KINGS AVIONICS, INC.

REPAIR STATION FORMS MANUAL

CRS# KD6D661N
237 NORTH 2370 WEST
SALT LAKE CITY, UT 84116

CRS# KD62661N
1430 JET STREAM DR. SUITE 120
HENDERSON, NV 89052

CRS #KD6R661N
2483 SOUTH 1200 EAST
APPLE VALLEY, UT 84737

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INTRODUCTION

Kings Avionics, Inc. is an avionics repair facility providing maintenance, repair, and installation of avionics systems for various types of aircraft.

This Forms Manual has been prepared in accordance with the current Code of Federal Regulations (CFR's), and the policies of Kings Avionics, Inc.

This manual contains the forms used by Kings Avionics, Inc., examples, and their method of completion, to comply with 14 CFR Part 145.

Each supervisor, inspector, and all personnel working for Kings Avionics, Inc. will have access to this manual. The most current version will be supplied through a desktop icon named "KAI Manuals" on all computer terminals supplied by Kings Avionics Inc. All personnel are required to thoroughly understand its contents.

This Forms Manual is accepted by the FAA, and will be maintained in a current status at all times.

MANUAL CONTROL

This manual will be stored on Kings Avionics main computer server. Kings Avionics, Inc. will supply a direct link, 'KAI Manuals', on every computer terminal for manual access to all employees. A computer system data backup will be performed once each month, with rolling data 'snapshots' each day, and that data will be used to restore repair station data in the event of computer failure. Each employee will be trained on the procedure to access all the manuals at the time of hiring.

The General Manager will be notified by a department supervisor in the event this manual is not current, and valid for that department's use, and will identify needed changes using form KA-10 (Manual Change Request). A sample of this form is found in the Forms Manual. The General Manager will have the revisions found necessary, produced in a final form. The proposed revisions will be submitted to the FAA/CHDO (Certificate Holding District Office) in electronic format (PDF) for acceptance. The FAA Coordinator will revise manuals as required, and explain the revisions to all employees. An entry into each employee's training record will be added after each employee has been trained to verify and acknowledge the understating of each revision. Upon approval by an authorized Repair Station representative, the repair station will commence operating within the guidelines of the new revision. The "List of Effective Pages" will reflect the Approval/Acceptance of the current revision. A file will be maintained, showing on a continuous basis, the disposition of each manual change. The FAA/CHDO will be notified each time a revision to this manual is needed. Revised areas will be identified by a vertical bar in the margin.

Revisions found "un-acceptable" to the FAA/CHDO, which do not conform to applicable regulations, will be addressed by this repair station as a top priority. The identified procedure or action will cease, and acceptable changes implemented immediately. The maintenance/administrative actions that were performed under revisions found "un-acceptable" by the FAA/CHDO will be addressed in the following order:

Safety of Flight: Aircraft operator to be notified immediately, and advised that aircraft is to remain on the ground until this repair station can correct the problem, or coordinate with another certified repair station to correct the problem.

Procedure/Record Keeping: Aircraft operator to be notified immediately, and advised of the problem. The operator will have the option to operate the aircraft until the problem can be corrected.

Problems that do not affect aircraft and/or appliances will be dealt with internally and immediately to correct them.

MANUAL CONTROL (continued)

SATELLITE FACILITES

All satellite facilities under Kings Avionics, Inc. will also be supplied with a direct link on every computer terminal. Each employee will be trained on the procedure to access all the manuals during their initial training. A stored copy will be supplied to each facility in case of computer failure.

KINGS AVIONICS, INC.
FORMS MANUAL

RECORD OF REVISION

REV. IDENT.	REV. DATE	DESCRIPTION OF REVISION	REPAIR STATION
0	01/2004	Complete	SEE LIST OF EFF. PAGES
1	03/2004	Revised K-ATC Form, Added log entry samples	SEE LIST OF EFF. PAGES
2	04/2004	Corrections resulting from review by the FAA	SEE LIST OF EFF. PAGES
3	12/2006	Updates forms. ATC transponder and Mode S Inspection Sheet	SEE LIST OF EFF. PAGES
4	05-22-08	Changes were made to reflect change in repair station location	SEE LIST OF EFF PAGES
5	07/2009	Change made to wording in Forms manual	SEE LIST OF EFF PAGES
6	12/2009	Changes made to manual storage and availability	SEE LIST OF EFF PAGES
7	03/2010	Adding satellite facilities	SEE LIST OF EFF PAGES
8	12/2010	Removal of all inspection stamps, and electronic signature and electronic storage	SEE LIST OF EFF PAGES
9	05/2011	Change of address for St. George Facility	SEE LIST OF EFF PAGES
10	7/2011	Add capability self-evaluation form and change of address for Henderson facility	SEE LIST OF EFF PAGES
11	03/2014	Change of address for St. George Facility, updated 8130 form dated 2/14	SEE LIST OF EFF PAGES
12	03/2015	Numerous administrative changes; see highlight bar on right of each change; added Appendix Archive of Changed Pages; added detailed instructions for each form; changed repair station numbers and locations as required	SEE LIST OF EFF PAGES

RECORD OF REVISION

REV. IDENT.	REV. DATE	DESCRIPTION OF REVISION	REPAIR STATION

KINGS AVIONICS, INC.
FORMS MANUAL

Date 03/2015

LIST OF EFFECTIVE PAGES		
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COVER PAGE	12	03/2015
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ii	0	01/2004
iii	12	03/2015
iv	12	03/2015
iv(a)	7	03/2010
v	10	07/2011
vi	0	01/2004
vii	12	03/2015
viii	12	03/2015
ix	12	03/2015
x	8	12/2010
xi	8	12/2010
xii	8	12/2010
xiii	8	12/2010
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1	1	03/2004
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2a	12	03/2015
3	11	03/2014
3a	12	03/2015
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4(a)	11	03/2014
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5a	12	03/2015
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14	11	03/2014
15	11	03/2014
15a	12	30/2015
15b	12	03/2015
16	11	03/2014

FAA ACCEPTANCE: _____ **APPROVED:** _____

AVIATION SAFETY INSPECTOR / DATE QUALITY ASSURANCE MANAGER / DATE

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17	12	03/2015
17a	12	03/2015
18	0	01/2004
18s	12	03/2015
19	4	05/2008
19a	12	03/2015
20	12	03/2015
20a	12	03/2015
21	12	03/2015
22	12	03/2015
23	12	03/2015
24	12	03/2015
25	12	03/2015
26	7	03/2010
27	7	03/2010
28	7	03/2010
29	7	03/2010
30	7	03/2010
31	7	03/2010
31a	12	03/2015
32	0	01/2004
32a	12	03/2015
33	1	03/2004
33a	12	03/2015
34	0	01/2004
34a	12	03/2015
35	0	01/2004
35a	12	03/2015
36	0	01/2004
36a	12	03/2015
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37a	12	03/2015
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39	12	03/2015
40	12	03/2015
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45	10	07/2011
45a	12	03/2015
46	12	03/2015
46a	12	03/2015
47	7	03/2010

FAA ACCEPTANCE: _____ **APPROVED:** _____

AVIATION SAFETY INSPECTOR / DATE QUALITY ASSURANCE MANAGER / DATE

LIST OF EFFECTIVE PAGES		
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47(a)	11	03/2014
47(b)	10	07/2011
48	7	03/2010
48(a)	7	03/2010
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49	5	07/2009
50	5	07/2009
51	5	07/2009
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55	7	03/2010
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57	7	03/2010
57(a)	11	03/2014
57(b)	10	07/2011
Appendix I	12	03/2015

Form KA-10 (Manual Change Request) – This form is used to request a change any of Kings Avionics, Inc. manuals. This form will be completed and given to the General Manager. The manuals may be revised if deemed necessary.

Form KA-11 (Locator/Status Tag) – This tag may be used to identify and/or locate parts or appliances. The Parts Inspector can attach this tag to parts or appliances to aid the technician in locating the item. When the tag is removed, it is destroyed.

Form KA-12 (Log Entry) – This sticker is used as a Log Entry for altimeter, transponder, and encoder, tests and inspections. The technician will document the applicable information when completing tests/inspections per 14 CFR Parts 91.411, 91.413, 91.217, and it will be signed by an authorized inspector. This sticker is to be placed in aircraft logbook, and electronically stored.

Form KA-13 (Manual Label) – This label is used on technical manuals to show their status. The technician will check to see if manual is current, reference only, or static, and document current status on the label with initials and date.

Form KA-14 (Master Altimeter Correction Sheet) – This form is used when calibrating pitot/static test equipment and/or altimeters. The technician will document the results of the calibration and/or test, and sign. The completed form will be scanned into the appropriate records and/or the work order.

Form KA-15 (Radar Test) – This form may be used at the discretion of the Service Department Supervisor. When using this document, the technician will document the results of the test and sign. The completed form will be scanned into the appropriate records and/or the e work order.

Form KA-16 (Reject Item Tag) – This tag is placed on a rejected item. A technician and/or inspector will attach a properly completed tag to rejected parts. This tag will remain with the part and returned to the customer, or scrapped.

Form KA-17 (Removed As Serviceable) – This tag is used to identify parts or appliances. The technician will complete, and attach this tag, to equipment removed during maintenance. It will remain attached to the equipment until reinstallation, and then destroyed.

Form KA-18 (Repairable Equipment/Parts) – This tag is used to identify equipment/parts that are repairable. The technician and/or inspector will complete, and attach this tag, to equipment or parts that may be repairable. They will remain with the equipment/part until disposition, and then destroyed.

Form KA-19 (Repairable-For Storage) – This tag is used to identify items that are repairable, to be placed in storage. The technician and/or inspector will complete, and attach this tag, to repairable items that are going to be placed into storage awaiting repair. The tag will be removed and destroyed, when unit is repaired, and documented as serviceable.

Form KA-20 (Required Training Log) – This form is used to document required training for employees. This form will be completed and maintained by the employee's supervisor, showing the type, date, and who trained the employee. This form will be scanned in Kings Avionics', Inc. computer system under the employee's Training Records.

Form KA-21 (Scrap Tag) – This tag is placed on items to be scrapped. The technician and/or inspector will place a completed tag on parts/appliances to be scrapped. When the parts/appliances have been scrapped, and documented in the proper manner, the tag will be destroyed.

Form KA-22 (Scrapped Parts Log) – This form is used to document scrapped parts. This form will be completed and signed by an authorized inspector. The Chief Inspector, or his/her designee, will verify by signature. The form will be kept on file for not less than two years.

Form KA-23 (Shelf Life Item) – This tag will be attached to all shelf life items. This tag will be completed by the Parts Inspector, showing a Control #, and expiration date, and attached to each shelf life item. The tag will remain on each item until used, or disposed of.

Form KA-24 (Test Equipment Calibration and Inspection Form) – This form is used for in-house equipment calibration. This form will be completed by the technician performing the calibration of the equipment, and will be signed by an inspector. The completed form will be scanned into the appropriate records and/or the e work order.

Form KA-25 (Employee Training Record) – This form is used to document employee training. Employee training is entered on this form by the trainer, showing the type of training, method used, hours, trainer, employee initials, and other pertinent information. This form will be scanned in Kings Avionics', Inc. computer system under the employee's Training Records.

Form KA-26 (Weight/Balance & Equipment List Revision) – This form is used to amend the aircraft's weight and balance, and equipment list. The technician will complete this form when the weight and balance has changed, or new equipment has been installed. An authorized inspector will sign and place into the Airplane Flight Manual. The completed form will be stored and/or scanned into the appropriate records and/or the work order.

Form KA-27 (Tested Sticker) – This sticker is used for altimeter tests. When an altimeter has been tested per 14 CFR Part 43, Appendix E. The technician will complete, and place the sticker on the altimeter.

Form KA-Install (Installation Inspection Checklist) – This checklist is used during aircraft installations. The technician will use this as a checklist during the installation, and to document inspections. It will be signed upon completion and scanned into the appropriate work order.

Form K-ATC (Aircraft Task Completion Checklist) – This is a checklist used in conjunction with return to service inspections of aircraft. It will be completed and initialed by the technician and authorized inspector, dated. Upon completion, the form will be scanned into the appropriate work order.

Form - (Work Order) – This repair station will utilize a company work order, identified by a number, containing the customer's name, date, and appropriate identification required to identify any part, unit, or aircraft. This work order will list all work on the front that is to be accomplished, in sufficient detail, that it will be readily understandable to the workman. The work order will contain all pertinent documentation pertaining to the repair items listed on the front of the work order. The completed work order will be stored in Kings Avionics, Inc. computer system.

Form K-03.2 – (Work Traveler) – This form is used for documenting pertinent information such as: Work order number, customer information, description of aircraft or appliance, customer complaint, parts history, repair description, inspection record, type of repair, repair technician, and authorized inspector signature with Return to Service determination. The work traveler will be used by the technician accomplishing the work. The technician will ensure that all applicable information is completed. Both technician and authorized inspector will sign the work traveler when complete. The technician and inspector can be the same person if authorized in the Roster of Repair Station Personnel. The authorized inspector will determine if the item is approved for Return to Service. Each completed work traveler will be stored in Kings Avionic, Inc. computer system.

Format of Logbook Entries – There are multiple formats for logbook entries used by Kings Avionics, Inc. They may be handwritten, or computer generated. They are completed and signed by an authorized inspector at the completion of work. They are given to the aircraft owner and will be stored in Kings Avionics, Inc. computer system.

Airworthiness Approval Tag FAA Form 8130-3 – This form will be attached to repaired and/or tested units that are found to be serviceable. It will be completed and signed by an authorized inspector and remain with the unit. The completed form will be stored in Kings Avionics, Inc. computer system.

Form KA-28 (Calibration Sticker) - This sticker is used for "in-house" equipment calibration. When the calibration is completed, this sticker will be completed by the technician, and placed on the equipment.

Form KA-29 (Electromagnetic Compatibility Test Completion Record) – This form is used when conducting DO-160 testing of components. The technician will complete and sign form at completion of testing. Completed forms will be scanned in appropriate work order.

Form KA-30 (Vertical Speed Indicator Correction Card) – This form is used when testing the accuracy of a vertical speed indicator. The technician will document the results and signed. Upon completion, the form will be scanned into the appropriate work order.

Form KA-64 (Capabilities Self-Evaluation Form)- This form will be used to evaluate the proposed repair station that is requesting an added capability to the Ops Specs' limited rating.

Form K-AUD-l (Vendor Audit) - This form is used for vendor audit and evaluation. Upon completion and approval of this form, a vendor may be placed on the Approved Vendor List, and electronically filed with vendor audits in Kings Avionics, Inc. computer system.

Form K-AUD-2 (Internal Audit) - This form is used for the internal audit function of the different departments and/or areas within the company. Upon proper completion, forms are to be electronically stored in Kings Avionic, Inc. computer system.

Form K-AUD-3 (Audit Findings/Corrective Action) - This form is used to document findings and corrective actions for audits. Upon completion, forms are to be electronically filed with appropriate audit in Kings Avionics, Inc. computer system.

Form K-AUD-4 (Audit Findings Control Log) - This form is used to keep a tally of Audit Findings which are the result of an audit. Upon completion, forms are to be electronically filed with appropriate audit in Kings Avionics, Inc. computer system.

Form K-AUD-6 (Audit Request) - This form is used to request a new vendor, current vendor, or internal audit.

Form K-AUD-7 (Calibration Vendor Audit) - This form is used to audit and evaluate test equipment/tool calibration facilities. Upon completion, forms are to be electronically filed with appropriate audit in Kings Avionics, Inc. computer system.

Examples of these forms can be found on the following pages.

FORMS DESCRIPTIONS (continued)

SATILLITE FACILITIES

All computer generated forms will have the option to select the appropriate facility. This will enable all forms to display the correct address and CRS#.

