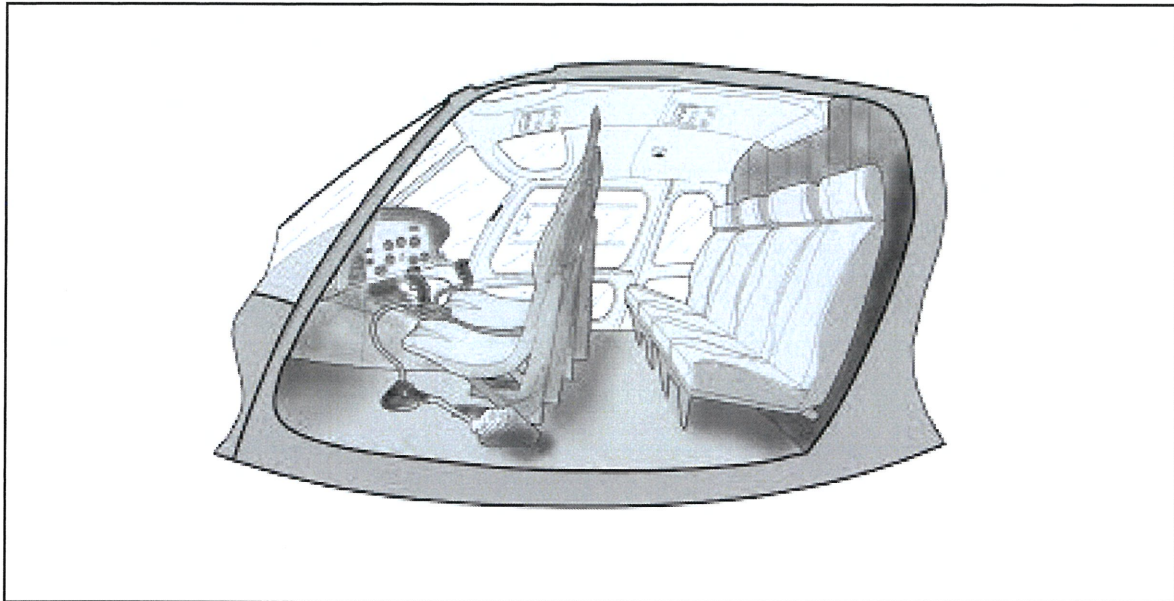



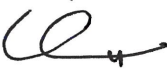


FIGURE 6: SEATS



NO	NOTES/FINDINGS	INSPECTED BY	VERIFIED BY
	NIL	JAGATHESON 	15/8/23 

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COCKPIT



NO	NOTES/FINDINGS	CHECKED BY	VERIFIED BY
	<p>① ONLY ONE HEAD SET - PILOT.</p> <p>② FLIGHT MANUAL</p> <p>③ PORTABLE FIREX</p> <p>④ AJL.</p>	<p>JAGETHESAY</p> 	<p>15/8/23</p> 

CABIN



NO	NOTES/FINDINGS	CHECKED BY	VERIFIED BY
	<p>NIL</p>	<p>JAGETHESAY</p> 	<p>15/8/23</p> 

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BAGGAGE COMPARTMENT



NO	NOTES/FINDINGS	CHECKED BY	VERIFIED BY
	<i>NIL</i>	<i>JAGANESY</i> 	<i>15/8/23</i> 

OTHERS

NO	NOTES/FINDINGS	CHECKED BY	VERIFIED BY
	<p><i>FOUND PASSENGER FIRST AID KIT INSPECTION DATE EXPIRED. DATE ON 2/8/23.</i></p>	<i>JAGANESY</i> 	<i>15/8/23</i> 

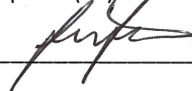

AIRCRAFT ACCEPTANCE / HANDOVER INSPECTION FORM

LOOSE ITEM CHECK LIST

NO	NOTES/FINDINGS	CHECKED BY	VERIFIED BY
	NIL	JAGETHESAN 	15/8/23 

SECTION A: ACCEPTANCE FROM CLIENT

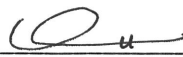
I hereby verify that a physical inspection has been carried out with the above notes/findings, prior to aircraft handing-over to Galaxy Aerospace (M) Sdn Bhd :

GAM Representative Signature :  

NAME : JAGETHESAN

DATE : 15/8/23

I hereby acknowledge handing-over of the aircraft to Galaxy Aerospace (M) Sdn. Bhd. with the above-mentioned notes/findings after verification with Galaxy Aerospace representative:

CLIENT Representative Signature: 


NAME: KUMARAN

DATE: 15/8/23

AIRCRAFT ACCEPTANCE / HANDOVER INSPECTION FORM

SECTION B: HANDOVER TO CLIENT

I hereby verify that the required inspection/defect and findings rectification/loose items counts have been performed and CLIENT been advice accordingly:

GAM Representative Signature : _____
NAME : RAJESH 
DATE : 25/8/23

I hereby acknowledge acceptance of the aircraft and subject mentioned above after verification with Galaxy Aerospace (M) representative:

CLIENT Representative Signature: _____
NAME : KUMARAN
DATE : 25/8/23

AIRCRAFT ACCEPTANCE / HANDOVER INSPECTION FORM

INSTRUCTION FOR COMPLETING AIRCRAFT ACCEPTANCE / HANDOVER INSPECTION FORM

A/C TYPE:	State the aircraft type
A/C REG:	State the aircraft registration
A/C SN:	State the aircraft serial number
CLIENT:	State the aircraft received from which company or customer
NOSE AREA:	PPC insert front view of the aircraft to mark the finding location.
TOP AREA:	PPC Insert top view of the aircraft to mark the finding location.
LEFT SIDE AREA:	PPC Insert left hand side view of the aircraft to mark the finding location.
RIGHT SIDE AREA:	PPC Insert right hand side view of the aircraft to mark the finding location.
BELLY AREA	PPC Insert belly view of the aircraft to mark the finding location.
SEATS	PPC Insert seats view of the aircraft to mark the finding location.
NOTES/FINDING:	LAE remarks any abnormalities found on the parts of the aircraft received together with an actual picture.
CHECKED BY:	Fill in signature and name of GAM representative
VERIFIED BY:	Fill in signature and name of CLIENT representative
GAM Representative Signature :	Fill in signature of GAM representative
NAME:	Fill in name of GAM representative
DATE:	Fill in date of inspection
CLIENT Representative Signature:	Fill in signature of customer representative
NAME:	Fill in name of customer representative