



# MAINTENANCE PROGRAM CESSNA C208/C208B

## Appendix B04 – Magnetic Compass Calibration

Reg. Mark	:	PK - _____	Date	:	_____
MSN	:	_____	Station	:	_____
TSN / CSN	:	_____	WO No.	:	_____

NO.	TASK	SIGNATURE	
		SIGN	STAMP
01	Magnetic Compass Functional Check. Refer to AMM 34-21-00.		
02	Record the Magnetic Compass functional check result, calculate and make an entry in form SCA/MTC/026.		
*** End of Appendix B04 Items ***			

PERSONNEL PARTICIPATING IN THIS INSPECTION			
NAME	POSITION	SIGNATURE	LICENSE NUMBER

### RETURN TO SERVICE

The work recorded above has been carried out in accordance with the requirements of the Civil Aviation Safety Regulation for the time being in force and in that respect the aircraft is consider fit for Release to Service.

Name	:	_____	Stamp	:	_____
Signature	:	_____	Place/Date	:	_____