All non-computer generated forms that specify location or CRS number will have either all locations displayed or all CRS numbers displayed to comply with previous FAA accepted forms.

Form KA-18 will only be utilized at the Salt Lake City location.

AIRCRAFT TASK COMPLETION CHECKLIST

File this copy with the Work Order

*Date: (1)	*WO: (2)	*A/C N (3)	A/C S/N (4)	*TT: (5)

** NOTE: REQUIRED INFORMATION*

FINAL	I. Mechanical (6)						
	Aircraft walk-around (Pre-flight inspection plates)						
	Radios and remote boxes latched tight						
	Antennas in place and undamaged						
	Controls free and clear						
	Panel screws and fasteners tight and secure						
	Control lock in place						
	II. Tie-up (7)						
	All harnesses in place						
	Appearance						
	III. Operations (8)						
	Post lights, panel lights, and flood lights						
	Pitot heat						
	Radio readouts and displays						
	IV. Radio and Instrument Checks (9)						
	P-T-T, marker lights						
	Check all audio selections on panel speakers & phones						
	COM—check squelch action, check on appropriate frequencies depending on location	1		2		3	
	Altimeter—check reading against field elevation, check barometric adjustment	1		2		3	
	Radar—check test, and returns if aircraft is outside and clear of obstructions						
	Weather detection system operative - self test						
	Radar altimeter—check test and DH	1		2			
	NAV – check on local frequencies, self-test, or Nav Tester, Check digital display	1		2			
	DME – check on appropriate frequencies depending on location	1		2			
	RNAV – check on appropriate frequencies depending on location						
	ADF – less than seven seconds point, check all quadrants; check audio (check on appropriate frequencies depending on location)	1		2			
	Transponder – check test and reply light	1		2			
	TCAS self test						
	RMI – check operation of needles and heading card	1		2			
	H.S.I. – check slaving and NAV function	1		2			
	FMS	1		2		3	
	EFIS/MFD - self test						
	Glideslope – check on local frequencies, self-test, or Nav Tester	1		2			

AIRCRAFT TASK COMPLETION CHECKLIST

FINAL											
	Autopilot A/P/Flight Director; engage; check left; right; up; down; manual; heading; course 1 & 2, needle 1 & 2, Altitude Hold, Yaw damp										
	Check aircraft trim centering; roll, pitch & yaw										
	Wheel switch checkout – Pilot and Co-Pilot										
	Long-range NAV checkout; moving map & Annunciator functions (if applicable)	1		2		3					
	Check vacuum (if applicable)	LH		RH		SBY					
	Static System Check	1		2		3		4			
	Attitude gyro switch (for applicable autopilots)										
	CVR – self test										
	GPWS – self test										
	Other (describe):										
	Circuit Breakers - checked and set										
	V. Appearance (10)										
	Panel Paint, Interior as received, all loose items in A/C arranged as found										
	"Do Not Fly" tag removed										
	"Report Card" completed and attached										
	Advise Maintenance Control of status / NAME:										

*N/A – Not Applicable **NWA – Not Working Area

Technician Initials___(11)__ Supervisor Initials___(12)__ Date____(13)__

COMMENTS (14)

1. Enter Date the form is initiated
2. Enter Work Order Number under which the installation was accomplished
3. Enter the aircraft Registration Number
4. Enter the aircraft Serial Number
5. Enter the total time (hours) on the aircraft, or the current reading on the tachometer, or Hobbs meter
6. Mechanical;
    a. The scope of this inspection should be commensurate to the scope of the installation, and therefore may not entail every element or system identified on the Aircraft Task Completion Checklist
    b. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
    c. Document all discrepancies noted on Work Order Traveler for customer or management disposition
7. Tie-up;
    a. The scope of this inspection should be commensurate to the scope of the installation, and therefore may not entail every element or system identified on the Aircraft Task Completion Checklist
    b. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
    c. Document all discrepancies noted on Work Order Traveler for customer or management disposition
8. Operations;
    a. The scope of this inspection should be commensurate to the scope of the installation, and therefore may not entail every element or system identified on the Aircraft Task Completion Checklist
    b. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
    c. Document all discrepancies noted on Work Order Traveler for customer or management disposition
9. Radio and Instrument Checks;
    a. The scope of this inspection should be commensurate to the scope of the installation, and therefore may not entail every element or system identified on the Aircraft Task Completion Checklist
    b. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
    c. Document all discrepancies noted on Work Order Traveler for customer or management disposition
10. Appearance;
    a. The scope of this inspection should be commensurate to the scope of the installation, and therefore may not entail every element or system identified on the Aircraft Task Completion Checklist
    b. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
    c. Document all discrepancies noted on Work Order Traveler for customer or management disposition
11. Enter the Initials of the technician or inspector accomplishing the checklist
12. Enter the Initials of the supervisor overseeing the accomplishment of the checklist
13. Enter the date the checklist was completed
14. Enter any comments or general observations made while completing the checklist

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Date (1)	Work Order (2)	Pitot Static ID # (3)
P/N (4)	S/N (5)	

AIRSPEED CALIBRATION/TEST

(6)

Airspeed	Correction	Airspeed	Correction	Airspeed	Correction
0		40		60	
80		100		120	
140		160		180	
200		220		240	
260		280		300	
320		340		360	
380		400		420	

(7)

☐ CRS:KD6R661N ☐ CRS:KD6D661N ☐ CRS:KD62661N

(8)

KTS ☐

MPH ☐

(9)_____
Calibrated By

(10)_____
Inspected By

INSTRUCTIONS FOR FORM USE; AIRSPEED CALIBRATION/TEST

1. Enter the date the form is used
2. Enter the Repair Station Work Order number
3. Enter the Pitot Static system ID number
4. Enter the Part Number of the Airspeed Indicator
5. Enter the Serial Number of the Airspeed Indicator
6. Record in this section, the results of the Airspeed Indicator test
7. Choose one of the Repair Station certificate numbers depending on the location where the work was performed
8. Select which airspeed measurement is indicated on the instrument
9. Enter the name of the person who performed the calibration test
10. Enter the name of the person who performed the Final Inspection

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Altimerer Test/Inspection
Per 14 CFR Part 43, Appendix E

WO#____(1)_____

(2)

	PILOT ALT.	MFR._____(3)_____	ENCODER/ADC MFR. _____(7)_____
	CO-PILOT ALT.	PART # _____(4)_____	PART # _____(8)_____
	STBY ALT.	MODEL #____(5)_____	MODEL #_____(9)_____
		S/N_____(6)_____	S/N _____(10)_____

(11) Scale Error

Altitude	Norm	Stby	Tol.	Encoder	Friction	Tol.
-1,000			20		X	NA
0			20		X	NA
500			20		X	NA
1,000			20			70
1,500			25		X	NA
2,000			30			70
3,000			30			70
4,000			35		X	NA
5,000	X	X	NA	X		70
6,000			40		X	NA
8,000			60		X	NA
10,000			80			80
12,000			90		X	NA
14,000			100		X	NA
15,000	X	X	NA	X		90
16,000			110		X	NA
18,000			120		X	NA
20,000			130			100
22,000			140		X	NA
25,000			155			120
30,000			180			140
35,000			205			160
40,000			230			180
45,000			255		X	NA
50,000			280			250

(12) Barometric Scale Error

Barometric Scale	Altitude Difference Ref.	Altitude Difference
28.10	-1727	
28.50	-1340	
29.00	-863	
29.50	-392	
29.92	0	
30.50	+531	
30.90	+893	
30.99	+974	
Tolerance = ± 25 Feet		

(13) Hysteresis

% of Alt.	Up Reading	Down Reading
40%		
50%		
Tolerance = ± 75 Feet		

(14) Case Leak

Case Leak @ 18,000' =
Tolerance = ± 100 Ft. Per Min.

(15) After Effect Test

Test Set Ref	Initial Alt.	After Test
Tolerance = ± 30 Feet @ 29.92 in.h		

Note: Maintain Altimeter at each Test Point for at least one (1) minute before reading Scale Error.
Note: The difference between the altitude displayed at the altimeter and the automatic reporting output should not exceed 125 ft
Note: Approach Friction Test Points at 750 Ft. per minute.
Note: Altitude/Feet----Pressure/Inches of mercury

N#__(16)_____ Date:____(17)_____

Tester ID # _(18)_____ Tested by:___(19)_____

(20) **Inspection Record**

Preliminary	Hidden Damage	In Progress #1	In Progress #2	Final	MDR Req

INSTRUCTIONS FOR FORM USE; ALTIMETER CALIBRATION AND TEST

1. Enter the Work Order number on which the work is being performed
2. Place an X in the box next to the position of the Altimeter
3. Enter the name of the Manufacturer of the Altimeter
4. Enter the Part number of the Altimeter
5. Enter the Model number of the Altimeter
6. Enter the Serial Number of the Altimeter
7. Enter the name of the Manufacturer of the Encoder or Air Data Computer
8. Enter the Encoder or Air Data Computer Part Number
9. Enter the Model of the Encoder or Air Data Computer
10. Enter the Serial Number of the Encoder or Air Data Computer
11. Enter the Scale Error next to each parameter
12. Enter the Barometric Scale Error next to each parameter
13. Enter the value of Hysteresis for each parameter
14. Enter the value of the Case Leak as tested
15. Enter the values for the three (3) parameters of the After Effect following the test
16. Enter the aircraft registration number
17. Enter the date on which the Altimeter Test was completed
18. Enter the Identification number of the test equipment used
19. Enter the name of the person who performed the Altimeter Test
20. Place employee initials in the boxes for each Inspection provess

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

ATC TRANSPONDER AND MODE S INSPECTION
14 CFR PART 43, APPENDIX F

DATE:_____(1)_____ W/O #_____(2)_____ TAIL #____(3)_____ S/N _____(4)_____

Inspection(s) in Accordance With 14 CFR Part 43, Appendix F

Transponder #1	**Transponder #2**
Mfg. _____(5)_____	Mfg. _____(12)_____
Model _____(6)_____	Model _____(13)_____
P/N _____(7)_____S/N_____(8)_____	P/N _____(14)_____S/N_____(15)_____
(9)	(16)
Radio Reply Frequency 1087 to 1093 MHZ ☐	Radio Reply Frequency 1087 to 1093 MHZ ☐
Mode S 1089 to 1091 ☐	Mode S 1089 to 1091 ☐
Peak Output Power > 125 and < 500 Watts ☐	Peak Output Power > and < 500 Watts ☐
Mode S TX Power > 125 and < 500 Watts ☐	Mode S TX Power > 125 and < 500 Watts ☐
SLS 0 db ☐ 1% < Reply Rate	SLS 0 db ☐ 1% < Reply Rate
Reply Rate (-9db) ☐ 90% > Reply	Reply Rate (-9db) ☐ 90% > Reply
Receiver Sensitivity - 66 to -77 dbm Mode 3/A ☐	Receiver Sensitivity - 66 to -77 dbm Mode 3/A ☐
Receiver Sensitivity - 66 to -77 dbm Mode C ☐	Receiver Sensitivity - 66 to -77 dbm Mode C ☐
Difference ≤ 1 db ☐	Difference ≤ 1 dbm ☐
Receiver Sensitivity Mode S - 68 TO -77 dbm 90% Reply ☐	Receiver Sensitivity Mode S - 68 TO -77 dbm 90% Reply ☐
Mode S Diversity Transmission Channel Isolation [ ] > 20db (May require Antenna Isolation)	Mode S Diversity Transmission Channel Isolation [ ] > 20db (May require Antenna Isolation)
Mode S Address _____ [ ] Correct Reply	Mode S Address _____ [ ] Correct Reply
Mode S Formats UF=0 [ ] UF=16 [ ] UF=21 [ ] UF=4 [ ] UF=20 [ ] UF=24 [ ] UF=5 [ ] UF=11 [ ] DF=11[ ]	Mode S Formats UF= 0 [ ] UF=16 [ ] UF= 21 [ ] UF= 4 [ ] UF=20 [ ] UF= 24 [ ] UF= 5 [ ] UF=11 [ ] DF=11 [ ]
Mode S All Call PASS ☐ FAIL ☐	Mode S All Call PASS ☐ FAIL ☐
(10) Antennas Secure & In Good Condition ☐	(17) Antennas Secure & In Good Condition ☐
(11) *SYSTEM PASSES ☐	(18) *SYSTEM PASSES ☐

Note #1: Peak Output Power Radiated Class 1A Min 125 Watts, Class 1B Min 70 Watts
Note #2: Receiver Sensitivity Includes Additional –3dbm Allowed for Radiated Signals

THE ABOVE INSPECTION(S) PERFORMED WITH THE TRANSPONDER(S) INSTALLED IN THE AIRCRAFT.

_____(19)_____
TESTED BY

***NOTE: CHECK IN BOX INDICATES PASS, BLANK BOX TEST N/A**

Tester – ID #__(20)_____

INSTRUCTIONS FOR FORM USE; ATC TRANSPONDER AND MODE S INSPECTION 14 CFR 43 APPENDIX F

1. Enter the date the work is performed
2. Enter the Work Order on which the work is being performed
3. Enter the aircraft registration number
4. Enter the aircraft Serial Number
5. Transponder #1 enter the name of the Manufacturer of the transponder
6. Transponder #1 enter the Model of the transponder
7. Transponder #1 enter the Part Number of the transponder
8. Transponder #1 enter the Serial Number of the transponder
9. Transponder #1; place an X in the boxes for each parameter for each corresponding test
10. Transponder #1; visually inspect the antenna in accordance with manufacturer's recommendations, place an X in the box to denote satisfactory results
11. Transponder #1; place an X in the System Pass box if all tests were satisfactory
12. Transponder #2 enter the name of the Manufacturer of the transponder
13. Transponder #2 enter the Model of the transponder
14. Transponder #2 enter the Part Number of the transponder
15. Transponder #2 enter the Serial Number of the transponder
16. Transponder #2; place an X in the boxes for each parameter for each corresponding test
17. Transponder #2; visually inspect the antenna in accordance with manufacturer's recommendations, place an X in the box to denote satisfactory results
18. Enter the name of the person performing the inspections and tests
19. Enter the test and inspection equipment Identification Number

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

AUDIT FINDINGS CONTROL LOG

Department	(1)		
Audit Type	Audit Date	Comments	Closing Date
(2)	(3)	(4)	(5)

INSTRUCTIONS FOR FORM USE; AUDIT FINDINGS CONTROL LOG

1. Department; enter the name of the audited department (this is a running tally for that department only)
2. Audit Type; enter the Audit Type, as defined in the audit plan
3. Audit Date; date on which the audit is scheduled, or has commenced
4. Comments; enter a brief description of the Audit Finding (as taken from the K-AUD-3 Audit Finding and Corrective Actions form)
5. Closing Date; the date on which a qualified Auditor accepts the Corrective Action (items 15 and 16 on the K-AUD-3form)

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

KINGS AVIONICS, INC.
AUDIT FINDINGS/CORRECTIVE ACTION

VENDOR AUDIT

COMPANY _____(1)_____
CONTACT _____(2)_____
ADDRESS _____(3)_____
_____
PHONE _____(4)_____

(5) DISCREPANCY (CIRCLE ONE)

1. _____ NEW / REPEAT
2. _____ NEW / REPEAT
3. _____ NEW / REPEAT
4. _____ NEW / REPEAT
5. _____

AUDITOR _____(6)_____ DATE _____(7)_____

INTERNAL AUDIT DEPT./AREA _____(8)_____

(9) DISCREPANCY (CIRCLE ONE)

