## SINCE 1055

## AIRCRAFT JOURNEY LOG

AIRCRAFT JOURNEY LOG (FORM NO: YTL/AW139/001 REV 0) PAGE SERIAL NO.:

|                     |         | D              | ATE                      |   |          |                    |               | ACFT TYPE             |                      |                |              | S/NO.  |                        |                           | REGN    |                    |        |                    | PAGE SE       | RIAL NO.: |  |  |
|---------------------|---------|----------------|--------------------------|---|----------|--------------------|---------------|-----------------------|----------------------|----------------|--------------|--|------------------------|---------------------------|---------|--------------------|--------|--------------------|---------------|-----------|--|--|
|                     | CE 1955 |                |                          |   | IEI      |                    |               | ACITITE               | T13.45               |                |              | 07 NO.   |                        | - FNO                     | NE TIME | ENGINE START CYCLE |        |                    | MTOW > 6400KG |           |  |  |
| SECTOR<br>NO.       | PRE-FLT | FUEL<br>UPLIFT | FUEL ON<br>BOARD         | FUEL STARTUP S/DOWN                       |          | PILOT              | FROM          | то                    | TIME TAKE OFF LANDIN |                | ING F        | FLIGHT TIME  | NO. OF<br>LANDING      | ENG 1                     | ENG 2   | ENGINE S           | ENG 2  | CAT. A<br>TRAINING | HOURS         | LDG       |  |  |
| 1                   |         | 0. 2           | 507.11.5                 | STARTO                                    | 3/DOWN   |                    |               |                       | TARLOTT              | LAND           | )IIVO        |  | 2, (2 (2               | LING                      | LIVOZ   | LINO               | LING Z | 77.0 1             | HOOKS         | LDG       |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| 2                   |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| 3                   |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| 4                   |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| 5                   |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| 6                   |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| 7                   |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| 8                   |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| AIRWORTHINESS CHECK |         | SECTOR         | 33 < WS < 45 KTS 45 < WS |   | < 60 KTS | TOTAL<br>THIS PAGE |               |                       |                      |                |              |  |                        |                           | AF      | TER LAST FLIGH     | IT     |                    |               |           |  |  |
|                     |         | NO             | START                    | STOP START STOP                           |          |                    |               |                       |                      |                |              |  |                        |                           | (LAE/   | TYPE RATED PIL     | LOT)   |                    |               |           |  |  |
|                     |         |                | 1                        |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| SIGN                | -       |                | 2                        |   |          |                    |               |                       | CARRIED FORWARD      |                |              |  |                        | 1                         |         |                    |        | SIGN               |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| AUTH                |         |                | 3                        |   |          |                    |               | TOTAL                 |                      |                |              |  |                        |                           |         |                    |        | AUTH               |               |           |  |  |
|                     |         |                | 4                        |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                | 5                        |   |          |                    |               |                       |                      | AMOUNT O       | IL / LUBRICA | ATION UPLIFT   | (QT) AND STATE         | US - TICK IF SATISFACTORY |         |                    |        |                    |               |           |  |  |
| DATE                |         |                | 6                        |   |          |                    |               | COMPONENT             |                      |                | ENG N        | O.1 EN   | IG NO.2                | MGB                       | IGB     | TGB                | HYD    | DATE               |               |           |  |  |
|                     |         |                | 7                        |   |          |                    |               | AMOUNT / STATUS       |                      |                |              |  |                        |                           |         |                    |        | TIME               |               |           |  |  |
| TIME                |         |                | 8                        |   |          |                    |               | An                    |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       | REMARKS              |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     | PREVIO  | OUS MRC        |                          | NEXT CALENDAR INSPECTION                  |          |                    |               | NEXT HOURS INSPECTION |                      |                |              | **MAINTENANCE RELEASE (MR) STATEMENT   |                        |                           |         |                    |        |                    |               |           |  |  |
| REF                 |         |                |                          | INSP                                      |          |                    |               |                       |                      |                | **THE V      | **THE WORK RECORDED BELOW HAS BEEN CARRIED OUT IN ACCORDANCE WITH THE REQUIREMENTS OF THE MALAYSIAN CIVIL AVIATION |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                | REGUL        | ATIONS FOR   | DERED FIT FOR I        | RELEASE TO                |         |                    |        |                    |               |           |  |  |
| DATE                |         |                |                          | DUE                                       | DUE      |                    |               |                       |                      |                |              | SERVICE  |                        |                           |         |                    |        |                    |               |           |  |  |
| NO.                 |         | RECORE         | OF DEFECT(S              | DEFECT(S). ENTER 'NIL' IF NO DEFECT FOUND |          |                    |               |                       | AUTH                 | NO             |              |  | RECTIFICATION(S) TAKEN |                           |         |                    |        |                    | AUTH          | DATE      |  |  |
|                     |         |                |                          |   |          |                    | SIGN          |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  | <u> </u>               |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
| -                   |         |                |                          |   |          |                    |               |                       |                      |                |              |  |                        |                           |         |                    |        |                    |               |           |  |  |
|                     |         |                |                          |   |          | VTI L              | IANGAD CUITAN | ADDUL AZIZ CUAL       | LAIDDORT 47200       | CLIDANIC CELAN | ICOR D E TEL | /FAV. 1602 70464   | 006, EMAIL: flightop   | @iclandair.com.m          | ,       |                    |        | <u> </u>           |               |           |  |  |