



PROCEDURES MANUAL

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Date: 2024-05-10
Issue/Rev: 1/0

Airbus 320-214 CFM56-5B4

F.6 Simulator Tech Log

Device S/N: 118837-1920

CREW DETAILS

CREW DETAILS	
NAME	COMPANY
gonzales	AIRBUS S.A.S
laspinasse	AIRBUS S.A.S

By signing, I confirm I was acquainted and understood ESD Health and Safety procedures.

By signing, I confirm that Simulator TechLog contains correct information.

INSTRUCTOR: _____ **SIGNATURE:** _____

DISCREPANCIES

(if desired please provide e-mail addr. To allow for additional clarification of the problem and notification of closure)

CORRECTIVE ACTION

(note part and serial No. On/off if an LRU/instrument is replaced)

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