D-ATIS(Chinese) 127.45 ZLXY XI'AN/Xianyang AERODROME ELEV 482.7 D-ATIS(English) 128.65 CHART-ICAO RNAV ILS/DME z RWY05L VAR3.4°W THR RWY05L ELEV 479.8 TWR(N) 124.3(118.15) BEARINGS ARE MAGNETIC. ALTITUDES, ELEVATIONS AND HEIGHTS IN METERS. 108° | 15' 108° 30' 108° 45 1225∧ WAX 205KI 20km DME DISTANCES IN NAUTICAL MILES.
DISTANCES IN KM. FENGHUO 2430 789 ∆ 113.2 FNH • 1047 CH 79X APP01 125.1(126.55) XY953 900 MAX205kt • 506 APP02 119.05(123.85) 650 APP03 119.6 (126.55) 495 DME APP04 119.9 (121.4) 1AF APP05 120.2 (121.4) XY906 0 30' (108.55) IQU <u>2400</u> XY952 or by ATC MAX205kt ATC CH 22Y <u>650</u> 2250 484 608 ٨ -105e •539 FNH XY914 •614 540 1800 593/(1614 1052 **†ŻNX**<del>←2</del>70° XIANYANG XY960 < D7.4 10U 530 3650 IAF XY91 (052° 108.55 100 MSA 46km 2400 ΊF or by ATC MAX205kt XY959 D13.9 IQU 5' XY958 1200 1500 XY917 N34 11.7 E108 04.0 618 Altitude sholl be obove 2700 in the south of this line XY918 8 <u>(1800</u> Altitude shall be above 2700 in the south of this line N34 06.4 E108 24.8 ZU'AN N34 06.2 E108 54.3 110.8 ZNX 0 CH 45X 15km • 1036 • 1514 √ 1354 • 1467 DME (IQU) (NM) 7 5 2 6 4 3 1 GP INOP 1063 771 ALT (m) 1160 966 868 674 TL 3600 TA 3000 MISSED APPROACH Climb straight ahead to XY952 at 650 or above,  $3300(QNH \ge 1031hPa)$ 2700(QNH ≤979hPa) turn LEFT to XY953 at FAF GP INOP MAPt ΙF GP INOP 900 or above, turn LEFT GP INOP XY959 D4.3 IQU to FNH and climb to 1500, D13.9 IQU D7.4 IQU 900(420) D1.4 IQU after obtaining ATC permission, climb to 1800 or above IQU and fly to FNH, join the 1200(720) holding pattern or fly to XY906 to approach again. (MIN holding altitude 2100) 900 700 RDH=15.9 25.5km 13.5 7.7 2.3 A В  $\mathbf{C}$ D FAF-MAPt(GP INOP) 11.2km k t 80 100 120 140 160 180 540(60) GS in 185 220 260 295 335 ILS/DME RVR/VIS km/h 150 **©** 800/800 4:32 3:38 3:01 2:01 Time min:sec 2:36 2:16 MDA(H) 615(135) GP INOP 2.7 4.9 Rate of descent m/s 3.8 VIS 1700 • HUD Special CAT I: (DH)(45), (RA)(45), RVR450. MDA(H) 730(247) CIRCLING •RVR 550m can be implemented when using approved HUD VIS 3600 or AP or FD for ILS/DME approach.