

CREWS										ROUTE		TAKE OFF		LANDING		FLIGHT TIME		LANDINGS	SLING		SLING	FUEL / kg				ADDED							
										FROM	TO	HRS	MIN	HRS	MIN	HRS	MIN	/CYCLES	HRS	MIN	CYCLES	REM	UPLIFT	TOTAL	RECEIPT NO	OIL		HYD		MGB	TGT		
																									Eng.1	Eng.2	#1	#2					
CAPT : HENDRA										TMH	SENGG0	01	21	02	04	00	43	1				63	391	427	-	-	-	-	-	-	-	-	-
PIL: KEVIN										SENGG0	TIM	04	06	05	30	01	24	1				328	-	328	-	-	-	-	-	-	-		
ENG : ANDREAS										TIM	NBR	05	40	06	53	01	13	1				90	337	427	AD88571	-	-	-	-	-			
PREFLIGHT																																	
DAILY																																	
TIME : 0000 0830																																	
STATION : TMH NBR																																	
LIC. NO. : 2409 2100																																	
Sign & Stamp																																	
been maintained in accordance with applicable manuals & CASR, and determined to be in airworthy condition and safe for flight																																	
TOTAL																																	
										03 20 3																							
AIRCRAFT TIME																																	
APU																																	
Engine Monitoring Data																																	
Time																																	
Eng. #1																																	
Eng. #2																																	
Altitude																																	
IAS																																	
TRQ																																	
TOT																																	
Last Compressor Wash C/O																																	
Date																				31/07/2021													
PERIODIC INSPECTION																																	
Last Insp C/O at																				04/08/2021													
Type of Insp																				15H/170													
Next Inspection																																	
Type of Insp.																				25 Hrs													
Due at																				572 Hrs													
COMPONENT CHANGE (Description)																																	
POS																																	
P/N ON:																																	
P/N Off:																																	
S/N Off:																																	
S/N Off:																																	
LIC NO. & SIGN																																	