



PROCEDURES MANUAL

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APPENDIX F FORMS

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F.6 Simulator Tech Log

Airbus 320-214 CFM56-5B4

CREW DETAILS

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

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

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

INSTRUCTOR: **SIGNATURE:**
ALDRIGO

DISCREPANCIES

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

Comment:

DR	<input type="checkbox"/>	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 – DEFERRED DEFECT REPORT NUMBER; DD – DEFERRED DEFECT (checked box); Darker areas to be written in by maintenance only