1. _____ NEW / REPEAT
2. _____ NEW / REPEAT
3. _____ NEW / REPEAT
4. _____ NEW / REPEAT
5. _____ NEW / REPEAT

AUDITOR _____(10)_____ DATE _____

(11) CORRECTIVE ACTION

1. _____
2. _____
3. _____
4. _____
5. _____

(12) ROOT CAUSE/CORRECTIVE ACTION (EXPLAIN)

_____
_____
_____
_____

SIGNATURE _____(13)_____DATE _____(14)_____
AUDITOR _____(15)_____ DATE _____(16)_____

KINGS AVIONICS, INC.
AUDIT FINDINGS/CORRECTIVE ACTION

INSTRUCTIONS FOR FORM USE; AUDIT FINDINGS / CORRECTIVE ACTION

Vendor Audit;

1. Enter the name of the Company undergoing the Audit
2. Enter the name of a primary point of contact for the Company undergoing the Audit
3. Enter the physical address of the facility, of the Company undergoing the Audit
4. Enter the telephone number of the Company, or point of contact for the Company undergoing the audit
5. Discrepancy; enter a brief description of the discrepancy reported, or discovered during the audit; circle either 'New' or 'Repeat', as appropriate
6. Auditor; provide the name of the person performing the audit
7. Date; enter the date the audit was completed

Internal Audit;

8. Enter the Department or Area undergoing the Audit
9. Discrepancy; enter a brief description of the discrepancy reported, or discovered during the audit; circle either 'New' or 'Repeat', as appropriate
10. Auditor; provide the name of the person performing the audit
11. Date; enter the date the audit was completed
12. Root Cause; enter a clear definition of the root cause and corrective action, in sufficient detail so as to aid in resolution of the discrepancy, and avoid repeats
13. Place the signature of the person taking corrective action on this line
14. Date; enter the date the person corrected the discrepancy
15. Place the name of the auditor on this line
16. Date; enter the date the corrective action was verified by the auditor

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

AUDIT REQUEST

TYPE OF AUDIT

A. AUDIT:

1. NEW VENDOR _____(1)_____
2. CURRENT VENDOR _____(2)_____

NAME: _____(3)_____
ADDRESS: _____(4)_____
PHONE: _____(5)_____

B. INTERNAL: (6)

1. SERVICE _____
2. INSTALLATION _____
3. INSTRUMENT _____
4. PARTS/SHIPPING _____

C. REASON: _____(7)_____
_____
_____
_____
_____

REQUESTED BY: _____(8)_____
DATE: _____(9)_____

INSTRUCTIONS FOR FORM USE; AUDIT REQUEST

1. Type of Audit; if a new vendor, enter an X on the New Vendor line
2. Type of Audit; if current vendor, enter an X on the Current Vendor line
3. Enter the Company name of the Vendor undergoing the audit
4. Enter the Company address of the vendor undergoing the audit
5. Enter the telephone number of the Company undergoing the audit
6. Internal Audit; enter an X on the appropriate line;
    a. Service
    b. Installation
    c. Instrument
    d. Parts/Shipping
7. Reason; enter a description of the reason for the audit (e.g. non conforming work/material, routine scheduled, etc.)
8. Enter the name or organization requesting the audit
9. Enter the date of the Audit Request

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

AUTOPILOT TEST

DATE: (1) W/O: (2)

(3)

Equipment	Manufacturer	Model	Serial No.
Computer			
Computer			
Air Data			
Attitude Gyro			
Mode Selector			
Servo			
Servo			
Servo			
Servo			

(4)

Attitude Gyro Operation _____ Heading Gyro Operation _____

Current Drain _____@_____ Volts Power Supply Voltage Check _____ Low Voltage Operation _____ Volts

Left Turn Bank Angle _____ Degrees Roll Trim _____ Right Turn Bank Angle _____ Degrees

Heading DC
L R

Heading AC
L R

VOR INTERCEPT
DC CRSE L R

AC CRSE L R

LOC INTERCEPT
DC CRSE L R

AC CRSE L R

Pitch Up Angle _____ Degree Pitch Down Angle _____ Degree Alt. Hold Signal Versus Pitch _____ Angle

GS Inhibit (BC) _____ Speed and Scheduling _____ Pitch Sync _____

BC Operation _____ Nav 1 / Nav 2 Select _____ Auto _____

Disconnect _____

Autopilot Engage _____ Remote Disconnect _____ Self Test _____

(5) FLIGHT DIRECTOR OPERATION

Pitch Up _____ Pitch Down _____ Roll Left _____ Roll Right _____

Yaw Damp Signal Input _____ Versus Output _____ Engage _____ Remote Disconnect _____

	Start Voltage	Speed	Torque	Clutch Torque
Roll Servo				
Pitch Servo				
Yaw Servo				
Pitch Trim				
Yaw Trim				

This unit meets or exceeds manufacturer's specifications.

Tested By: (6)

Inspected By: (7)

INSTRUCTIONS FOR FORM USE; AUTOPILOT TEST

1. Enter the date of the work
2. Enter the Work Order number on which the work is being performed
3. Enter the Autopilot equipment specifics; Manufacturer, Model, and Serial Number
4. Equipment Operational characteristics;
    a. Attitude Gyro; enter all performance parameters as tested
    b. Heading Gyro; enter all performance parameters as tested
    c. Left Turn and Bank; enter all performance parameters as tested
    d. Right Turn and Bank; enter all performance parameters as tested
    e. Heading DC; enter all performance parameters as tested
    f. Heading AC; enter all performance parameters as tested
    g. VOR intercept; enter an X for L and R to denote functional check accomplished
    h. LOC intercept; enter an X for L and R to denote functional check accomplished
    i. Pitch Up Angle; enter degrees as tested
    j. Pitch Down Angle; enter degrees as tested
    k. Altitude Hold Signal; enter values as tested
    l. Versus Pitch Angle; enter values as tested
    m. GS Inhibit (BC); enter an X to denote functional check accomplished
    n. Speed and Scheduling; enter an X to denote functional check accomplished
    o. Pitch Sync; enter an X to denote functional check accomplished
    p. BC Operation; enter an X to denote functional check accomplished
    q. Nav 1 / Nav 2 Select; enter an X to denote functional check accomplished
    r. Auto Disconnect; enter an X to denote functional check accomplished
    s. Autopilot Engage; enter an X to denote functional check accomplished
    t. Remote Disconnect; enter an X to denote functional check accomplished
    u. Self Test; enter an X to denote functional check accomplished
    v.
5. Flight Director Operational characteristics
    a. Pitch Up; enter an X to denote functional check accomplished
    b. Pitch Down; enter an X to denote functional check accomplished
    c. Roll Left; enter an X to denote functional check accomplished
    d. Roll Right; enter an X to denote functional check accomplished
    e. Yaw Damp Signal Input; enter an X to denote functional check accomplished
    f. Versus Output; enter an X to denote functional check accomplished
    g. Engage; enter an X to denote functional check accomplished
    h. Remote Disconnect; enter an X to denote functional check accomplished
    i. Enter values as tested for Start Voltage, Speed, Torque, and Clutch Torque for;
        i. Roll Servo
        ii. Pitch Servo
        iii. Yaw Servo
        iv. Pitch Trim
        v. Yaw Trim
6. Enter the name of the person performing the tests and functional checks
7. Enter the name of the person performing inspections of the work performed

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

CALIBRATION VENDOR AUDIT

Company Name: _____(1)_____

Address: _____(2)_____

City: _____(3)_____ State: _____(4)_____ Zip: ____(5)___

Division of: _____(6)_____ Phone: _____(7)_____ Fax: _____(8)_____

Years of Business: _____(9)_____ Size-Number of Personnel: __(10)__

Company Contacts: (11)

Quality Control: _____ Phone: (___)_____

Inspection: _____ Inspection: (___)_____

(12)

Kings Avionics, Inc. Use Only **Vendor Category: _____**

Audit Type: Pre-Award Survey _____ Surveillance _____ Follow-up _____

Auditor recommendations of surveillance audit interval _____ months

Accept: _____ Cond. Accept: _____ Not Accept: _____

Kings Avionics, Inc. , Register (Circle One): Add Delete Update Does Not Qualify

Next Scheduled Audit Date: _____

_____
Auditor's Signature

_____
Date

237 North 2370 West
Salt lake City, Utah 84116
CRS:KD6D661N

2483 South 1200 East
Apple Valley, UT 84737
CRS:KD6R661N

1430 Jet Stream Dr. #120
Henderson, NV 89052
CRS:KD62661N

1. QUALITY ASSURANCE SYSTEM (13)

	YES	NO	N/A
A. Is there an established Quality Assurance Program?	___	___	___
B. Does the Quality Assurance Manual describe the complete Quality Assurance Program?	___	___	___
C. Is the Quality Assurance Manual current?	___	___	___
D. Does the Quality Assurance Manual identify persons, by title, responsible for various functions and programs?			
1. Quality Program	___	___	___
2. Inspection	___	___	___
3. Calibration	___	___	___
4. Technical Data Control	___	___	___
5. Shelf Life Program	___	___	___
E. Does the Quality Assurance Manual identify back-up persons, by title, for the various functions and programs?	___	___	___
F. Is there a roster of:			
1. Persons authorized to perform calibrations, and:	___	___	___
2. A list of calibrations they are authorized to perform?	___	___	___
G. Is current technical data available, and used, by calibration technicians?	___	___	___
H. Are calibrations performed by only authorized persons?	___	___	___
I. If inspection stamps are used:			
1. Is the control of stamps described in the Quality Assurance Manual?	___	___	___
2. Does each stamp have a unique number to identify Each inspector?	___	___	___
J. Do inspectors have all necessary technical data, tools, and instruments available to inspect the calibration process?	___	___	___

		YES	NO	N/A
2.	TECHNICAL DATA (14)			
	A. Is there a documented system for obtaining technical data and maintaining it up to date?	___	___	___
	B. Is the appropriate, current technical data available to personnel that need it?	___	___	___
	C. Is there a system to prohibit hand entries or corrections to technical data?	___	___	___
3.	TRAINING (15)			
	A. Does the facility have sufficient personnel with the necessary training, technical knowledge, and experience, for their assigned functions?	___	___	___
	B. Are training records:			
	1. Maintained on applicable personnel?	___	___	___
	2. Kept for two years after an employee leaves employment?	___	___	___
4.	MEASURING AND TEST EQUIPMENT CALIBRATION (STANDARDS) (16)			
	A. Is there an established program to ensure the standards used are in current calibration, and traceable to the National Institute of Standards and Technology?	___	___	___
	B. Is there a procedure to prevent standards from being used that are out of calibration?	___	___	___
	C. Is there a listing showing the current calibration status of all calibration standards?	___	___	___
5.	WORK PROCESSING (17)			
	A. Are all items to be calibrated properly identified?	___	___	___
	B. Are abnormalities from standard condition recorded?	___	___	___
	C. Are customers notified when suitability for calibration is in doubt?	___	___	___

		YES	NO	N/A
D.	Is there a procedure before returning out of tolerance equipment to the customer?	___	___	___
6.	RECORDS (18)			
A.	Are records maintained with sufficient information to permit the repeat of the calibration?	___	___	___
B.	Do these records include the names of personnel involved in the calibration process?	___	___	___
C.	Are all records, reports, certificates, safely stored and held secure, and in confidence to the customer, for a period of time specified in the Quality Assurance Manual?	___	___	___
7.	FACILITIES (19)			
A.	Are the facilities such as to facilitate the proper performance of calibrations and verifications?	___	___	___
B.	Does the facility have the environmental conditions appropriate for the calibrations being conducted?	___	___	___
C.	Does the facility provide adequate security, and protection from fire?	___	___	___
D.	Are the security, fire protection systems, reviewed to assure they are adequate?	___	___	___
E.	Are operations conducted in a safe manner to avoid personnel injury and/or damage to customer property?	___	___	___
8.	CERTIFICATES/REPORTS (20)			
A.	Are calibration certificates/reports issued with the following information:			
	1. Name/address of calibration facility?	___	___	___
	2. Name/address of customer?	___	___	___
	3. Identification of equipment calibrated?	___	___	___
	4. Characterization and condition of the calibration?	___	___	___
	5. Calibration date?	___	___	___
	6. Calibration procedure used?	___	___	___

		YES	NO	N/A
7.	Any deviation or exclusion from the calibration method?	___	___	___
8.	Date of issue, and the person's signature and title, who accepted responsibility for the certificate or report content?	___	___	___
9.	Special limitations of used?	___	___	___
10.	Traceability to National Institute of Standards and Technology statement?	___	___	___
9.	SHIPPING (21)			
A.	Are tools and/or test equipment returned to the customer in appropriate shipping containers, or one provided by the customer?	___	___	___
B.	Are part, model, serial, and I.D. numbers recorded on calibration/report and shipping documents?	___	___	___
10.	SHELF LIFE PROGRAM (22)			
A.	Is there a documented shelf life program?	___	___	___
B.	Is there a listing of shelf life limited materials and/or parts, and their limits?	___	___	___
11.	ELECTROSTATIC DISCHARGE PROCEDURES (E.S.D.) (23)			
A.	Is there an E.S.D. program/procedure to prevent damage to electrostatic discharge sensitive devices (E.S.D.S.)?	___	___	___
12.	DRUG/ALCOHOL (24)			
A.	Attach copy of drug/alcohol program.	___	___	___
13.	REPAIR STATION (25)			
A.	Attach copy of Repair Station Certificate, Operations Specifications.	___	___	___

NOTES:

INSTRUCTIONS FOR FORM USE; CALIBRATION VENDOR AUDIT

Note: not all areas of the repair station are subject to all of the audit elements contained in this Audit Checklist. Where audit elements are not applicable, place an X in the N/A column for that element.

1. Enter Vendor Company name
2. Enter Vendor address
3. Enter Vendor city
4. Enter Vendor State
5. Enter Vendor Zip Code
6. Annotate the particular division of the Vendor Company
7. Enter the Vendor telephone number
8. Enter the Vendor fax number
9. Enter the number of years the Vendor has been in operation at the specific location
10. Enter the number of employees maintained by the Vendor
11. Company Contacts;
    a. Enter the name of the primary point of contact for Vendor Quality Control
    b. Enter the phone number of the Quality Control contact
    c. Enter the name of the primary point of contact for Vendor Inspection
    d. Enter the phone number of the Inspection contact
12. Kings Avionics Audit Details
    a. Enter Vendor Category
    b. Enter an X on the appropriate line for Audit Type
    c. Enter the recommended audit interval in months
    d. Status;
        i. Enter an X on the appropriate line for Acceptance, Conditional Acceptance, or Not Accepted
    e. Circle one of the recommendations of Vendor status (approved vendor list); Add, Delete (remove), Update, Does not Qualify
    f. Enter the date at which the next scheduled audit will take place
    g. Auditor applies signature and date the form and audit are completed
13. Quality Assurance System; these audit element questions are self explanatory, review and answer all audit element questions
14. Technical Data; these audit element questions are self explanatory, review and answer all audit element questions
15. Training; these audit element questions are self explanatory, review and answer all audit element questions
16. Measuring and Test Equipment Calibration (standards); these audit element questions are self explanatory, review and answer all audit element questions
17. Work Processing; these audit element questions are self explanatory, review and answer all audit element questions
18. Records; these audit element questions are self explanatory, review and answer all audit element questions
19. Facilities; these audit element questions are self explanatory, review and answer all audit element questions
20. Certificates and Reports; these audit element questions are self explanatory, review and answer all audit element questions

21. Shipping; these audit element questions are self explanatory, review and answer all audit element questions
22. Shelf Life Program; these audit element questions are self explanatory, review and answer all audit element questions
23. Electrostatic Discharge Procedures; these audit element questions are self explanatory, review and answer all audit element questions
24. Drug and Alcohol Program; these audit element questions are self explanatory, review and answer all audit element questions
25. Repair Station; these audit element questions are self explanatory, review and answer all audit element questions

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Kings Avionics, Inc.
Certificate of Calibration

Manufacturer: _____(1)_____
Model: _____(2)_____
Description: _____(3)_____
Serial Number: _____(4)_____
Customer: _____(5)_____
Work Order: _____(6)_____

Calibration Procedure: _____(7)_____
Environmental Conditions: _____(8)_____

Remarks: _____(9)_____

(10) This Unit was Received ☐ In Specification ☐ Out of Specification

This certificate attests that this instrument has been calibrated under the stated conditions with standards that are traceable to the National Institute of Standards and Technology (NIST) or derived from accepted values of natural physical constants or derived by ratio type of self calibration. Evidence of traceability is available and on file at our Facility.

