

## KESUMA TECHNOLOGY SDN.BHD

C-10-3A, Capital 3 Oasis Square, No.2, Jalan PJU 1A/7A, Ara Damansara, 47301 Petaling Jaya, Selangor Darul Ehsan, MALAYSIA

Tel : +603-7832 2998/7298 Fax : +603-7832 49

Certificate No:

KTSB/A/18-0446

## **DECLARATION OF CONFORMITY**

Declaration Of Confirmity given by the Supplier of product pursuant to Manufacturer's information

| Ser | PO Ref     | Part No / Decription / Serial No. | Qty | Cond       | OEM Reference (AW) | Remarks |
|-----|------------|-----------------------------------|-----|------------|--------------------|---------|
| 1   |            | 3G9560V01332                      | 1   |            |                    |         |
|     | NAY/17-601 | FWD Right Float Rigid Cover Assy  |     | Inspection | 020<br>423.180109  | 18-0973 |
|     |            | SN: 418                           |     |            |                    |         |

We are declaring to our exclusive responsibility, that product, wich related to this declaration responds to the parameters of regulatory standards, client specific requirements and released documentations from our associate partners' and OEM

Date:

1st March 2018

Confirmed By:

Director

| 1. Approving   | Competent Authority/Country                                                                                                                                                               | 2. EASA Form 1 header  AUTHOR        | 2. EASA Form 1 header  AUTHORISED RELEASE CERTIFICATE  EASA FORM 1                                         |                                                                                                        |                   |                                                                                                   |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------|
| 4. Organizati  | ion Name and Address:  Aero Systems                                                                                                                                                       | Lot 166<br>Kawasan<br>71800 Nilai, N | o Systems SDN. BHI<br>83 Jalan Delima 1<br>Perindustrian Nilai<br>egeri Sembilan, Ma<br>680/81; Fax +606-7 | i 3<br>alaysia                                                                                         | 5.                | Work Order/Contract/Invoice ML261                                                                 |
| 6. Item        | 7. Description                                                                                                                                                                            | 8. Part No.                          | 9. Qty.                                                                                                    | 10. Serial No                                                                                          | ). 11. S          | Status/Work                                                                                       |
| 1              | FWD RIGHT FLOAT ASSY RIGID CO                                                                                                                                                             | OVER 3G9560V0133                     | 2 1                                                                                                        | I 41                                                                                                   | 18 IN             | ISPECTED/TESTED                                                                                   |
|                | This article was inspected and tested IAW Aer<br>Float Bag P/N: 201617C, S/N: 954, D.O.M: 10,<br>Parts Replaced: Gasket P/N: S-B30007, Bolt I<br>See Tear Down attached for work details. | /2014.                               |                                                                                                            | 18                                                                                                     |                   |                                                                                                   |
| □ approved o   | that the items identified above were manufactured design data and are in condition for safe operation oved design data specified in block 12                                              |                                      | Certifies that unless described in block 12                                                                | Release to Service otherwise specified in la<br>2, was accomplished in a<br>nsidered ready for release | block 12, the wo  | gulation specified in block 12<br>rk identified in block 11 and<br>art 145 and in respect to that |
| 13b. Authorise | ed Signature 13c. Appro                                                                                                                                                                   | oval/Authorisation Number            | 14b. Authorised Signal                                                                                     | ture<br>Z                                                                                              | 14c. Certificate/ | Approval Ref. No.                                                                                 |
| 13d. Name      | 13e. Date (                                                                                                                                                                               | (dd/mmm/yyyy)                        | 14d. Name<br>CHAVEZ                                                                                        | TATE                                                                                                   | 14e. Date (dd/m   | mm/yyyy)<br>2/DEC/2017                                                                            |

### **USER/INSTALLER RESPONSIBILITIES**

This certificate does not automatically constitute authority to install the item(s).

Where the user / installer performs work in accordance with regulations of an Airworthiness Authority different then the Airworthiness Authority specified in block 1, it is essential that the user / installer ensures that his her Airworthiness Authority accepts items from the Airworthiness Authority specified in block 1.

