



PROCEDURES MANUAL

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APPENDIX F FORMS

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Airbus 320-214 CFM56-5B4

## F.6 Simulator Tech Log

Device S/N: 118837-1920

## CREW DETAILS

CREW DETAILS	
NAME	COMPANY
dhont	AIRBUS S.A.S
defalco	AIRBUS S.A.S

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

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

**INSTRUCTOR:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
ANDRIGO

Agency ID: LT.FSTD.17

Device S/N: 118837-1920

SIMULATOR QUALITY

## **ASSESSMENT**

number less than 5  
requires a write up. (circle  
only one)

Unacceptable

Good

Excellent

110

CORRECTIVE ACTION

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

Comment:

DR DD  Technician:

100

DR \_\_\_\_\_ DD

HT CONEIGIBAT

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