(11) Standards Utilized for this Calibration

Equip. ID	Manufacturer	Model	Serial Number	Due Date

Calibration Date: _____(12)_____
Calibration Due: _____(13)_____

_____(14)_____
Calibrated By

237 N. 2370 W.
Salt Lake City, Utah 84116
801-539-8412
CRS:KD6D661N

2483 South 1200 East
Apple Valley, Utah 84737
801-550-5671
CRS:KD6R661N

1430 Jet Stream Dr. #120
Henderson, Nevada 89052
801-433-4402
CRS:KD62661N

INSTRUCTIONS FOR FORM USE; CERTIFICATE OF CALIBRATION

1. Enter the name of the manufacturer for the unit being calibrated
2. Enter the model number of the unit being calibrated
3. Enter a description (nomenclature) of the unit being calibrated
4. Enter the serial number of the unit being calibrated
5. Enter the name of the customer who submitted the unit to be calibrated
6. Enter the work order number on which the work is being performed
7. Enter a description of the calibration procedures applicable to the unit being calibrated
8. Enter a description of the environmental conditions at the time the unit was being calibrated
9. Enter remarks pertaining to the unit being calibrated
10. Annotate in the boxes provided, the status the unit was found to be upon arrival
11. List all equipment and standards used to accomplish the calibration
12. Enter the date the calibration was completed
13. Enter the next calibration due date, based on the interval prescribed for the unit being calibrated
14. Enter the name of the person who performed the calibration

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

COMPASS SWING DOCUMENTATION SHEET

Date: _____(1)_____ Work Order # ____(2)_____ Aircraft N#____(3)_____

(4) **SYSTEM 1**

Compass	H S I	WET	H S I	WET	H S I	WET	H S I	WET
NORTH 0 DEG								
30 DEG								
60 DEG								
EAST 90 DEG								
120 DEG								
150 DEG								
SOUTH 180 DEG								
210 DEG								
240 DEG								
WEST 270 DEG								
300 DEG								
330 DEG								

CHECKED BY:_____(5)_____

(6) **SYSTEM 2**

Compass	H S I	WET	H S I	WET	H S I	WET	H S I	WET
NORTH 0 DEG								
30 DEG								
60 DEG								
EAST 90 DEG								
120 DEG								
150 DEG								
SOUTH 180 DEG								
210 DEG								
240 DEG								
WEST 270 DEG								
300 DEG								
330 DEG								

CHECKED BY:_____(7)_____

INSTRUCTIONS FOR FORM USE; COMPASS SWING DOCUMENTATION SHEET

1. Enter the Date of the Compass Swing
2. Enter the Work Order on which the Compass Swing is being accomplished
3. Enter the Aircraft Registration Number
4. System #1
    a. Record the Compass Cardinal Headings, and the associated HIS and Wet Compass Readings (after corrections and adjustments)
5. Enter the name of the person performing the Compass Swing Check
6. System #2
    a. Record the Compass Cardinal Headings, and the associated HIS and Wet Compass Readings (after corrections and adjustments)
7. Enter the name of the person performing the Compass Swing Check

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

ELECTROMAGNETIC COMPATIBILITY TEST COMPLETION RECORD

FOR

(1)

W/O: (2)
Nomenclature: (3)
Model / Part No.: (4)
ID#: (5)

Test Start Date: (6) Test Completion Date: (7)

Test Completion Record: The following tests were performed in accordance with the requirements of RTCA DO-160C Section 21.

Section 21.3, Conducted RF Interference (Category A&Z): The EUT was within the required limits during all phases of this test.

Section 21.4, Radiated RF Interference (Category A&Z): The EUT was within the required limits during all phases of this test.

KINGS AVIONICS TEST ENGINEER (8) DATE (9)

KINGS AVIONICS QUALITY ASSURANCE (10) DATE (11)

INSTRUCTIONS FOR FORM USE; ELECTROMECHANICAL COMPATIBILITY TEST COMPLETION RECORD

1. Enter the name of the person or company for whom this Compatibility Test is being accomplished
2. Enter the Work Order number on which this Compatibility Test is being accomplished
3. Enter the nomenclature (name) of the system, unit, aircraft for which this Compatibility Test is being accomplished
4. Enter the model and part number of the system, unit, aircraft for which this Compatibility Test is being accomplished
5. Enter the Identification number of the system, unit, aircraft for which this Compatibility Test is being accomplished
6. Enter the date on which this Compatibility Test is to begin
7. Enter the date on which this Compatibility Test is to be completed
8. Enter the name of the engineer or qualified person who is conducting this Compatibility Test
9. Enter the date of completion of the test
10. Enter the name of the Quality Assurance representative overseeing this Compatibility Test
11. Enter the date of acceptance by Quality Assurance of the test

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

KINGS AVIONICS, INC.

REPAIR STATION EMPLOYEE TRAINING RECORD

Employee Name	Description
(1)	
Repair Station Number	(2)
Certificate Number (Repairman)	(3)
Type of Training	(4)
Method of Training (e.g. Classroom, Factory, OJT, etc.)	(5)
Length of Training (hours)	(6)
Location of Training	(7)
Name of Instructor	(8)
Date of Training	(9)
Qualified (Y / N)	(10)
Employee Signature	(11)
Supervisor's Signature	(12)
Training Records Updated	Date: _____(13)_____ By: _____(14)_____

INSTRUCTIONS FOR FORM USE; REPAIR STATION EMPLOYEE TRAINING RECORD

1. Enter the full name of the Employee
2. Enter the repair station number under which this training is being provided
3. Enter the Airman Certificate number (A, P, A/P, Repairman, etc.)
4. Enter the type of training (e.g. OJT, Classroom, Distant, etc.)
5. Enter the Method or type of training
6. Enter the duration/length of training, in hours
7. Enter the location of training (organization, facility, factory, etc.)
8. Enter the name of the qualified instructor
9. Enter the date the training occurred (the day it was completed)
10. Enter Yes, or No, denoting whether the training was successful to establish proficiency in the skill being trained
11. Apply Employee signature to the completed form
12. Apply Supervisor's signature to the completed form
13. Enter the date on which the employee Training Records were updated
14. Enter the name of the person updating the employee Training Recordsa

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

INSTALLATION INSPECTION CHECKLIST

Date____(1)____ WO #____(2)_____ N #____(3)_____ Lead Technician_____(4)_____

The Lead Installation Technician and Installation Dept. Supervisor will be present for installation steps planning. The Lead Installation Technician is responsible for reviewing every detail of this document, & reporting any problems to the Installation Dept. Supervisor.

Initial block for each item when completed.

(5) Pre-Aircraft Arrival:

1.		Obtain copies of Work Order & Installation Proposal with explicit details of installation.
2.		Inventory all parts & equipment required for the installation (if possible). Group them in your area. Verify equipment installation kits are complete. Notify Installation Dept. Supervisor of any shortages.
3.		Verify proper Airworthiness Documentation exists for all equipment.
4.		Gather appropriate installation data: Manufacturers installation instructions, aircraft wiring diagrams, DER engineering prints, etc.
5.		Verify currency and latest revision of all manuals used for the installation.
6.		Verify proper tooling & materials for the installation is readily available.
7.		Gather preliminary data for FAA Form 337 (if required) & forward to FAA Coord.

(6) Preliminary Inspection: (Mark N/A in block if item is not applicable)

1.		Obtain copies of current W&B, Equipment List, & Aircraft Registration. Record Aircraft Flight Manual Part No., Revision No., & Date (if required).
2.		Check logbook entries for FAR 91.411 & 91.413 (if possible). Note dates nearing expiration or past due.
3.		Note aircraft voltage: _____.
4.		Aircraft walk-around. Look for loose or missing fasteners. Inspect exterior windows & paint for scratches & defects. Inspect static wicks, pitot mast, static ports, & antennas for airworthiness.
5.		Aircraft interior inspection. Inspect cabin doorway, upholstery, seats, carpet, trim, & headliner for condition.
6.		Instrument panel inspection. Inspect panels for security of mounting, scratches & defects, loose switches & instruments. Check glare shield for security & condition.
7.		Flight Controls inspection. Pull controls through full range of travel, note any interference, binding, & noises.
8.		Avionics stack inspection. Inspect existing equipment for security of mounting & appearance. Inspect rack mountings for back-support structure.
9.		Lighting inspection. Inspect all panel, instrument, flood, and radio lighting. Inspect all cabin lighting (reading, map, courtesy, passenger, etc.). Inspect all external lighting (beacons, strobes, taxi/landing, navigation, ice, etc.).

10.		Check Pitot & Static heat for operation.
11.		Check all avionics displays for operation & readability. Check photocells.
12.		Annunciators' inspection. Push to test (if possible) all annunciators, including Marker lights. Check day/night switches where applicable.
13.		Audio inspection. Check all audio selections at audio panel (speakers & phones). Check intercom system at each headset location. Check ANR system operation. Check headset jacks for airworthiness. Check avionics annunciation tones, alerts & warning audio where applicable.
14.		Communications inspection. At each Com, check squelch action, call shop for radio check, or check using local frequencies. Check remote switches.
15.		VHF Nav inspection. At each Nav, ground test using local frequencies, or ramp tester as applicable. Check operation of corresponding indicators.
16.		DME inspection. At each DME, check using local frequencies, or ramp tester as applicable. Check operation of remote switches & indicators. Check remote Nav tuning where applicable.
17.		RNAV inspection. Check using appropriate frequencies.
18.		ADF inspection. At each ADF, check using appropriate frequencies. Check operation of corresponding indicators.
19.		Transponder inspection. At each transponder, check test & reply lights. Ground test using ramp tester (when practical). Check encoding (when practical). Check operation of remote ident, transponder/encoder 1-2 switch, & standby switches where applicable.
20.		RMI inspection. At each RMI, check operation of needles and heading card.
21.		H.S.I. Inspection. At each H.S.I., check slaving & Nav function. Check operation of Nav switching system where applicable.
22.		Glideslope inspection. At each Glideslope, ground test using local frequencies, or ramp tester as applicable. Check operation of corresponding indicators.
23.		GPS inspection. At each GPS, check for correct position data (when practical). Check Moving Map, display, & Annunciators functions where applicable. Check database revision & currency.
24.		Gyro inspection. Check for proper operation & system suction (when practical).
25.		Autopilot/Flight Director inspection. Engage, check left/right, up/down, manual, heading, course 1 & 2, back course 1 & 2, needle 1 & 2, altitude hold, & yaw damper as applicable. Check operation of remote switches, annunciators, & tones.
26.		Altimeter inspection. At each altimeter, check reading against field elevation. Check encoding (when practical).
27.		Rad-Alt inspection. Check test and DH. Check operation of remote switches & annunciators as applicable.
28.		Radar inspection. Check test. Check returns if aircraft is outside & clear of obstructions.
29.		Weather Detection System inspection. Check self test functions. Check system for RF interference (if required).
30.		EFIS/MFD inspection. At each unit, check self-test functions. Check display & annunciator functions where applicable.

31.		TCAS inspection. Check self test functions. Verify proper display at MFD, or other.
32.		TAWS inspection. Check self test functions. Verify proper display at MFD, or other.
33.		Trim inspection. Check operation of electric & manual trim systems.
34.		Static system inspection. At each Pitot/Static system, check system for leaks, security, and operation (when practical).
35.		Circuit breakers inspection. Check breakers for security of mounting, placards, & condition of panel.
36.		Inspect forward & aft avionics bays for available mounting space & accessibility of wiring harnesses as applicable.
37.		Note physical layout of existing avionics, familiarize yourself with how the systems are interconnected. Make sketch or take digital photos (if required).
38.		Inspect aircraft for available antenna mounting space. Perform Skin-Mapping procedure (if required).
39.		List (in detail) all discrepancies noted up to this point.
40.		Enter initials in Preliminary Inspection block, on Work Traveler (k-03.2).

(7) Installation / In-progress Inspection: (Mark N/A in block if item is not applicable)

1.		Install protective covers on seats, floors, & carpet. Install plastic, protective film around all exterior-working areas that may be subject to damage. Clear aircraft of clutter, trash, etc. Gather owner/operators personal belongings and secure them, in an orderly fashion, in an appropriate holding area.
2.		Open up working areas in aircraft (panels, floor boards, etc.), & check for conflicts in mounting parts/equipment. Check harness routes. Make notes.
3.		Review labor figures on Installation Proposal, decide if more labor needs to be approved at this point. Make notes.
4.		Review all notes & Pre-Installation Inspection discrepancies with Installation Dept. Supervisor. Assist with generating Change Orders, additional Work Order tasks, etc.
5.		Gather necessary data & initiate FAA Form 337 paperwork (if required).
6.		Tag any removed equipment using form KA-17 (Removed As Serviceable), and secure in equipment holding cabinet.
7.		Pre-fabricate, mark, and test wiring harnesses on bench as much as possible for new equipment. Use a Parts Charge Out sheet & begin listing all misc. parts, wire, & supplies used during the installation.
8.		Install & interface new equipment wiring harnesses, cables, terminals & connectors in aircraft.
9.		Install proper circuit protection for new equipment and placard appropriately.
10.		Contact Installation Dept. Supervisor for an In-Progress Inspection, at this point before proceeding. Verify that the inspecting Technicians initials are entered in the In-Progress Inspection block on Work Traveler (K-03.2).
11.		Perform continuity checks of all new wiring/interfacing before applying power to aircraft.

12.		Plug on equipment & perform power-on & functional checks of all systems (as practical) prior to harness tie-up and rack mounting.
13.		Install new equipment racks, mounting trays, brackets, etc. using new aircraft hardware.
14.		Tie-up all harnesses. Install any anchors, tywrap mounts, etc. if needed. Make sure to use grommets, or anti-chaff materials where airframe to harness contact may be suspected. Check flight controls for full-unobstructed travel.
15.		Install new equipment in aircraft. Thoroughly clean all aircraft working areas of debris, sheet metal shavings, trash, etc..
16.		Contact Installation Dept. Supervisor for another In-Progress Inspection, at this point before proceeding. Verify that the inspecting Technicians initials are entered in the second In-Progress Inspection block on Work Traveler (K-03.2).
17.		Correct any discrepancies found during In-Progress Inspection. Note changes that may affect Form 337.
18.		Ensure that all affected systems have been successfully configured, tested & are working properly.
19.		Reassemble working areas, close access panels only after inspector's examination. Check seat rails and locks for security (whether you removed them or not).
20.		Verify that all work has been completed per FAA Form 337, &/or STC, & that any necessary placards have been properly installed.
21.		Take a moment to account for all tools & supplies.
22.		Verify that all misc. parts, supplies, wire, etc, are listed on the Parts Charge Out sheet.
23.		Vacuum carpets, arrange seats & seatbelts in a presentable fashion. Return owner/operators belongings to aircraft.
24.		Review all Work Order tasks & Change Orders. Verify that aircraft is ready for final inspection.
25.		Clean shop and bench areas in accordance with good housekeeping practices.