Statements in blocks 13a and 14a do not constitute installation certification. In all cases aircraft maintenance records must contain an installation certification issued in accordance with the national regulation by the

user / installer before aircraft may be flown.

| SECTION AND AND AND AND AND AND AND AND AND AN                                                                                                                                                   |                                                                              |                                                                                                                 | RELEASE CERTIF                                                         | CATE                                                                                                                       | 3. Form Tracking Number: <b>423.180109</b>                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                  |                                                                              |                                                                                                                 | VOANT OHITT                                                            |                                                                                                                            | 5, Work Order/Contract/Invoice<br>Number:<br>ML261                                                                                     |
| × 1 1 5 1 1                                                                                                                                                                                      | Approval Holder:                                                             | AMO / 2017 / 22                                                                                                 |                                                                        |                                                                                                                            |                                                                                                                                        |
| 6. Item 7. Description:                                                                                                                                                                          | V DIOID COVED                                                                | 8. Part Number:                                                                                                 | 9. Quantity:                                                           | 10. Serial Number:                                                                                                         | 11. Status/Work:                                                                                                                       |
| 1 FWD RIGHT FLOAT ASS' 12. Remarks                                                                                                                                                               | Y RIGID COVER                                                                | 3G9560V01332                                                                                                    | 1                                                                      | 418                                                                                                                        | INSPECTED                                                                                                                              |
| See Tear Down attached for well as the literal identified about the literal identified and are literal Non-approved design data and are                                                          | ove were manufacture                                                         | The second of the second of the                                                                                 | Certifies that unless oth in Block 12 was accomp                       | ; Release to Service<br>erwise specified in Block 12, t<br>olished in accordance with DC<br>approved for return to service | Other regulation specified in Block 12<br>the work identified in Block 11 and described<br>CAM Part 145 requirements and in respect to |
| 13b. Authorised Signature:                                                                                                                                                                       | 13c. Appro                                                                   | val Authorisation No.:                                                                                          | 14b. Authorised Signatur                                               |                                                                                                                            | c. Certificate of Approval Ref. No:                                                                                                    |
| 13d. Name (Typed or Printed):                                                                                                                                                                    | 13e. Date (                                                                  | day/month/year):                                                                                                | 14d. Name (Typed or Pri                                                | nted): 14e                                                                                                                 | e. Date (day/month/year):<br>12-Dec-2017                                                                                               |
|                                                                                                                                                                                                  | 1                                                                            | User/Ins                                                                                                        | staller Responsibilities                                               |                                                                                                                            |                                                                                                                                        |
| It is important to understand that the Where the user/installer performs we the user/installer ensures that his/he Statement in Blocks 13a and 14a donational regulations by the user/installer. | ork in accordance with<br>a Airworthiness Autho<br>a not constitute installa | n the national regulations of an A<br>rity accepts parts/components/a<br>ation certification. In all cases, air | irworthiness Authority different that ssemblies from the Airworthiness | tn the Airworthiness Authority<br>Authority specified in block [2]                                                         |                                                                                                                                        |



FAA CRS# 3HYY536C DCAM AMO/2017/22 EASA.145.0732

HRD Aero Systems, Sdn Bhd Lot# 16683, Jalan Delima 1 Kawasan Perindustrian Nilai 3 Nilai, Negeri Semblilan Malaysia 71800

## **TEARDOWN REPORT**

| STOMER NAME AG                                                                                                                                               | GUSTAWESTLAND MALAYSIA Sdri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . CUSTOMER                                                     | PO#: 4801648998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| HRD WO#: ML 261                                                                                                                                              | MFG P/N: 303558B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S/N: 418                                                       | S/N: 418 DOM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |  |
| Reservoir Assy                                                                                                                                               | S/N: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D.O.M.: N/A                                                    | H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lydrostatic Test Date: N/A |  |
| P/N: N/A                                                                                                                                                     | SECTION 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , REMOVAL REPO                                                 | )RT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |  |
| Reason for Removal: ANI                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , KLINOVAL KLI C                                               | ☐ Confirmed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Unconfirmed                |  |
|                                                                                                                                                              | See Section 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Unit received                                                  | The second secon | WarrantyRequested          |  |
|                                                                                                                                                              | SECTION 2, STANDARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TASKS PERFOR                                                   | RMED IAW CMM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |  |
| <ul> <li>☐ Functional Test</li> <li>☐ PRV Test</li> <li>☐ Proof Pressure Test / I</li> <li>☐ Air Retention Test</li> <li>☐ Survival Kit Insp / OH</li> </ul> | Bulk Head Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 Bottle 2 Hydro Test Valve Overha Valve Flow Te Hose Pressure | est                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |  |
| SECTION 3,                                                                                                                                                   | DETAILS OF WORK PERFORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IED BELOW                                                      | PARTS REPLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ACED QUANTITY              |  |
| GASKET (WORN)-replace                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | S-B30007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                          |  |
| BOLT KIT -replaced-                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | 307408A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                          |  |
| BOTTOM PLATE (corrosi                                                                                                                                        | on found)-replaced-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                | 201744B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                          |  |
| SWIVAL VALVE PAD (tor                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | 202172A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                          |  |
| NEXT INSPECTION: 12/2<br>AGUSTAWESTLAND P/N                                                                                                                  | 2018<br>I: 3G9560V01332, S/N: 418, D.C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D.M: 10/2014                                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                        |  |
| SE                                                                                                                                                           | CTION 4, LIFE LIMITED CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MPONENTS INST                                                  | ALLED ON ASSEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IBLY                       |  |
| DESCRIPTION                                                                                                                                                  | P/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S/N                                                            | DATE OF N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| FLOAT BAG                                                                                                                                                    | 201617C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 954                                                            | 10/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/2029                    |  |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |
| SECTION 5, SE                                                                                                                                                | ERVICE BULLETINS, AIRWO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ORTHINESS DIRECTORY                                            | CTIVES, or ENGINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ERING ORDERS               |  |
| S.B./A.D./E.                                                                                                                                                 | O. #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D                                                              | ESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |  |
| NON                                                                                                                                                          | IE NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |
| (                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |
| SIGNATURE OF INSPECT                                                                                                                                         | The same and the s |                                                                | DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dec. /2017                 |  |

