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¹ Aircraft Serial No:			⁴ Work Pack No:		
² Aircraft Type:			⁵ Desc:		
³ Aircraft Reg:			⁶ Page:		
⁷ ltem	⁸ Description	⁹ Part No	¹⁰ Serial Number	¹¹ Worksheet Ref No. / Item No.	¹² Calibration Due Date
¹³ NAME		14 ORGANISATION NAME & APPROVAL NUMBER		¹⁵ SIGN & APPROVAL	¹⁶ DATE
*Certifies that the work specified, except as otherwise specified, was carried out in accordance with Requirements and in respect to that work the aircraft / aircraft component is considered ready for release to service.					

INSTRUCTION FOR FILLING OUT THE GAM/E-090 TOOLS REPORT

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NO	ITEM	INSTRUCTIONS		
1.	AIRCRAFT SERIAL NO	Enter the aircraft serial number.		
2.	AIRCRAFT TYPE	Enter the aircraft type.		
3.	AIRCRAFT REG	Enter the aircraft registration number with prefix.		
4.	WORK PACK NO	Enter the workpack number with format AC REG – XXXX, where: AC REG: Aircraft registration marks XXXX: AERONET generated number For UMC, Enter Not Applicable.		
5.	DESC	Enter the inspection description in brief.		
6.	PAGE	Enter the page number of Tools Report.		
7.	ITEM	Enter the sequence number of calibration tools used.		
8.	DESCRIPTION	Enter the description of calibrated tools used.		
9.	PART NO.	Enter the part number of calibrated tools used.		
10.	SERIAL NUMBER	Enter the serial number of calibrated tools used. To enter dash (-) if nil.		
11.	WORKSHEET REF NO. / ITEM NO.	Enter the worksheet number with format XXXX-YYY-ZZ, where: XXXX: AERONET generated number YYY: worksheet running number ZZ: item number in the related worksheet where the calibrated tools were used.		
12.	CALIBRATION DUE DATE	Enter the calibrated tools calibration due date		
NOTE : The authorized certifying staff is required to cross over any remaining unused rows of the Tools Report				
13.	NAME	Enter the serial number of calibrated tools used. To enter dash (-) if nil.		
14.	ORGANISATION NAME & APPROVAL NUMBER	Enter the organization name of the authorized AMO/Repair Station and their approval number in writing or any other acceptable method (stamp, etc.)		
15.	SIGN & APPROVAL	Enter the signature and approval stamp / number of the authorized certifying staff.		
16.	DATE	Enter the date of maintenance completion where the calibrated tools were used		