(7) Final Inspection / Sign-off: (Mark N/A in block if item is not applicable)

1.		Update W&B & Equipment List. Install new revision into POH (if possible).
2.		FAA Form 337 completed and original provided to aircraft owner/operator.
3.		FAA Form 337; if Field Approved, send copy to the FSDO office that approved it.
4.		FAA Form 337; all copies are required to be sent to the FAA Aircraft Registration Office within 24 hours of return to service in Block 7.
5.		Airframe Logbook entries completed.
6.		All airworthiness documentation, Pilot Guides, Warranty data, placed inside aircraft.
7.		Aircraft approved for return to service by authorized personnel.

Technician Initials___(8)_____ Supervisor Initials___(9)_____ Date____(10)_____

INSTRUCTIONS FOR FORM USE; INSTALLATION CHECKLIST

1. Enter Date installation is to commence
2. Enter Work Order Number under which the installation will be accomplished
3. Enter the aircraft Registration Number
4. Enter the full name of the Lead Technician
5. Pre-Arrival;
    a. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
6. Preliminary Inspection;
    a. The scope of this inspection should be commensurate to the scope of the intended installation, and therefore may not entail every element or system identified on the Installation Checklist
    b. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
    c. Document all discrepancies noted during the Preliminary Inspection, on Work Order Traveler for customer disposition
7. Installation / In-progress Inspection, is an ongoing process, and should be accomplished at intervals and points throughout the installation process, depending on the scope of the installation;
    a. The scope of this inspection should be commensurate to the scope of the intended installation, and therefore may not entail every element or system identified on the Installation Checklist
    b. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
    c. Document all discrepancies noted during the Preliminary Inspection, on Work Order Traveler for customer or management disposition
8. Final Inspection / Sign-off;
    a. These Checklist Items are self explanatory; review and take the appropriate actions; contact supervisory personnel if a given item cannot be accomplished
    b. Review items gathered in the Pre-Arrival process, and ensure all documentation pertaining and relevant to the aircraft are provided to the operator

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Kings Avionics, Inc.

INTERNAL AUDIT

Date of Audit: _____(1)_____

Facility: _____(2)_____ CRS#:_____(3)_____

Department/Area: _____(4)_____ Supervisor: _____(5)_____

Auditor: _____(6)_____ Audit Interval: _____(7)_____

Audit Recommendations: (8)

_____

_____

_____

_____

_____

_____

_____

_____

_____

1. (9) FACILITIES AND EQUIPMENT:

	YES	NO	N/A
A. Is ventilation, lighting, temperature, and humidity? control adequate?	___	___	___
B. Is the floor plan laid out in an efficient manner?	___	___	___
C. Are good housekeeping practices being maintained?	___	___	___
D. When problems arise, are they taken care of promptly?	___	___	___

	YES	NO	N/A
2. (10) STATION AUTHORITY AND LIMITATIONS VS. ACTUAL PRACTICES, INCLUDING CONTROLS OVER AND DEVIATION AUTHORITY:			
A. Do employees thoroughly understand the ratings/limitations of the Kings Avionics Repair Station?	___	___	___
B. Do employees adhere closely to the Repair Station ratings/limitations?	___	___	___
C. Do employees consult a supervisor or inspector when questions arise concerning Repair Station ratings/limitations?	___	___	___
3. (11) PERSONNEL QUALIFICATIONS, TRAINING:			
A. Are personnel properly trained for the functions they are to perform?	___	___	___
• Supervisors	___	___	___
• Inspectors	___	___	___
• Receiving/Shipping	___	___	___
• Technicians	___	___	___
B. Are training records maintained on all applicable personnel?	___	___	___
C. Is there a program where employees can get recurrent training?	___	___	___
D. Are qualifications monitored and upgraded through training as often as the schedule of work allows?	___	___	___
4. (12) MANUALS AND AIRWORTHINESS DATA:			
A. Are all required manuals at hand or easily available to all the employees?	___	___	___
B. Are all manuals up to date or properly labeled as For Reference Only?	___	___	___

	YES	NO	N/A
C. Are airworthiness records available to the employees?	___	___	___
D. Are drawings compiled from installation data for aircraft records? (Installation Dept)	___	___	___
E. Is there a system to prohibit hand entries or corrections to technical data?	___	___	___
5. (13) SUPPLIER SELECTION APPROVAL AND SURVEILLANCE:			
A. Does parts/equipment orderer have access to a list of of approved suppliers from whom they can order parts/equipment/materials/services?	___	___	___
B. Is purchased material cycled through an inspection process?	___	___	___
C. Is control maintained over procurement sources?	___	___	___
D. Does Kings Avionics have a system to approve suppliers?	___	___	___
6. (14) PARTS AND MATERIALS HANDLING:			
A. Are parts/materials stored properly?	___	___	___
B. Is material protected from damage, deterioration, loss or substitution?	___	___	___
C. Has a secured area been set aside for storage of non-conforming or questionable material, including separation of received materials and marketable stock (radios, instruments, equipment, parts)?	___	___	___
D. Are aircraft parts stored separately from non aircraft parts?	___	___	___
E. Does the department adhere to the traceability and record keeping requirements for the distribution of these parts?	___	___	___

		YES	NO	N/A
F.	Is the department able to identify the individual parts and equipment suppliers?	___	___	___
G.	Does the department follow acceptable packaging preservation procedures?	___	___	___
H.	Does the department use adequate packaging or customers packaging when appropriate?	___	___	___
I.	Are parts/materials properly identified?	___	___	___
J.	Are parts which are susceptible to electrostatic discharge damage properly packaged, handled and stored?	___	___	___
7.	(15) INSPECTION AND QUALITY CONTROL:			
A.	Is the department following quality control and inspection procedures written into the Repair Station and Quality Control Manual?	___	___	___
B.	Are the inspectors properly trained?	___	___	___
C.	Is the inspection roster available to all employees of the department?	___	___	___
D.	Are all inspections for installation and repairs performed at the proper intervals?	___	___	___
E.	If the department inspector is absent, do the employees' of the department know where to find the alternate inspector?	___	___	___
F.	Are inspections properly documented?	___	___	___
G.	Are inspections conducted by authorized personnel only?	___	___	___
H.	Do inspectors have access to current data necessary	___	___	___

	YES	NO	N/A
to support an acceptable inspection process?			
I. Do inspectors have access to the proper tools, gauges, instruments, and test equipment to properly inspect the characteristics of the product?	___	___	___
8. (16) TOOL ADEQUACY AND CALIBRATION:			
A. Is all test equipment within the department marked with a CAL tag giving the CAL date, CAL due date, and CAL BY info?	___	___	___
B. Do the employees of the department, including department head, check the CAL dates on a regular basis?	___	___	___
C. Do the department supervisors know where the test equipment quarantine area is for test equipment found defective or out of CAL?	___	___	___
D. Is the test equipment properly cared for while in use or in storage?	___	___	___
E. Does the department have available to it all of the required test equipment for the range of jobs it performs?	___	___	___
F. Does the department have available to it all of the required tooling, crimpers, removal and insertion tools?	___	___	___
9. (17) MAINTENANCE RELEASE PROCESS:			
A. Are all of the forms properly filled out for receiving an aircraft for an installation?	___	___	___
B. When the equipment or aircraft repair is completed, are the return to service forms properly filled out, and complete with all required inspections?	___	___	___
C. When outside work is required, are the proper maintenance releases received from them and documented?	___	___	___
10. (18) DEFECT REPORTING:			
A. Are defects being reported when they occur in paperwork equipment, parts, or any process thereof?	___	___	___

	YES	NO	N/A
11. (19) RECORDS AND RECORD KEEPING PROCEDURES:			
A. Are records for the department for parts, repairs, and ongoing inspections being complied with as described in Kings Avionics, Inc. Repair Station Manual?	___	___	___
B. Are the above mentioned records being kept in storage for the required time?	___	___	___
C. Does each part have a traceability certificate that can be linked to an approved vendor?	___	___	___
D. Does Kings Avionics purchase records/sales order chain of custody lead to production approval holder (PMA, TSO, PC, TC, STC Holder) or manufacturer of standard parts?	___	___	___
E. Is serial number traceability maintained when applicable?	___	___	___
12. (20) SHELF LIFE ITEMS:			
A. Does the department follow Kings Avionics documented shelf life program?	___	___	___
B. Are expired shelf life items properly disposed of?	___	___	___

Note: not all areas of the repair station are subject to all of the audit elements contained in this Audit Checklist. Where audit elements are not applicable, place an X in the N/A column for that element.

1. Enter the date of the Audit (scheduled or otherwise)
2. Enter the title of the Facility undergoing the Audit (e.g. Henderson, Apple Valley, etc.)
3. Enter the repair station certificate number
4. Enter the name of the department or area undergoing the Audit (e.g., Stock Room, Repaired Unit Storage Area, etc.)
5. Enter the name of the Supervisor responsible for the department or area undergoing the audit
6. Enter the name of the Auditor
7. Enter the typical interval or scheduled Audit Interval
8. Enter a brief description of Recommendations under which the Audit will be conducted
9. Facilities and Equipment; these audit element questions are self explanatory, review and answer all audit element questions
10. Authority and Limitations and Actual Practices; these audit element questions are self explanatory, review and answer all audit element questions
11. Personnel Qualifications and Training; these audit element questions are self explanatory, review and answer all audit element questions
12. Manuals and Airworthiness Data; these audit element questions are self explanatory, review and answer all audit element questions
13. Supplier Selection Approval and Surveillance; these audit element questions are self explanatory, review and answer all audit element questions
14. Parts and Materials Handling; these audit element questions are self explanatory, review and answer all audit element questions
15. Inspection and Quality Control; these audit element questions are self explanatory, review and answer all audit element questions
16. Tool Adequacy and Calibration; these audit element questions are self explanatory, review and answer all audit element questions
17. Maintenance Release Process; these audit element questions are self explanatory, review and answer all audit element questions
18. Defect Reporting; these audit element questions are self explanatory, review and answer all audit element questions
19. Records and Recordkeeping; these audit element questions are self explanatory, review and answer all audit element questions
20. Shelf Life; these audit element questions are self explanatory, review and answer all audit element questions

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

MANUAL CHANGE REQUEST

1. Enter name of manual, page, and current revision date to be revised.

_____(1)_____
_____
_____
_____

2. Enter (or attach) the new text that is proposed as a change.

_____(2)_____
_____
_____
_____

3. Write a brief explanation of the reason for the change.

_____(3)_____
_____
_____
_____

4. Signature:_____(4)_____ Date:_____(5)_____

5. Action taken regarding proposed change: (6)

☐ ACCEPTED ☐ REJECTED ☐ MODIFIED

6. Explanation of action:

_____(7)_____
_____
_____
_____

7. Approval: (8)

Signature: _____ Date: _____
Q. A. MANAGER

Signature: _____ Date: _____
CHIEF INSPECTOR

Signature: _____ Date: _____
GENERAL MANAGER

INSTRUCTIONS FOR FORM USE; MANUAL CHANGE REQUEST

1. Self explanatory
2. Self explanatory
3. Self explanatory
4. The employee requesting the manual change must sign
5. The employee requesting the manual change must date
6. The QA manager, Chief Inspector, or General manager will select one of the three status boxes
7. The QA manager, Chief Inspector, or General manager will outline what actions are to be taken (e.g. revise the manual, reject the request, etc.)
8. The QA manager, Chief Inspector, or General manager will sign and date the completed form

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Master Altimeter Correction Sheet

Date (1)	Checked By (2)
P/N (3)	S/N (4)

(5) Altimeter Pressure

Altitude Feet	Tol.	Altimeter Up	Altimeter Down	Altitude Feet	Tol.	Altimeter Up	Altimeter Down
-1,000	20			14,000	100		
0	20			16,000	110		
500	20			18,000	120		
1,000	20			20,000	130		
1,500	25			22,000	140		
2,000	30			25,000	155		
3,000	30			30,000	180		
4,000	35			35,000	205		
6,000	40			40,000	230		
8,000	60			45,000	255		
10,000	80			50,000	280		
12,000	90						

(6) Friction Test (No Vibration Applied)

Altitude Feet	Altimeter Reads	Altitude Feet	Altimeter Reads
1,000		20,000	
2,000		25,000	
3,000		30,000	
5,000		35,000	
10,000		40,000	
15,000		50,000	

(7) Tolerances

Total Box Leak Test _____ (2%)

After Effect Test _____ (± 30 Ft)

Position Error _____ N/A _____

Hysteresis Test 40% _____ / _____

Hysteresis Test 50% _____ / _____

Notes:

Unit Calibrated To:

Calibrated per 14 CFR Part 43 App. E

Pressure Inches of HG.	Altitude Difference	Altimeter Reads
28.10	-1727	
28.50	-1340	
29.00	-863	
29.50	-392	
29.92	0	
30.50	+530	
30.90	+895	
30.99	+974	

INSTRUCTIONS FOR FORM USE; MASTER ALTIMETER CORRECTION SHEET

1. Enter the date the Master Altimeter is being checked
2. Enter the name of the person performing the check
3. Enter the Part Number of the unit being checked
4. Enter the Serial Number of the unit being checked
5. Altimeter Pressure
    a. Enter the values for all parameters, as tested
6. Friction Test
    a. Enter the values for all parameters, as tested
7. Tolerences
    a. Enter the values for all parameters, as tested

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

RADAR TEST

Date:_____(1)_____ Mfg:_____(2)_____ W/O:_____(3)_____

Indicator Model_____(4)_____ S/N_____ P/N_____

RT Model_____(5)_____ S/N_____ P/N_____

Antenna Model_____(6)_____ S/N_____ P/N_____

(7)	**OK**
Power Supply Voltage Check	☐
Low Voltage Operation	☐
Range Accuracy	☐
Test Pattern	☐
Contour	☐
MDS	☐
STC	☐
STC Curve	☐
Power Output	☐
Frequency	☐
Trans Pulse	☐
Tilt Operation	☐
Panel Lights	☐
Visual Inspection	☐
Vertical Profile	☐

THIS UNIT MEETS OR EXCEEDS MANUFACTURER'S SPECIFICATIONS

_____(8)_____
Tested By

INSTRUCTIONS FOR FORM USE; RADAR TEST

1. Enter the date on which the RADAR test is being performed
2. Enter the Manufacturer's name of the RADAR unit being tested
3. Enter the Work Order number under which the RADAR Test is being performed
4. Enter the Indicator;
    a. Model number
    b. Serial Number
    c. Part Number
5. Enter the RT;
    a. Model number
    b. Serial Number
    c. Part Number
6. Enter the Antenna;
    a. Model number
    b. Serial Number
    c. Part Number
7. Performance Checks;
    a. Place an X in the 'OK' check box, for all functional checks which passed the manufacturer's required performance parameters
    b. Leave check boxes blank for those functional checks which did NOT pass the manufacturer's required performance parameters
        i. Transfer all failed performance parameters to the Work Traveler for further action
8. Enter the name of the person performing the functional checks in section 7, above

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Employee Name	**(1)**				
Hire Date	**(2)**				
Position	**(3)**				
Initial Supervisor	**(4)**				
Training Type	**(5)**	**Frequency**	**Date**	**Instructor**	**Notes**
		(a)	**(b)**	**(c)**	**(d)**
Drug and Alcohol Training and Testing		**Initial**			
Repair Station Manuals		**Ongoing Test Once**			
Repair Station Work Orders		**As Required**			
General Forms and Procedures		**As Required**			
Incoming Material Inspection		**As Required**			
Equipment and Parts Handling		**As Required**			
Airport Operations		**As Required**			
Qualified Line Technician		**As Required**			
Qualified Bench Technician		**As Required**			
Inspection Authority		**As Required**			
Supervisor Qualification		**As Required**			
FAA Coordinator		**As Required**			
Quality Assurance		**As Required**			
Chief Inspector		**As Required**			
Additional Optional Training		**Frequency**	**Date**	**Instructor**	**Notes**

INSTRUCTIONS FOR FORM USE; REQUIRED TRAINING LOG

1. Enter Employee full Name
2. Enter Employee original Hire Date
3. Enter Position currently held
4. Enter Supervisor Initials
5. For each Training Type listed;
    a. Note the Training Type frequency (this is used to track recurring training)
    b. Place the date the training was provided
    c. Place the Instructor's full name in the space adjacent to the Training Type
    d. Enter notes as necessary

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

SCRAPPED PARTS LOG

DESCRIPTION _____(1)_____

P/N _____(2)_____ S/N _____(4)_____

SCRAPPED BY _____(5)_____ VERIFIED BY _____(6)_____

DATE _____(7)_____ W/O # _____(8)_____

SCRAPPED PARTS LOG

DESCRIPTION _____

P/N _____ S/N _____

SCRAPPED BY _____ VERIFIED BY _____

DATE _____ W/O # _____

SCRAPPED PARTS LOG

DESCRIPTION _____

P/N _____ S/N _____

SCRAPPED BY _____ VERIFIED BY _____

DATE _____ W/O # _____

SCRAPPED PARTS LOG

DESCRIPTION _____

P/N _____ S/N _____

SCRAPPED BY _____ VERIFIED BY _____

DATE _____ W/O # _____

INSTRUCTIONS FOR FORM USE; SCRAPPED PARTS LOG

Note; Use of this form is required only for aeronautical articles which are affected by 14 CFR 43, §43.10; Disposition of Life-Limited Aircraft Parts. Life Limited aircraft parts, are those parts for which the holder of a type design (aircraft, appliances, TSO articles, engines). Parts and aeronautical articles which are not subject to §43.10, may be discarded without retaining a record, unless otherwise directed by an aircraft operator.