## **DEPT 643 - AGUSTA OPERATION ACTION**

CONTROL NO: 368/BOD

DATE: 17.12.18

## COMPONENT / EQUIPTMENT DETAILS

| COMPONENT/EQUIPTMENT:              | FWO RIGHT FLOAT RIGHT COVER ASSY |             |              |                |                   | ATA<br><b>64</b> |
|------------------------------------|----------------------------------|-------------|--------------|----------------|-------------------|------------------|
| PART NO:                           | 3G9560V01332                     |             |              |                |                   |                  |
| SERIAL NO:                         |                                  | 425° 20 418 |              |                |                   |                  |
| HOURS TSN / TSO COMPONENT:         |                                  |             |              | N) AND NE      | EW HR(TSO)        |                  |
| DATE INSTALLED ON A/C:             |                                  |             | 2            | 8.03.18        |                   |                  |
| DATE REMOVED FROM A/C:             | 13.12.18                         |             |              |                |                   |                  |
| MANUFACTURER:                      | AEROSEKUR                        |             |              |                |                   |                  |
| ORIGIN FROM ACFT/ENGINE:           | 9M-BOD (31291)                   |             |              |                |                   |                  |
| ACFT/ENGINE TSN/TSO AT<br>REMOVAL: | 1925.40                          |             |              |                |                   |                  |
| DESCRIPTION OF DEFECT:             |                                  | AN          | INUAL INSP   | ECTION (1      | 2.12.2018)        |                  |
| CORRECTIVE ACTION TAKEN:           | SEN                              | т то с      | ERTIFIED V   | ENDOR AS       | S PER AIROD       | LIST             |
| SYMPTOM OF DEFECT                  |                                  |             | ANNUA        | L INSPECTION   | ON                |                  |
|                                    | SCHEDULED                        | SMI         | SPECIAL / CO | 504.575 (0.00) | COMPLIANCE        | TO BT / AD       |
| MAINTENANCE WORK ORDER:            | LUB /<br>SERVICING               | UNSC        | HEDULED      | REPAIR         | / DEFECT RECTIF   | CATIONS          |
|                                    | OTHERS<br>(SPECIFY)              |             |              | ,              | ANNUAL INSPECTION | NC               |

| DESPATCHED BY:   | AMRAN SHAH |
|------------------|------------|
| DATE DESPATCHED: |            |

## SHIPPING RECEIPT RECORD

| ITEM RECEIVED BY:<br>(NAME/SIGNATURE/DATE) |         |  |
|--------------------------------------------|---------|--|
| 800-4 REFERENCE NO:                        | 368/BOD |  |
| JCN NO:                                    |         |  |



|    |   |  | Sezione | 2 |
|----|---|--|---------|---|
| AR | D |  |         |   |

NOTICE: WHEN THIS ASSY IS RETURNED FOR ANY REASON TO AN AGUSTA GROUP FACILITY, PLEASE SEND THIS FORM UPDATED.

