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	APPENDIX F FORMS		Date: 2024-05-10
			Issue/Rev: 1/0

F.6 Simulator Tech Log

Airbus 320-200 CFM56-5B4

Device S/N: L1335

Agency ID: LT.FSTD.19AB

CREW DETAILS	
NAME	COMPANY
SHARABI	Arkia Airlines
ZIV	Arkia Airlines
<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: NEEMAN	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
200	CFM56-5B4	
Planned (Time in Local)		
Date	Start	07:00
2025-12-05	Finish	11:00
	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 (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)
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