1. Enter a Description of the Scrapped Part
2. Enter the Manufacturer's Part Number
3. Enter the Manufacturer's Serial Number
4. Enter the name of the person performing the scrapping or mutilation operation
5. Enter the name of the person who verified the part was rendered beyond use
6. Enter the date on which the part was scrapped
7. Enter the Work Order Number under which the part was removed from service and scrapped

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Test Equipment Calibration and Inspection Form

Record#_____(1)_____

Make_____(2)_____ Model_____(3)_____ S/N_____(4)_____

Calibration Date_____(5)_____ Next Calibration Date_____(6)_____

This certificate shall not be reproduced except in full & with approval of Kings Avionics, Inc. We certify that this instrument meets or exceeds it published specification and has been calibrated using test equipment with accuracy traceable to the National Institute of Standards and Technology.

Reference Standards: (7)

Make/Model_____ S/N_____ Record #_____

Make/Model_____ S/N_____ Record #_____

Make/Model_____ S/N_____ Record #_____

Make/Model_____ S/N_____ Record #_____

Make/Model_____ S/N_____ Record #_____

Make/Model_____ S/N_____ Record #_____

Calibrated By: _____(8)_____

Inspected By: _____(9)_____

INSTRUCTIONS FOR FORM USE; Test Equipment Calibration and Inspection Form

1. Create/Enter a Record number for this activity; Work Order Number and Work Traveler Number
2. Enter the equipment Manufacturer's name
3. Enter the Manufacturer's Model Number
4. Enter the Manufacturer's Serial Number
5. Enter the Calibration Date (the date on which the calibration was completed)
6. Enter the Next Calibration Date (due date) based on the manufacturer's established interval, or other established interval acceptable to the FAA
7. Reference Standards; standard used, record the following;
    a. Make/Model, Serial Number, and Record Number (of previous calibration)
8. Enter the name of the person performing the Calibration
9. Enter the name of the person performing inspection of the work performed

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

KINGS AVIONICS, INC.
VENDOR AUDIT

Distributor Name: _____(1)_____

Address: _____(2)_____

City: _____(3)_____ State: _____(4)_____ Zip: _____(5)_____

Division of: _____(6)_____Phone: _____(7)_____ Fax: ____(8)_____

Years of Business: _____(9)_____ Size-Number of Personnel: __(10)___

Distributor Contacts: (11)

Quality Control: _____(a)_____ Phone: (___)_____(b)_____

Inspection: _____(c)_____ Phone: (___)____(d)_____

Material Control: _____(e)_____ Phone: (___)_____(f)_____

(12)

Kings Avionics, Inc. Use Only **Vendor Category: _____**

Audit Type: Pre-Award Survey _____ Surveillance _____ Follow-up _____

Auditor recommendations of surveillance audit interval _____ months

Accept: _____ Cond. Accept: _____ Not Accept: _____

Kings Avionics, Inc. , Register (Circle One): Add Delete Update Does Not Qualify

Next Scheduled Audit Date: _____

_____
Auditor's Signature

_____
Date

237 North 2370 West
Salt lake City, Utah 84116
CRS:KD6D661N

2483 South 1200 East
Apple Valley, UT 84737
CRS:KD6R661N

1430 Jet Stream Dr. #120
Henderson, NV 89052
CRS:KD62661N

1. QUALITY CONTROL SYSTEM (13)	YES	NO	N/A
A. Is there an established Quality Assurance Program?	___	___	___
B. Does the Quality Assurance Manual describe the complete Quality Program?	___	___	___
C. Is the Quality Assurance Manual current?	___	___	___
D. Does the manual identify persons, by title, responsible for various quality functions and programs?			
1. Quality Program	___	___	___
2. Inspection	___	___	___
3. Tool and Test Calibration	___	___	___
4. Technical Data Control	___	___	___
5. Shelf Life Program and Administration	___	___	___
E. Is the Quality Assurance Manual current?	___	___	___
F. Is there a roster of:			
1. Persons authorized to perform inspections:	___	___	___
2. A list of inspections they are authorized to perform?	___	___	___
G. Is current list of manufacturers who officially Authorize the distributor maintained?	___	___	___
H. Are inspections being performed to ensure a quality product or service?	___	___	___
I. Are inspections conducted by authorized personnel only?	___	___	___
J. Do the inspectors have access to current specifications necessary to support an acceptable inspection process?	___	___	___
K. Do inspectors have all necessary tools, gages and instruments available to inspect the characteristics of the product?	___	___	___

L. If inspection stamps are used:

A. Is adequate control described in the quality manual, and is the control being enforced? ___ ___ ___

B. Does each stamp have a unique number to identify each inspector? ___ ___ ___

C. Is the stamp reissued when the Inspector leaves the position? ___ ___ ___

2. MEASURING AND TEST EQUIPMENT (if applicable) (14)

A. Is the calibration program detailed in the quality manual? ___ ___ ___

B. Is there an effective calibration program, including a recall system, in effect? ___ ___ ___

C. Are all precision tools/instruments, including personal tools, included in the calibration program? ___ ___ ___

D. Do they have evidence of calibration? ___ ___ ___

E. Are precision tools and instruments stored in a manner that will prevent damage or affect calibration? ___ ___ ___

F. Are the calibration standards calibrated against instruments traceable to the National Institute of Standards and Technology? ___ ___ ___

G. Is there a current certification for each standard? ___ ___ ___

3. TECHNICAL DATA (15)

A. Is there a documented system for obtaining technical data and maintaining it up to date? ___ ___ ___
Note: Technical data includes any documents used to determine that the part complies with OEM requirements. Examples are, but are not limited to, drawings, manuals, parts, catalogs, and cross reference manuals.

B. Is the appropriate, current technical data readily available to personnel that need it? ___ ___ ___

C. Is there a system to prohibit hand entries or corrections to technical data? ___ ___ ___

		YES	NO	N/A
4.	RECORDS (16)			
	A. Does the vendor request adequate test and inspection records with each order of parts?	___	___	___
	B. Are certifications and test reports being received and filed as required?	___	___	___
	C. Can each part or carton or package of parts be linked to its certification and/or test records by some unique identifier?	___	___	___
	D. Does the vendor's purchase records/sales order chain of custody lead to production approval holder (PMA, TSO, PC, TC, STC Holder) or manufacturer of standard parts?	___	___	___
	E. Is the serial number traceability maintained when applicable?	___	___	___
	F. Are export Certificate of Airworthiness obtained for all foreign manufactured parts?	___	___	___
5.	SHELF LIFE PROGRAM (17)			
	A. Is there a documented shelf life program?	___	___	___
	B. Is there a list of shelf life limited materials and parts and their limits	___	___	___
	C. Can the shelf life limit and status be readily identified on applicable material, parts, and assemblies?	___	___	___
6.	TRAINING (18)			
	A. Are personnel properly trained for the functions they are to perform?			
	* Supervisors	___	___	___
	* Inspectors	___	___	___
	* Receiving/Shipping	___	___	___
	* Technicians	___	___	___
	B. Are training records maintained on all applicable personnel?	___	___	___

		YES	NO	N/A
7.	PROCUREMENT (19)			
A.	Is purchased material routed through receiving inspection?	___	___	___
B.	Is control maintained over procurement sources?	___	___	___
C.	Does the vendor have a list of suppliers from whom they procure their parts/materials/services?	___	___	___
D.	Does the vendor have a system to approve suppliers?	___	___	___
E.	Does the vendor have a system to monitor their rejects?	___	___	___
8.	MATERIAL CONTROL (20)			
A.	Are parts/materials properly stored?	___	___	___
B.	Is material protected from damage, deterioration, loss or substitution?	___	___	___
C.	Is there evidence of proper action taken on non-conforming materials and are records retained?	___	___	___
D.	Is there a system for material review and rejection?	___	___	___
E.	Has a secured area been set aside for storage of non-conforming or questionable material including separation of received material and marketable stock?	___	___	___
F.	Are aircraft parts stored separately from non-aircraft parts?	___	___	___
G.	Does the vendor maintain traceability and total batch/lot segregation, and are records kept on the distribution of those pats?	___	___	___
H.	Does the vendor have a system to identify parts source?	___	___	___
I.	Does the vendor follow acceptable preservation procedures?	___	___	___
J.	Does the vendor use adequate packaging or customer's specified packaging when appropriate?	___	___	___
K.	Are parts/materials properly identified?	___	___	___
L.	Are parts which are susceptible to electrostatic discharge damage properly packaged, handled and stored?	___	___	___

		YES	NO	N/A
9.	HOUSING AND FACILITIES (21)			
	A. Is ventilation, lighting, temperature, and humidity control adequate?	___	___	___
	B. Are good housekeeping procedures being maintained?	___	___	___
10.	CERTIFIED REPAIR STATION (22)			
	A. Is your company a certified repair station?	___	___	___
	B. Please attach a copy of the Repair Station Certificate	___	___	___
11.	DRUG & ALCOHOL POLICY (23)			
	A. Is there a Drug & Alcohol Policy in place?	___	___	___
	B. Please attach a copy of the Drug and Alcohol Program.	___	___	___

INSTRUCTIONS FOR FORM USE; VENDOR AUDIT

Note: not all areas of the repair station are subject to all of the audit elements contained in this Audit Checklist. Where audit elements are not applicable, place an X in the N/A column for that element.

1. Enter Distributor Company name
2. Enter Distributor address
3. Enter Distributor city
4. Enter Distributor State
5. Enter Distributor Zip Code
6. Annotate the particular division of the Distributor Company
7. Enter the Distributor telephone number
8. Enter the Distributor fax number
9. Enter the number of years the Distributor has been in operation at the specific location
10. Enter the number of employees maintained by the Distributor
11. Company Contacts;
    a. Enter the name of the primary point of contact for Distributor Quality Control
    b. Enter the phone number of the Quality Control contact
    c. Enter the name of the primary point of contact for Distributor Inspection
    d. Enter the phone number of the Inspection contact
    e. Enter the name of the primary point of contact for Distributor Material Control
    f. Enter the phone number of the Material Control contact
12. Kings Avionics Audit Details
    a. Enter Distributor Category
    b. Enter an X on the appropriate line for Audit Type
    c. Enter the recommended audit interval in months
    d. Status;
        i. Enter an X on the appropriate line for Acceptance, Conditional Acceptance, or Not Accepted
    e. Circle one of the recommendations of Distributor status (approved vendor list); Add, Delete (remove), Update, Does not Qualify
    f. Enter the date at which the next scheduled audit will take place
    g. Auditor applies signature and date the form and audit are completed
13. Quality Control System; these audit element questions are self explanatory, review and answer all audit element questions
14. Measuring and Test Equipment Calibration (standards); these audit element questions are self explanatory, review and answer all audit element questions
15. Technical Data; these audit element questions are self explanatory, review and answer all audit element questions
16. Records; these audit element questions are self explanatory, review and answer all audit element questions
17. Shelf Life Program; these audit element questions are self explanatory, review and answer all audit element questions
18. Training; these audit element questions are self explanatory, review and answer all audit element questions
19. Procurement; these audit element questions are self explanatory, review and answer all audit element questions

20. Material Control; these audit element questions are self explanatory, review and answer all audit element questions
21. Housing and Facilities; these audit element questions are self explanatory, review and answer all audit element questions
22. Repair Station; these audit element questions are self explanatory, review and answer all audit element questions
23. Drug and Alcohol Program; these audit element questions are self explanatory, review and answer all audit element questions

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Kings Avionics, Inc.
Capability List Self -Evaluation Form

Description of desired capability:

Facility

1. Repair station requesting capabilities:

☐ Henderson KD62661N ☐ Salt Lake City KD6D661N ☐ Apple Valley KD6R661N

2. Are there adequate housing and facilities for desired capability?

☐ YES ☐ NO

Describe housing facility for desired capability:

Requirements

1. Does the desired facility possess the proper tools needed for this capability?

☐ YES ☐ NO

Description of tools needed:

2. Does the desired facility possess the proper equipment and materials needed for this capability?

☐ YES ☐ NO

Description of equipment need:

* in the case of using equivalents, please specify.