| Chapter n° |
|------------|
| Part n°    |

| LIMITED LIFE COMPONENTS INSTALLED ON ASSY |                          |              |                         |                            |                             |                                |                                |                            |                             |                                |                                |
|-------------------------------------------|--------------------------|--------------|-------------------------|----------------------------|-----------------------------|--------------------------------|--------------------------------|----------------------------|-----------------------------|--------------------------------|--------------------------------|
|                                           | COMPONENT DATA           | 7 743 - 37 3 |                         |                            | INSTALLATION                |                                |                                |                            | REM                         | OVAL                           |                                |
| DESCRIPTION (28)                          | P/N (29)                 | S/N (30)     | RETIREMENT<br>LIFE (31) | ASSY<br>TOTAL TIME<br>(32) | COMP.<br>TOTAL TIME<br>(33) | COMP. TIME<br>SINCE OH<br>(34) | STAMP AND<br>SIGNATURE<br>(35) | ASSY<br>TOTAL TIME<br>(36) | COMP.<br>TOTAL TIME<br>(37) | COMP, TIME<br>SINCE OH<br>(38) | STAMP AND<br>SIGNATURE<br>(39) |
| SEE TEST REPORT:                          | 5 0963/2014              |              |                         | 00:00                      | 00:00                       | NEW                            | A8E<br>928                     |                            |                             |                                |                                |
|                                           |                          |              |                         |                            |                             |                                |                                |                            |                             |                                |                                |
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|                                           | TABLE AND DESCRIPTION OF |              | Market State            |                            | THE PARTY                   |                                |                                |                            | J 195                       | + 2                            |                                |

Rev. 3

AQ 12-04



# **LOG CARD**

NOTICE: WHEN THIS ASSY IS RETURNED FOR ANY REASON TO AN AGUSTA GROUP FACILITY, PLEASE SEND THIS FORM UPDATED.

| Sezione    | 3    |
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| Chapter n° | * -2 |
| Part n°    |      |

|           |                      |                   | ACTIVITY RECORD               |           |                   |                             |
|-----------|----------------------|-------------------|-------------------------------|-----------|-------------------|-----------------------------|
| DATE (40) | ASSY TOTAL TIME (41) | TASK (42)         | ACTIVITY (43)                 | DATE (44) | ORGANIZATION (45) | STAMP AND<br>SIGNATURE (46) |
| 7/6/16    |                      | AMMUNE INSPECTION | =   out ANNUAL INSPECTION     | 7/6/16    | HED (m)           |                             |
| 12/12/17  |                      | ANNUAL Impetion   | CARRIES OUT ANNUAL FRED. (DI) | Myg       | Hed Stg           | cz                          |
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Sezione 4

| Chapter n° |  |
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|                             | DIRECTIVES COMPLIANCE |                               |                   |                            |                             |            |                               |                      |                            |  |  |  |  |
|-----------------------------|-----------------------|-------------------------------|-------------------|----------------------------|-----------------------------|------------|-------------------------------|----------------------|----------------------------|--|--|--|--|
|                             | MAND                  | ATORY DIREC                   | TIVES             |                            |                             | OPTIC      | NAL DIRECTIV                  | VES                  |                            |  |  |  |  |
| DIRECTIVE<br>NUMBER<br>(47) | ISSUE (48)            | DATE OF<br>COMPLIANCE<br>(49) | ORGANIZATION (50) | STAMP<br>SIGNATURE<br>(51) | DIRECTIVE<br>NUMBER<br>(47) | ISSUE (48) | DATE OF<br>COMPLIANCE<br>(49) | ORGANIZATION<br>(50) | STAMP<br>SIGNATURE<br>(51) |  |  |  |  |
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AgustaWestland
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AQ 12-04

| DESCRIPTION (1) FWD RIGHT FLOAT | P/N (2) 3G 9560 VO 1332 | S/N (3)       | MANUFACTURER NAME (4) | ASSEMBLY DATE (5)   | RETIREMENT LIFE (6)  |
|---------------------------------|-------------------------|---------------|-----------------------|---------------------|----------------------|
| RIGID COVER ASSY                | P/N (7)                 | S/N (8) (424) |                       | DATE OF CHANGE (10) | RETIREMENT LIFE (11) |
|                                 | P/N (7)                 | S/N (8)       | MANUFACTURER NAME (9) | DATE OF CHANGE (10) | RETIREMENT LIFE (11) |

NOTES (12)

