

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) Radio Reply Frequency 1087 to 1093 MHz <input type="checkbox"/> Mode S 1089 to 1091 <input type="checkbox"/>		(16) Radio Reply Frequency 1087 to 1093 MHz <input type="checkbox"/> Mode S 1089 to 1091 <input type="checkbox"/>	
Peak Output Power > 125 and < 500 Watts <input type="checkbox"/>		Peak Output Power > and < 500 Watts <input type="checkbox"/>	
Mode S TX Power > 125 and < 500 Watts <input type="checkbox"/>		Mode S TX Power > 125 and < 500 Watts <input type="checkbox"/>	
SLS 0 db <input type="checkbox"/> 1% < Reply Rate		SLS 0 db <input type="checkbox"/> 1% < Reply Rate	
Reply Rate (-9db) <input type="checkbox"/> 90% > Reply		Reply Rate (-9db) <input type="checkbox"/> 90% > Reply	
Receiver Sensitivity - 66 to -77 dbm <input type="checkbox"/> Mode 3/A		Receiver Sensitivity - 66 to -77 dbm <input type="checkbox"/> Mode 3/A	
Receiver Sensitivity - 66 to -77 dbm <input type="checkbox"/> Mode C		Receiver Sensitivity - 66 to -77 dbm <input type="checkbox"/> Mode C	
Difference ≤ 1 db <input type="checkbox"/>		Difference ≤ 1 dbm <input type="checkbox"/>	
Receiver Sensitivity Mode S - 68 TO -77 dbm 90% Reply <input type="checkbox"/>		Receiver Sensitivity Mode S - 68 TO -77 dbm 90% Reply <input type="checkbox"/>	
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 UF=0 [] UF=16 [] UF=21 [] Formats UF=4 [] UF=20 [] UF=24 [] UF=5 [] UF=11 [] DF=11 []		Mode S UF= 0 [] UF=16 [] UF= 21 [] Formats UF= 4 [] UF=20 [] UF= 24 [] UF= 5 [] UF=11 [] DF=11 []	
Mode S All Call PASS <input type="checkbox"/> FAIL <input type="checkbox"/>		Mode S All Call PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	
(10) Antennas Secure & In Good Condition <input type="checkbox"/>		(17) Antennas Secure & In Good Condition <input type="checkbox"/>	
(11) *SYSTEM PASSES <input type="checkbox"/>		(18) *SYSTEM PASSES <input type="checkbox"/>	

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)_____

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DATED 12/2006

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.