3. Does the repair station have the proper technical data and processes?

☐ YES ☐ NO

Description of technical data and source for data:

4. Does the repair station have properly trained personnel?

☐ YES ☐ NO

REPAIR STATION ACCEPTANCE:_____ DATE:_____

INSTRUCTIONS FOR FORM USE; CAPABILITY SELF EVALUATION

1. Enter a description of the capability sought
2. Facility;
    a. Select the repair station which the capability is sought
        i. The repair station with managerial control of its satellite repair stations must hold the capability prior to that capability being held by a satellite repair station
    b. Select Yes or No, regarding housing and facilities
        i. Describe the housing and facilities which are required to support the added capability
3. Requirements;
    a. Select Yes or No, regarding the possession of proper tooling
        i. Describe the type of tooling required
    b. Select Yes or No, regarding the possession of proper equipment and materials
        i. Describe the type of equipment and materials required
    c. Select Yes or No, regarding the possession of the proper technical data required
        i. Describe the type of technical data required
    d. Select Yes or No, regarding the repair station employee for proper training
        i. Describe the type of training required
4. Acceptance;
    a. Provide the completed form to the Quality Assurance Manager
        i. The Quality Assurance Manager will sign and date the form, and present to the President for final acceptance

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Date (1)	Work Order (2)
Model (3)	Serial Number (4)

(5) Vertical Speed Indicator Correction Card

Feet Per Minute	Up (Reads)	Down (Reads)
0		
500		
750		
1000		
1500		
2000		
3000		
4000		
5000		
6000		

(6)

☐ 237 North 2370 West
Salt Lake City, Utah 84116
CRS:KD6D661N

☐ 2483 South 1200 East
Apple Valley, Utah 84737
CRS:KD6R661N

☐ 1430 Jet Stream Dr.
Suite#120
Henderson, NV 89052
CRS:KD62661N

_____(7)_____
Calibrated By

_____(8)_____
Inspected By

INSTRUCTIONS FOR FORM USE; VERTICAL SPEED INDICATOR CORRECTION CARD

1. Enter the creation date of the Vertical Speed Indicator Correction Card
2. Enter the Work Order number under which the card is being created
3. Enter the Manufacturer's Model number of the unit
4. Enter the Manufacturer's Serial Number of the unit
5. Vertical Speed Indicator Correction Card
    a. Enter the performance parameters of the unit, as tested, or following adjustments and calibration
6. Select the repair station creating the correction card
7. Enter the name of the person creating the correction card
8. Enter the name of the person who performed Final Inspection

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

Weight / Balance & Equipment List Revision

Kings Avionics, Inc. - KD6R661N

237 NORTH 2370 WEST

SALT LAKE CITY, UT 84116 Tel: 801-539-8412

A/C Tail # : N3[redacted]
Register Name : [redacted] AVIATION LLC
Name 2 :
Address 1 : 3845 [redacted] RD
Address 2 :
City, State, PC : [redacted]

A/C Make : HAWKER
A/C Model : B200GT
A/C Serial # : BY-[redacted]
WO Ref # : 37[redacted]
WB Date : Apr-01-2014
WB ID # : 390

Previous data taken from document dated Jun-12-2009 Previous useful load = 3734.00

Model # / *Serial #*	Description / *Part #*	(LB / IN)	Weight	CG/Arm	Moment
		Previous data ->	8766.00	187.40	1642706.00
REMOVED ITEMS ----------					
DBU 4100 *33DFF*	DATA LOADER *822-0014-103*		-2.30	126.00	-289.80
REMOVED SUB TOTAL	1 Item @		-2.30	126.00	-289.80
INSTALLED ITEMS ----------					
DBU 5010E *40K790V*	DATA LOADER *822-3000-201*		1.60	126.00	201.60
INSTALLED SUB TOTAL	1 Item @		1.60	126.00	201.60
NEW DATA >>	NEW USEFUL LOAD = 3734.70		8765.30	187.40	1642617.80

Gross Weight 12500 lbs

[redacted]

Authorized Individual : KD6R661N [redacted]

Weight / Balance & Equipment List Revision

Kings Avionics, Inc. - KD6D661N
550 South Airport Parkway #56
ST. GEORGE, UT 84790 Tel: 435-467-2682

A/C Tail # :		**A/C Make :**	
Register Name :		**A/C Model :**	
Name 2 :		**A/C Serial # :**	
Address 1 :		**WO Ref # :**	
Address 2 :		**WB Date :**	May-09-2011
City, State, PC :		**WB ID # :**	351

Model #	Description	(LB / IN) Weight	CG/Arm	Moment
		Previous data ->		
NO ITEMS REMOVED				
NO ITEMS INSTALLED				
NEW DATA >>				

Authorized Individual :

Weight / Balance & Equipment List Revision

Kings Avionics, Inc. - KD62661N

1430 JET STREAM DR., SUITE 120

HENDERSON, NV 89052 Tel: 702-260-9566

A/C Tail # : N5[redacted]
Register Name : [redacted]
Name 2 :
Address 1 : 4376[redacted] WEST
Address 2 :
City, State, PC : [redacted] UTAH 84[redacted]

A/C Make : BEECH
A/C Model : S35
A/C Serial # : D-7[redacted]
WO Ref # : [redacted]
WB Date : May-23-2011
WB ID # : 353

Previous data taken from document dated Oct-24-2005 Previous useful load = 1135.80

Model / *Serial #*	Description / *Part #*	(LB / IN)	Weight	CG/Arm	Moment
		Previous data ->	2264.20	79.28	179508.04
REMOVED ITEMS ----------					
KA 92 *23529*	GPS ANTENNA *071-01553-0200*		-0.27	204.00	-55.08
KLN89B *8574*	GPS RECEIVER *066-01148-00*		-2.55	63.50	-161.93
KNS80-00 *11478*	AREA NAV SYSTEM *066-04008-0000*		-6.00	62.00	-372.00
KY197 *77584*	COMM TRANCEIVER *064-104-00*		-3.20	63.25	-202.40
MD41-524 *B05-10545*	GPS ANNUNCIATOR CONTROL *MD41-524*		-0.75	65.75	-49.31
REMOVED SUB TOTAL	5 Items @		-12.77	65.84	-840.72
INSTALLED ITEMS ----------					
GA35 *74238*	ANTENNA GPS *013-00235-00*		0.47	204.00	95.88
GNS 430W *23426472*	GPS/NAV/COM W/RACK AND *011-01060-00*		6.20	62.50	387.50
MD41-1484W *F10-11048*	GPS/NAV ANNUNCIATOR *MD41-1484W*		0.20	67.00	13.40
ST-901 *0649-9411*	GPSS 429/232 CONVERTER *03976*		0.50	64.00	32.00
ST-901 *0702-5126*	GPSS SWITCH *03975*		0.10	67.75	6.78
INSTALLED SUB TOTAL	5 Items @		7.47	71.69	535.56
NEW DATA >>	NEW USEFUL LOAD = 1141.10		2258.90	79.33	179202.88

[redacted]

Authorized Individual : 3[redacted]1 [redacted]

SHOP WO REPORT FORM

Kings Avionics, Inc.

WO # 000[redacted]-SLC Task 1 AJ pg 1

FAA Certified Repair Station # KD6R661N

Cust Code: [redacted] **Phone:** 801-[redacted]

[redacted]

Cust PO#	[redacted]		
Item			
Part #			
Model			
Serial #			
Mfgr.			
Discrep.	91.411-91.413 DUE		

A/C Tail #	[redacted]		
A/C Make	RAYTHEON AIRCRAFT CO		
A/C Model	C90A	**Ser#**	[redacted]
Job Status	FINISHED		
Job type	STANDARD		
Open Date	May-27-2014 Tuesday		
Promised	Jun-17-2014 Tuesday		
Started	May-27-2014 Tuesday		
Finished	Jun-17-2014 Tuesday		
Manual #	FAR 91.411 and 91.413		

Discrepancy

91.411-91.413 DUE

Preliminary Inspection

WL

Hidden Damage Inspection

NA

Progressive Inspection

NA

AD's / SB's Complied with

NA

Corrective Action

PERFORMED TESTS IAW 14CFR43, APPENDICES E & F, TO COMPLY WITH 14CFR, PARTS 91.411 AND 91.413. NO DEFECT FOUND.

Labor Date	Empl	Description	Act Hrs	Bill Hrs	Rate	Cost/Hr	OTX	Total Lbr
17Jun2014 Tue	WL	-+----------	4.50	4.50	RG [redacted]			[redacted]
		Performed full cert , ground checked good						
		FLAT RATE LABOR TOTALS	4.50	4.50				[redacted]

Task Total [redacted]

SHOP WO REPORT FORM

WO # 000[redacted]-H Task 1 HP pg 1

Kings Avionics, Inc.

FAA Certified Repair Station # KD62661N

Cust Code: FULL **Phone:** [redacted]

[redacted]

Item			
Part #			
Model			
Serial #			
Mfgr.			
Discrep.	YAW DAMP INTERMITTENT		

A/C Tail #	[redacted]		
A/C Make	CESSNA		
A/C Model	414A	**Ser#**	[redacted]
Job Status	FINISHED		
Job type	STANDARD		
Open Date	Aug-06-2014 Wednesday		
Promised			
Started	Aug-06-2014 Wednesday		
Finished	Aug-06-2014 Wednesday		
Printed	Aug-26-2014 Tuesday 16:20		

Discrepancy

YAW DAMP INTERMITTENT

Corrective Action

PRELIM INSPECTION. VERIFIED YAW DAMP WILL NOT ENGAGE. FOUND CONNECTOR NOT FULLY ENGAGED/LOCKED IN. LOCKED CONNECTOR IN. PERFORMED TEST OF SYSTEM WITH VIBRATION AND PERFORMED WIRING VIBRATION/FLEX TESTS ON WIRING. SYSTEM CHECKS GOOD ON GROUND WITH NO DEFECTS NOTED AT THIS TIME. FINAL INSPECTION OK. PAPERWORK.

Labor Date	Empl	Description	Act Hrs	Bill Hrs	Rate	Cost/Hr	OTX	Total Lbr
06Aug2014 Wed	CH	-+--------------------------	0.75	0.75	RG	[redacted]		[redacted]
		PRELIM INSPECTION. VERIFIED YAW DAMP WILL NOT ENGAGE. FOUND CONNECTOR NOT FULLY ENGAGED/LOCKED IN. LOCKED CONNECTOR IN. PERFORMED TEST OF SYSTEM WITH VIBRATION AND PERFORMED WIRING VIBRATION/FLEX TESTS ON WIRING. SYSTEM CHECKS GOOD ON GROUND.						
06Aug2014 Wed	CH	-+--------------------------	0.25	0.25	RG	[redacted]		[redacted]
		WITH NO DEFECTS NOTED AT THIS TIME. FINAL INSPECTION OK. PAPERWORK.						
		LABOR TOTALS	1.00	1.00				[redacted]

Task Total [redacted]

SHOP WO REPORT FORM

WO # 000[redacted]-G Task 1 AP pg 1

Kings Avionics, Inc.

FAA Certified Repair Station # KD6D661N

Cust Code: [redacted] **Phone:** 435-[redacted]

[redacted]

Item			
Part #			
Model			
Serial #			
Mfgr.			
Discrep.	91.413		

A/C Tail #	[redacted]		
A/C Make	[redacted]		
A/C Model	[redacted]	**Ser#**	[redacted]
Job Status	FINISHED		
Job type	STANDARD		
Open Date	May-23-2014 Friday		
Promised			
Started	May-23-2014 Friday		
Finished	May-23-2014 Friday		
Printed	Aug-26-2014 Tuesday 16:46		

Discrepancy

91.413

Corrective Action

Performed tests and inspections in accordance with 14 CFR Part 43 Appendix E to comply with 14 CFR Part 91.413

Labor Date	Empl	Description	Act Hrs	Bill Hrs	Rate	Cost/Hr	OTX	Total Lbr
23May2014 Fri	DA	-+----------	1.00	1.00	RG [redacted]			[redacted]
		Performed tests and inspection in accordance with 14 CFR Part 43 Appendix E to comply with 14 CFR Part 91.413						
		LABOR TOTALS	1.00	1.00				[redacted]

Task Total [redacted]

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Kings Avionics, Inc. Work Traveler
237 NORTH 2370 WEST, SALT LAKE CITY, UT 84116
PHONE # 801-539-8412 FAA CRS # KD6R661N

WO # 000[redacted] / 21

WO # 000[redacted]	**Task #** 21	**Customer:** [redacted]		**Date:** Aug-26-2014
TYPE: [ ] Aircraft [X] Appliance		**Mfgr.:** KINGS AVIONICS	**Model:** LOGBOOK	**Serial #** 0000000
Tail / Part # LOGBOOK		**Location:**		**Due Date:**
Warranty [ ] yes [X] no	**Notes:** ENTER TRAVELER NOTES HERE			

Note: [For Aircraft work, tail number will be recorded; for appliance repairs, part number of unit will be recorded in the Tail/Part # block]

Complaint:

SAMPLE WORK TASK FOR FORMS MANUAL

Verified [ ] yes [X] no

Major Parts History:

Mfgr.	Model / Descrip	Part # / Model	Qty	Serial #	On	Off	SV	RP	Notes
			0						

Status: SV = SERVICEABLE, RP = REPAIRABLE. Check appropriate boxes to indicate status of part.

Repair Description:

ENTER DETAILED CORRECTIVE ACTION HERE

Reference Document :

Software Rev. #: **Service Bulletins Installed:** RL

Inspection Record

Preliminary Insp.	In Progress # 1	In Progress # 2	Final Inspection	Hidden Damage (If Required)
RL	RL	RL	RL	RL

Note: [Inspection stamp or initials in above block Final and Hidden Damage must be an Authorized Inspector.]

Type of Repair

Functional Tests [ ]	Re-certification [ ]	Repair [ ] (See Note *)	Inspection [ ]	Alteration [ ] (See Note *)

Note: [Check All Appropriate Blocks. * A major repair or alteration may require a signed 337 for return to service. This document will only serve as an Inspection record when a form 337 is required for return to service. It will not constitute a release to service or supercede the requirement for a completed FAA form 337.]

The above identified aircraft system or appliance was repaired in accordance with current FAR's; manufacturer approved repair / overhaul data, and this repair station's Repair Station and Quality Control Manuals as accepted by the FAA. It is the responsibility of the persons or agency installing the above appliance or operating this aircraft to ensure its airworthiness at time of use or installation.

Repair Technician:	Authorized Inspector:	Date:	* Approved for Return to Service
			[ ] yes [ ] no
Signature Required	Signature Required		

Kings Avionics, Inc. Work Traveler
2483 SOUTH 1200 EAST, APPLE VALLEY, UT 84790
PHONE # 435-467-2682 FAA CRS # KD6D661N

WO # 00036889-G / 1

WO # 00036[redacted]	**Task #** 1	**Customer:** [redacted] AIR	**Date:** Nov-29-2013
TYPE: [X] Aircraft [ ] Appliance	**Mfgr.:** FAIRCHILD	**Model:** SA227-AC	**Serial #** AC-6[redacted]
Tail / Part # N6[redacted]	**Location:** Laredo		**Due Date:**
Warranty [ ] yes [X] no	**Notes:**		

Note: [For Aircraft work, tail number will be recorded; for appliance repairs, part number of unit will be recorded in the Tail/Part # block]

Complaint:

FAR 91.411 & 91.413 Due

Verified [ ] yes [X] no

Major Parts History:

Mfgr.	Model / Descrip	Part # / Model	Qty	Serial #	On	Off	SV	RP	Notes
			0						

Status: SV = SERVICEABLE, RP = REPAIRABLE. Check appropriate boxes to indicate status of part.

Repair Description:

PERFORMED TESTS AND INSPECTIONS IN ACCORDANCE WITH 14 CFR PART 43 APPENDIX E & F TO COMPLY WITH 14 CFR PART 91.411 & 91.413

Reference Document :

Software Rev. #: **Service Bulletins Installed:**

Inspection Record

Preliminary Insp.	In Progress # 1	In Progress # 2	Final Inspection	Hidden Damage (If Required)
DA	NA	NA	DA	NA

Note: [Inspection stamp or initials in above block Final and Hidden Damage must be an Authorized Inspector.]

Type of Repair

Functional Tests [X]	Re-certification [X]	Repair [ ] (See Note *)	Inspection [ ]	Alteration [ ] (See Note *)

Note: [Check All Appropriate Blocks. * A major repair or alteration may require a signed 337 for return to service. This document will only serve as an Inspection record when a form 337 is required for return to service. It will not constitute a release to service or supercede the requirement for a completed FAA form 337.]

The above identified aircraft system or appliance was repaired in accordance with current FAR's; manufacturer approved repair / overhaul data, and this repair station's Repair Station and Quality Control Manuals as accepted by the FAA. It is the responsibility of the persons or agency installing the above appliance or operating this aircraft to ensure its airworthiness at time of use or installation.