Rev. 3

NEXT HYDROTEST: N/A

ANNIAL: 12.12.2018

|               | ASSEMBLY HISTORICAL RECORD |            |           |            |            |                     |                        |                                                 |               |                        |                      |                                               |          |            |  |  |
|---------------|----------------------------|------------|-----------|------------|------------|---------------------|------------------------|-------------------------------------------------|---------------|------------------------|----------------------|-----------------------------------------------|----------|------------|--|--|
|               | INSTALLATION               |            |           |            |            |                     |                        |                                                 |               | REMOVAL                |                      |                                               |          |            |  |  |
| DATE (13)     | R. MARKS                   | A/C<br>N/C | TOTAL     | TOTAL      | TIME SINCE | ORGANIZATION (19)   | STAMP AND<br>SIGNATURE | DATE (21)  A/C TOTAL TIME TOTAL TIME TIME SINCE |               | REASON OF REMOVAL (25) | ORGANIZATION<br>(26) | STAMP AND<br>SIGNATURE                        |          |            |  |  |
| 6.06.         | (14)<br>Pan -              | (15)       | TIME (16) | TIME (17)  | OH (18)    | AROD                | (20)                   | 02.02.                                          | (22)<br>1747. | (23)                   | OH (24)              | REMOVED DIETO                                 |          | (27)       |  |  |
| 2816          | BOC                        | 31289      | 10        | 00:00      | NEW (      | DR:1153/80          | 77                     | 2016                                            | 40            | 280.                   | NEW                  | B1139-374 DID<br>6.7.15 (A)<br>DUE FOR DANUAL | Sieop (  | 64<br>ASB  |  |  |
| 18:10.        | 9m-<br>Boc                 | 31289.     | 40        | 68.30      | NEW        | 6120P<br>DZ 125/800 | B 4<br>ASB             | 2017.                                           | 40            | 30                     | NEW:                 | INSP ON 07.6.17                               | PLN      | 64<br>ASSB |  |  |
| 28.03.        | 9/11-<br>BOD               | 3091       | 90        | 280.<br>30 | NEW        | MR-0<br>OR: 1730/6  | 70) ASB                | 2018                                            | 1925.         | 425.<br>80             | NEW                  | DUE FOR BUNUAL<br>INSP 12-12-18               | 6120 ASB |            |  |  |
|               |                            |            |           |            |            |                     |                        |                                                 |               |                        |                      |                                               |          |            |  |  |
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Chapter n° .....

|                             |            |                               |                      | DIRECTIVES                 | COMPLIANCE                  |            |                               |                      |                            |  |  |
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|                             | MAND       | ATORY DIREC                   | TIVES                |                            | OPTIONAL DIRECTIVES         |            |                               |                      |                            |  |  |
| DIRECTIVE<br>NUMBER<br>(47) | ISSUE (48) | DATE OF<br>COMPLIANCE<br>(49) | ORGANIZATION<br>(50) | STAMP<br>SIGNATURE<br>(51) | DIRECTIVE<br>NUMBER<br>(47) | ISSUE (48) | DATE OF<br>COMPLIANCE<br>(49) | ORGANIZATION<br>(50) | STAMP<br>SIGNATURE<br>(51) |  |  |
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Rev. 3 ..

NOTES (12)

AQ 12-04



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Sezione 1

RETIREMENT LIFE (6)
RETIREMENT LIFE (11)
RETIREMENT LIFE (11)

| DESCRIPTION (1) FWD LEFT FLOAT | P/N (2) 369560 VOIZ32 | S/N (3)       | MANUFACTURER NAME (4) | ASSEMBLY DATE (5)   |
|--------------------------------|-----------------------|---------------|-----------------------|---------------------|
| RIGID COVER ASSY               | P/N (7)               | S/N (8) (455) | MANUFACTURER NAME (9) | DATE OF CHANGE (10) |
|                                | P/N (7)               | S/N (8)       | MANUFACTURER NAME (9) | DATE OF CHANGE (10) |

