

|                                                                                    |                   |  |                  |
|------------------------------------------------------------------------------------|-------------------|--|------------------|
|  | PROCEDURES MANUAL |  | Page: F-43       |
|                                                                                    | APPENDIX F FORMS  |  | Date: 2024-05-10 |
|                                                                                    |                   |  | Issue/Rev: 1/0   |

F.6 Simulator Tech Log

Airbus 320-214 CFM56-5B4

Device S/N: 118837-1920

Agency ID: LT.FSTD.17

| CREW DETAILS                                                                                                                 |              |
|------------------------------------------------------------------------------------------------------------------------------|--------------|
| NAME                                                                                                                         | COMPANY      |
| defalco                                                                                                                      | AIRBUS S.A.S |
| dhont                                                                                                                        | AIRBUS S.A.S |
|                                                                                                                              |              |
|                                                                                                                              |              |
| <input checked="" type="checkbox"/> By signing, I confirm I was acquainted and understood FSTD Health and Safety procedures. |              |
| <input checked="" type="checkbox"/> By signing, I confirm that Simulator TechLog contains correct information.               |              |
| INSTRUCTOR:<br>ALDRIGO                                                                                                       | SIGNATURE:   |

| PRE FLIGHT / TURN AROUND        |                                         |                  |           |
|---------------------------------|-----------------------------------------|------------------|-----------|
| Simulator Operational and Ready | <input checked="" type="checkbox"/> FFS | ENGINEER         |           |
|                                 | <input type="checkbox"/> FBS            |                  |           |
| ACTUAL CONFIGURATION:           |                                         |                  |           |
| AIRCRAFT                        | ENGINES                                 | ENG. INSTRUMENTS | FMS SETUP |
| A320-214                        | CFM56-5B4                               |                  | CUSTOMER  |
| Planned (Time in Local)         |                                         |                  |           |
| Date                            | Start                                   | 05:00            |           |
| 2025-12-05                      | Finish                                  | 09:00            |           |
|                                 | Actual hrs                              | 4h               |           |
|                                 | Time lost                               | 0                |           |
| INST:                           | ENG:                                    |                  |           |

| SIMULATOR QUALITY ASSESSMENT                                |
|-------------------------------------------------------------|
| A number less than 5 requires a write up. (circle only one) |
| 1 Unacceptable                                              |
| 2 Poor                                                      |
| 3 Acceptable                                                |
| 4 Good                                                      |
| 5 Excellent                                                 |

| DISCREPANCIES                                                                                                             |  | CORRECTIVE ACTION                                                  |
|---------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| (if desired please provide e-mail addr. To allow for additional clarification of the problem and notification of closure) |  | (note part and serial No. On/off if an LRU/instrument is replaced) |
| Comment:                                                                                                                  |  |                                                                    |
|                                                                                                                           |  |                                                                    |
|                                                                                                                           |  | DR DD                                                              |
|                                                                                                                           |  | Technician:                                                        |
|                                                                                                                           |  |                                                                    |
|                                                                                                                           |  |                                                                    |
|                                                                                                                           |  | DR DD                                                              |
|                                                                                                                           |  | Technician:                                                        |

PLEASE ENTER AS MUCH detail AS POSSIBLE TO INCLUDE ANY ACTIVE MALFUNCTIONS, AIRPORT OR RADIAL/DME ALTITUDE, SPEED, WEIGHT, CONFIGURATION, ETC. DR – DEFECT REPORT NUMBER; DD – DEFERRED DEFECT (checked box); Darker areas to be written in by maintenance only