Repair Technician:	Authorized Inspector:	Date:	* Approved for Return to Service
[redacted]	[redacted]	Dec-02-2013	[X] yes [ ] no
Signature Required	Signature Required		

Kings Avionics, Inc. Work Traveler

1430 JET STREAM DR., HENDERSON, NV 89052
PHONE # 702-260-9566 FAA CRS # KD62661N

WO # 00036907-H / 1

WO # 00036[redacted]	**Task #** 1	**Customer:** AIR M[redacted]		**Date:** Dec-03-2013
TYPE: [X] Aircraft [ ] Appliance		**Mfgr.:** BELL	**Model:** 222U	**Serial #** 47[redacted]
Tail / Part # N2[redacted]		**Location:** MERCY AIR HELIPAD		**Due Date:**
Warranty [ ] yes [X] no	**Notes:**			

Note: [For Aircraft work, tail number will be recorded; for appliance repairs, part number of unit will be recorded in the Tail/Part # block]

Complaint:

PERFORM 91.411 & 91.413

Verified [ ] yes [X] no

Major Parts History:

Mfgr.	Model / Descrip	Part # / Model	Qty	Serial #	On	Off	SV	RP	Notes
			0						

Status: SV = SERVICEABLE, RP = REPAIRABLE. Check appropriate boxes to indicate status of part.

Repair Description:

PRELIM INSPECTION. HOOK UP TEST EQUIPMENT. FOUND STATIC LEAKS ON BOTH SYSTEMS. POST REPAIR, PERFORMED TESTS & INSPECTIONS IAW 14 CFR PART 43, APP E & F TO C/W FAR 91.411 & 91.413. UNHOOK TEST EQUIPMENT. FINAL INSPECTION OK. PAPERWORK.

Reference Document :

Software Rev. #: **Service Bulletins Installed:**

Inspection Record

Preliminary Insp.	In Progress # 1	In Progress # 2	Final Inspection	Hidden Damage (If Required)
JL	CH	NA	CH	NA

Note: [Inspection stamp or initials in above block Final and Hidden Damage must be an Authorized Inspector.]

Type of Repair

Functional Tests [X]	Re-certification [X]	Repair [ ] (See Note *)	Inspection [X]	Alteration [ ] (See Note *)

Note: [Check All Appropriate Blocks. * A major repair or alteration may require a signed 337 for return to service. This document will only serve as an Inspection record when a form 337 is required for return to service. It will not constitute a release to service or supercede the requirement for a completed FAA form 337.]

The above identified aircraft system or appliance was repaired in accordance with current FAR's; manufacturer approved repair / overhaul data, and this repair station's Repair Station and Quality Control Manuals as accepted by the FAA. It is the responsibility of the persons or agency installing the above appliance or operating this aircraft to ensure its airworthiness at time of use or installation.

Repair Technician:	Authorized Inspector:	Date:	* Approved for Return to Service
[redacted]	[redacted]	Dec-06-2013	[X] yes [ ] no
Signature Required	Signature Required		

PERFORMED TESTS & INSPECTIONS IAW 14 CFR 43 APPENDICES E & F AS REQUIRED BY 14 CFR §91.411 (1)

PERFORMED TESTS & INSPECTIONS IAW 14 CFR 43 APPENDIX F AS REQUIRED BY 14 CFR §91.413 (2)

(3) STATIC SYS LEAK TEST ALT/FT **#1 SYS** _____ **#2 SYS** _____ **#3 SYS** _____ **LOCATION PERFORMED:** (4)

(5)	MAKE	MODEL No.	PART No.	SERIAL No.	TESTED TO
ALTIMETER #1					
ADC/ENCODER #1					
ALTIMETER #2					
ADC/ENCODER #2					
ALTIMETER #3					
ADC/ENCODER #3					
TRANSPONDER #1					
TRANSPONDER #2					

PERTINENT DETAILS OF THE WORK OUTLINED ABOVE ARE ON FILE AT THIS REPAIR STATION UNDER W/O: (6)

M/N	(7)	S/N	(8)	REGISTRATION	(9)	HOBBS HRS:	(10)	TACH HRS:	(11)

Remarks (12)

I certify that the tests and inspections described above were accomplished in accordance with the requirements of 14 CFR 43, and with respect to the work performed, the aircraft is airworthy and approved for return to service:

AUTHORIZED SIGNATURE: (13) **DATE:** (14)

(15) REPAIR STATION		KD6D661N (SLC)		KD6R661N (SGU)		KD62661N (HND)	FORM KA-12 (Rev. 12)

INSTRUCTIONS FOR FORM USE; PITOT/STATIC/TRANSPONDER CHECKS

1. Enter an X in the box, if appropriate, denoting compliance with Appendix E & F of 14 CFR 43, as required by 14 CFR 91 §91.411
2. Enter an X in the box, if appropriate, denoting compliance with Appendix F of 14 CFR 43, as required by 14 CFR 91 §91.413
3. Static System Leak Check;
    a. Enter the altitude, in feet, a given system is tested to
4. Location Performed; enter the airport identifier where the work was performed as the location
5. Equipment Identification;
    a. For all installed equipment comprising the pitot/static/transponder system;
    b. Enter the Manufacturer's name
    c. Enter the Manufacturer's Model Number
    d. Enter the Manufacturer's Part Number
    e. Enter the Manufacturer's Serial Number
    f. Enter the value (in feet above sea level) the individual equipage was tested
6. Enter the Work Order number under which the tests and inspections are being performed
7. Enter the aircraft Manufacturer's Model Number
8. Enter the aircraft Manufacturer's Serial Number
9. Enter the aircraft registration number
10. Enter the aircraft Hobbs (hour) Meter time
11. Enter the aircraft tachometer (hours) time
12. Enter comments regarding the performance or functionality, as needed
13. Apply the signature of the person authorized to perform the tests and inspections, and return for service
14. Enter the date on which the tests and inspections were completed
15. Enter an X next to the appropriate repair station number, under which the tests and inspections were performed

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

LOCATOR/STATUS TAG
W/O # _____
CUSTOMER _____

PARTS
L / R

EXCHANGE
REPAIR

FORM KA-11

Kings Avionics, Inc.
800-939-8412
WARRANTY MAY APPLY

OPS CHK ☐ OH ☐
REPAIRED ☐ NEW ☐

THRU _____ REF# _____

CRS: ☐ KD6R661N KSLC ☐ KD6D661N KSGU ☐ KD62661N KHND

FORM KA-9

Repairable-For Storage

MFG _____ Model _____

S/N _____ P/N _____

Defect _____

Kings Avionics, Inc. 800-939-8412

CRS: ☐ KD6R661N KSLC ☐ KD6D661N KSGU ☐ KD62661N KHND

FORM KA-19

Shelf Life Item

Expiration Date _____

Kings Avionics, Inc.

CRS: ☐ KD6R661N KSLC ☐ KD6D661N KSGU ☐ KD62661N KHND

FORM KA-23

This unit tested per FAR Part 43, Appendix E

To _____ FT

WO# _____ Date _____

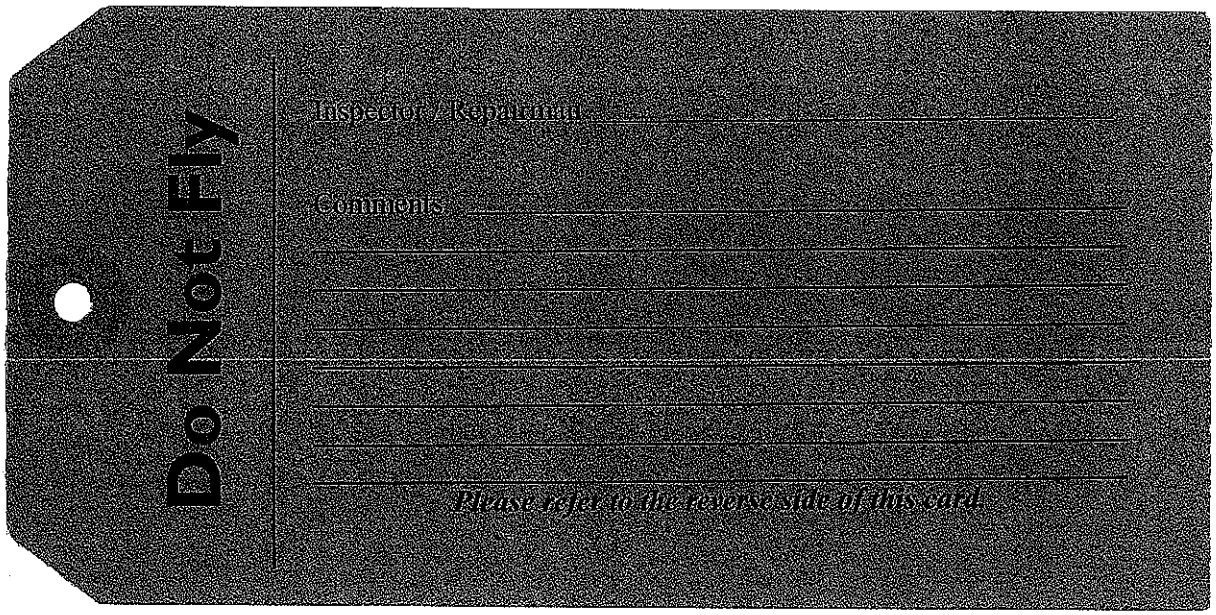
Kings Avionics, Inc. 800-939-8412

CRS: ☐ KD6R661N KSLC ☐ KD6D661N KSGU ☐ KD62661N KHND

FORM KA-27

CALIBRATION
BY _____ DATE _____
NEXT CAL DUE _____
INSTRUMENT# _____

FORM KA-28



FORM KA-8

– NOTICE –

DETERMINE REVISION STATUS OF THIS MANUAL IS CURRENT BEFORE USING TO RETURN APPLIANCE TO SERVICE

– CHECK OK –

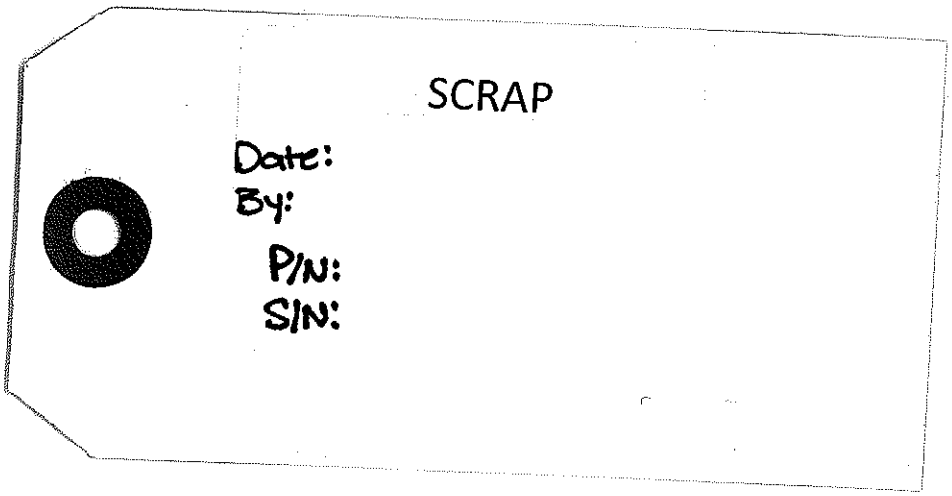
DATE INITIALS

Kings Avionics, Inc. 800-939-8412

CRS:

☐ KD6R661N KSLC ☐ KD6D661N KSGU ☐ KD62661N KHND

FORM KA-13



Reject Item

Kings Avionics, Inc. 800-939-8412
Repair Station

CRS:
☐ KD6R661N KSLC ☐ KD6D661N KSGU ☐ KD62661N KHND

REMOVED AS SERVICEABLE

DESCRIPTION_____

P/N_____ S/N_____

A/C N_____ W/O_____

REASON FOR REMOVAL_____

_____

DATE_____ TECH._____

Kings Avionics, Inc. 237 NORTH 2370 W SALT LAKE TY, UTAH 84116 KD6R661N
LOG ID# 4221 10-January-2013 WO# 3 1 REF# 353 HOBBS 5136.4
N5 S/N 560-56 CESSNA 560XL

THIS IS A PERMANENT LOGBOOK ENTRY:

GENERAL AVIATION MAINTENANCE RELEASE --- THIS AIRCRAFT/APPLIANCE WAS REPAIRED AND INSPECTED IN ACCORDANCE WITH 14 CFR 43 AND WITH RESPECT TO THE WORK PERFORMED IS APPROVED FOR RETURN TO SERVICE. PERTINENT
DETAILS OF THE REPAIR/INSPECTION ARE ON FILE AT THIS REPAIR STATION UNDER WORK ORDER #-----. #1

THIS IS A PERMANENT LOGBOOK ENTRY:

AIR CARRIER MAINTENANCE RELEASE---THIS AIRCRAFT/APPLIANCE WAS REPAIRED AND INSPECTED IN ACCORDANCE WITH 14 CFR 43 AND THE AIR CARRIER'S FAA APPROVED MAINTENANCE/INSPECTION PROGRAM, AND WITH RESPECT TO THE WORK PERFORMED IS APPROVED FOR RETURN TO SERVICE. PERTINENT DETAILS OF THE REPAIRS/INSPECTIONS ARE ON FILE AT THIS REPAIR STATION UNDER WORK ORDER #-----.

35 4 W L

Kings Avionics, Inc. 4550 South Airp arkway #56 ST GEORGE, UTAH 84790 KD6D661N
LOG ID# 1645 04-April-2008 WO# 3 2 AC TT 1.0
N12 S/N 0000 PORTERFIELD CADET TACH 1.0

THIS IS A PERMANENT LOGBOOK ENTRY:

GENERAL AVIATION MAINTENANCE RELEASE --- THIS AIRCRAFT/APPLIANCE WAS REPAIRED AND INSPECTED IN ACCORDANCE WITH 14 CFR 43 AND WITH RESPECT TO THE WORK PERFORMED IS APPROVED FOR RETURN TO SERVICE. PERTINENT
DETAILS OF THE REPAIR/INSPECTION ARE ON FILE AT THIS REPAIR STATION UNDER WORK ORDER #-----.

THIS IS A PERMANENT LOGBOOK ENTRY:

AIR CARRIER MAINTENANCE RELEASE---THIS AIRCRAFT/APPLIANCE WAS REPAIRED AND INSPECTED IN ACCORDANCE WITH 14 CFR 43 AND THE AIR CARRIER'S FAA APPROVED MAINTENANCE/INSPECTION PROGRAM, AND WITH RESPECT TO THE WORK PERFORMED IS APPROVED FOR RETURN TO SERVICE. PERTINENT DETAILS OF THE REPAIRS/INSPECTIONS ARE ON FILE AT THIS REPAIR STATION UNDER WORK ORDER #-----.

ROE DE

THIS IS A PERMANENT LOGBOOK ENTRY:

GENERAL AVIATION MAINTENANCE RELEASE --- THIS AIRCRAFT/APPLIANCE WAS REPAIRED AND INSPECTED IN ACCORDANCE WITH 14 CFR 43 AND WITH RESPECT TO THE WORK PERFORMED IS APPROVED FOR RETURN TO SERVICE. PERTINENT
DETAILS OF THE REPAIR/INSPECTION ARE ON FILE AT THIS REPAIR STATION UNDER WORK ORDER #-----.

THIS IS A PERMANENT LOGBOOK ENTRY:

AIR CARRIER MAINTENANCE RELEASE---THIS AIRCRAFT/APPLIANCE WAS REPAIRED AND INSPECTED IN ACCORDANCE WITH 14 CFR 43 AND THE AIR CARRIER'S FAA APPROVED MAINTENANCE/INSPECTION PROGRAM, AND WITH RESPECT TO THE WORK PERFORMED IS APPROVED FOR RETURN TO SERVICE. PERTINENT DETAILS OF THE REPAIRS/INSPECTIONS ARE ON FILE AT THIS REPAIR STATION UNDER WORK ORDER #-----.

_____
KD62661N [redacted]

Appendix I

Archive of Changed Pages

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