NEXT HYDROTEST: N/A

ANNUXL: 11.12.2018

|           | ASSEMBLY HISTORICAL RECORD |             |                    |                    |                       |                        |                   |           |              |                    |                       |                                       |              |                   |  |
|-----------|----------------------------|-------------|--------------------|--------------------|-----------------------|------------------------|-------------------|-----------|--------------|--------------------|-----------------------|---------------------------------------|--------------|-------------------|--|
|           | INSTALLATION               |             |                    |                    |                       |                        |                   |           | REMOVAL      |                    |                       |                                       |              |                   |  |
|           |                            | A/C         |                    | AS                 | SSY                   | ORGANIZATION           | STAMP AND         |           | A/C<br>TOTAL | ASSY               |                       |                                       | ORGANIZATION | STAMP AND         |  |
| DATE (13) | R. MARKS<br>(14)           | N/C<br>(15) | TOTAL<br>TIME (16) | TOTAL<br>TIME (17) | TIME SINCE<br>OH (18) |                        | SIGNATURE<br>(20) | DATE (21) | TIME<br>(22) | TOTAL TIME<br>(23) | TIME SINCE<br>OH (24) | REASON OF REMOVAL (25)                | (26)         | SIGNATURE<br>(27) |  |
| 6.06.     | an-                        | 31289       | The second second  | 00:00              | NEW                   | AROD                   | A                 | 2016.     |              | 40                 |                       |                                       |              | <b>a</b> ).       |  |
| 2016      | BOC                        |             | 10                 | 00.00              |                       | OR: 1153/84            | X ASB             | 02.09,    |              | 68.30              | NEW                   | REMOVED DUE                           |              | PLN               |  |
|           |                            |             |                    |                    |                       |                        |                   | 2016      | 40           | 66.30              |                       | TO BT 139-374 DTO G. 7-15 (M)         | Alcob.       | 64<br>ASB         |  |
| 13.10.    | am-<br>Boc                 | 31289       | 1747.<br>40        | 68.30              | NEW                   | ALPOD .<br>DR.1205/800 | PLN<br>64<br>ASB  | 16.06     | 1959.        | 280.               | NEM                   | DUE FOR SUNUAL<br>INSPON. 07-6.12     | Gerop        | ASB D             |  |
| 28.03.    | 911-                       | 31291       | 1779.              | 280.               | NEW                   | AIRED<br>OR: 1730/600  | P/G<br>77/8       | 13.12     | 1925.        | 426.               | NEW                   | DUE FOR ENNUAL<br>INSPECTION 11-12-18 | SIROD        | PL<br>64<br>ASS   |  |
|           |                            |             |                    |                    |                       |                        |                   |           |              |                    |                       |                                       |              |                   |  |
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Sezione 2

| Chapter n° | <br> | <br> |
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| Part nº    |      |      |

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| Chapter n° |  |
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| Part n°    |  |

| LIMITED LIFE COMPONENTS INSTALLED ON ASSY |                |          |                         |                            |                             |                                |                                |                            |                             |                                |                                |  |
|-------------------------------------------|----------------|----------|-------------------------|----------------------------|-----------------------------|--------------------------------|--------------------------------|----------------------------|-----------------------------|--------------------------------|--------------------------------|--|
|                                           | COMPONENT DATA |          |                         |                            | INST                        | ALLATION                       |                                |                            | REM                         | OVAL                           |                                |  |
| DESCRIPTION (28)                          | P/N (29)       | S/N (30) | RETIREMENT<br>LIFE (31) | ASSY<br>TOTAL TIME<br>(32) | COMP.<br>TOTAL TIME<br>(33) | COMP. TIME<br>SINCE OH<br>(34) | STAMP AND<br>SIGNATURE<br>(35) | ASSY<br>TOTAL TIME<br>(36) | COMP.<br>TOTAL TIME<br>(37) | COMP. TIME<br>SINCE OH<br>(38) | STAMP AND<br>SIGNATURE<br>(39) |  |
| SEE TEST REPORT:                          | 50961/2014     | · ·      |                         | 00:00                      | 00:00                       | NEW                            | A8E<br>928                     |                            |                             |                                |                                |  |
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Rev. 3

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| Sezione    | 3 |
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| Chapter nº |   |
| Part n°    |   |

| ACTIVITY RECORD |                      |                   |                                                 |           |                   |                             |
|-----------------|----------------------|-------------------|-------------------------------------------------|-----------|-------------------|-----------------------------|
| DATE (40)       | ASSY TOTAL TIME (41) | TASK (42)         | ACTIVITY (43)                                   | DATE (44) | ORGANIZATION (45) | STAMP AND<br>SIGNATURE (46) |
| 417/14          |                      | ANNUAL Inspection | Inspected 8 Tested                              | 6/2/16    | Hes               | cut                         |
| 11/12/17        |                      | Annual Inspection | Inspected 8 Testes  (DI) Inspection Carried Oct | 11/12/17  | 425 (m)           | c.2                         |
|                 |                      |                   |                                                 |           |                   |                             |
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