

	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
gonzales	AIRBUS S.A.S
laspinasse	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:	SIGNATURE:
toscano	

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	Finish	09:15
2025-12-05			13:15
	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 <input type="checkbox"/>
		Technician:
		DR DD <input type="checkbox"/>
		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