

**BAA SIM 2**

## PROCEDURES MANUAL

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Date: 2024-05-10

## APPENDIX F FORMS

Issue/Rev: 1/0

Airbus 320-200 CFM56-5B4

Agency ID: LT.FSTD.19AB

**F.6 Simulator Tech Log**

Device S/N: L1335

**CREW DETAILS**

NAME	COMPANY
SHARABI	Arkia Airlines
ZIV	Arkia Airlines

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

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

INSTRUCTOR: SIGNATURE:  
NEEMAN

PRE FLIGHT / TURN AROUND			
SIMULATOR QUALITY ASSESSMENT		A number less than 5 requires a write up. (circle only one)	
Simulator Operational and Ready			<input checked="" type="checkbox"/> FFS <input type="checkbox"/> FBS
AIRCRAFT	ENGINES	ENG. INSTRUMENTS	FMS SETUP
200	CFM56-5B4		

**Planned (Time in Local)**

Date	Start	Finish
2025-12-05		07:00
	Actual hrs	11:00
	Time lost	4h
		0

INST: ENG:

**DISCREPANCIES**

(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

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