

TECHNICAL INFORMATION REVIEW

GENERAL INFORMATION OF INSTRUCTION (To be completed by Technical Publication Section)					
Technical Instruction Register No	☐ Repair Scheme	☐ Modification Doc.	☐ Others		
Publication Details					
Publisher/Author					
Revision No					
Date Received					
REVIEW STATEMENT					
FOLLOWING ITEMS ACTIONED (To be completed by MM/MIS – please "X" where applicable)					
1-Repetitive Inspection		- piease 🔨 wriere applicab	□Yes □No		
2-One time Inspection			□Yes □No		
3-Embodiment Action	•		□Yes □No		
	4-Embodiment Action -Materials/Spare Management				
5-Embodiment Action -Amendment of Publication			⊔Yes ⊔No		
RECOMMENDATION STATEMENT (To be completed by MM/MIS)					
Implementation	☐ Yes	□ No			
Applicability	☐ Aircraft	☐ Engine	☐ Component		
Aircraft Registration					
Remarks (Please include component or parts serial no if applicable)					
Name, Signature and stamp			Date:		
DECISION					
(To be completed by SMM)					
Implementation	☐ Yes	□ No			
Remarks					
Name,			Date:		
Signature and stamp					



TECHNICAL INFORMATION REVIEW

(To be completed by DAR)				
Implementation	☐ Yes	□ No		
Remarks				
Name,			Date:	
Signature and stamp				
IMPLEMENTATION RECORDS (To be completed by Planner)				
Aircraft Registration	Works	heet No	Date close	
- L /O				
Remarks/Comment				
Name,			Date:	
Signature and stamp				
			ANA/E 0.47 DE\/ 0.400/0.4\	

APPROVED BY

GAM/E-047 REV.2 (08/24)



INSTRUCTIONS FOR FILLING OUT THE GAM/E-047 TECHNICAL INFORMATION REVIEW.

GENERAL INFORMATION OF INSTRUCTION (To be completed by Technical Publication Section)				
Technical Instruction Register No. ☐ Repair Scheme ☐ Modification Doc. ☐ Others	Marked 'X' on the chosen category Technical Instruction Register No.			
Publication Details	Provide details about the publication, including its title, reference number, or other identifying information.			
Publisher/Author	Insert the name of the publisher or author responsible for the document.			
Revision No	Insert the revision number of the document being reviewed.			
Date Received	Insert the date when the document was received.			
REVIEW STATEMENT				
FOLLOWING ITEMS ACTIONED (To be completed by MM/MIS – Please "X" where applicable)				
1-Repetitive Inspection 2-One time Inspection/Replacement/Etc 3-Embodiment Action - Planning 4-Embodiment Action - Materials/Spare Management 5-Embodiment Action - Amendment of Publication	Marked "X" on the box to choose 'YES' or 'NO'			
RECOMMENDATION STATEMENT (To be completed by MM / MIS)				
Implementation. □ Yes □ No	Mark 'X' in the appropriate box to indicate whether implementation is recommended (Yes or No).			
Applicability. □ Aircraft □ Engine □ Component	Marked "X" on the box to choose the applicability.			
Aircraft Registration	Insert the aircraft registration number relevant to the document.			
Remarks (Please include component or parts serial no if applicable)	Insert any remarks and please insert serial number of component or part if applicable.			
Name, Signature and Stamp	Insert self-explanatory a Name, Signature and Stamp.			
Date:	Insert the date of form filling.			
DECISION (To be completed by SMM)				
Implementation. □ Yes □ No	Mark 'X' in the box to indicate the decision on implementation (Yes or No).			
Remarks	Insert any necessary remarks or comment.			
Name, Signature and Stamp	Insert self-explanatory a Name, Signature and Stamp.			
APPROVED BY (To be completed by DAR)				
Implementation. □ Yes □ No	Mark 'X' in the appropriate box to indicate approval of implementation (Yes or No).			
Remarks	Insert any necessary remarks or comment.			
Name, Signature and Stamp	Insert self-explanatory a Name, Signature and Stamp.			



IMPLEMENTATION RECORDS (To be completed by Planner)		
Aircraft Registration	Insert the aircraft registration number.	
Worksheet No.	Insert the corresponding worksheet number.	
Date Close	Insert the date when the worksheet was closed.	
Remarks	Insert any necessary remarks or comment.	
Name, Signature and Stamp	Insert self-explanatory a Name, Signature and Stamp.	