



PT. SMART CAKRAWALA AVIATION

WORK ORDER

Form: SCA/MTC/030

Subject : Re-Weighing & Balance		No.	WO/009-SNI/III/2022
		Date	28-March-2022
		A/C Reg.	PK-SNI C208B-5068
Reference : MP C208B Rev. 10		Prepared By	TS
		Checked By	CI
		Approved By	TM
To : Engineer In Charge			
Description : <ol style="list-style-type: none">1. Perform Re-Weighing & Balance2. Make an entry in Maintenance Log.3. Return the Completed Work Order and Form to PPC. <p>#If any finding, please close the routine card, and transferred to inspection card.</p>			
Additional Work :			
Compliance Statement	Sign & Date Company Lic. No.: (Engineer In Charge)	Signature (Technical Manager)	

AIRCRAFT CHECK WORK SUMMARY

(Form: SCA/MTC/051)

DATE OF ISSUED	JO/WO #	TYPE OF MAINTENANCE	DATE OF ACCOMPLISHED
28-March-2022	WO/009-SNI/III/2022	Re-Weighing & Balance	

A/C Type	Mfg. Serial Number	A/C Registration
C208B	C208B-5068	PK-SNI

AIRCRAFT DATA

Subject	Pos #	Serial Number (SN)	TTSN/TCSN
Engine	#1	PCE-VA0073	
	#2	-	
Propeller/Rotor	#1	200707	
	#2	-	
Landing Gear	NLG		
	LH MLG		
	RH MLG		

PACKAGE COVERED

No	Subject	Qty	Remark
1	Non-Routine Card		
2	Inspection Card		
3	Work Order	1	
4	Summary Inspection List	1	
5	Material and Tool List	-	
6	Escalation form	-	
7	CRS (SMI / Unscheduled Maintenance)	1	

INSPECTION CARD (IC) LIST (Finding during maintenance)

No	Taskcard Ref	Subject	Status		Name/ Sign & Stamp
			Open	Close	
IC-001					
IC-002					
IC-003					
IC-004					
IC-005					
IC-006					

<u>IC-007</u>					
<u>IC-008</u>					
<u>IC-009</u>					
<u>IC-010</u>					
<u>IC-011</u>					
<u>IC-012</u>					
<u>IC-013</u>					
<u>IC-014</u>					
<u>IC-015</u>					

Prepared by :
Technical Support

Checked by :
Chief Maintenance

Verified by :
Chief Inspector

Approved by :
Technical Manager



SUMMARY INSPECTION ITEMS
(Form: SCA/MTC/050)

WO Ref: WO/009-SNI/III/2022

NO.	TASK CARD NO.	DESCRIPTION	DATE	EST MHR	NAME	STAMP
1	APPENDIX B01	WEIGHT & BALANCE				



PT. SMART CAKRAWALA AVIATION

CERTIFICATE RETURN TO SERVICE
SCHEDULED MAINTENANCE INSPECTION
(CRS-SMI)

A/C TYPE	: CESSNA 208B			TTSN	:
A/C REG	: PK-SNI			TCSN	:
MSN	: C208B-5068			DATE	:
TYPE OF INSPECTION	: RE-WEIGHING & BALANCE				
DUE AT	:				
REFF	: MP C208B REV. 10				
EXCEPTION					
AUTHORIZED PERSON					
I hereby certify that this aircraft has been maintained accordance with CASR and Maintenance Program. Aircraft safe and airworthy for flight					
NAME	CAT	AMEL/OTR NO	SIGN&STAMP		DATE
	AIRFRAME & POWER PLANT				
	EIRA				
THE NEXT DUE TYPE OF INSPECTION	:				
DUE AT	: HOURS				
Form: SCA/MTC/049					



INSPECTION CARD
(Form: SCA/MTC/048)

TECHNICAL
DEPARTMENT

1. CARD #	2. JO/WO #	3. ORIGINATOR	4. CARD REF	5. DATE
6. A/C REG/MSN	7. A/C TYPE	8. TRADE	12. VENDOR ORDER #	
9. ZONE	10. STA	11. MTC TYPE		

13. DESCRIPTION/DEFECT-IF FINDING OF CPCP INSPECTION, PLEASE COMPLETE SET. 20	14 PPC/ENG	15 DATE

16. CORRECTIVE ACTION	17 MECH	18 ENG. LIC	19 DATE
Performed at A/C TT : A/C TC /LDG :			
20. CORROSION INFORMATION			
LOCATION	CAUSE OF DAMAGE		
	<input type="checkbox"/> Environment	<input type="checkbox"/> Internal Leakage	
CORROSION <input type="checkbox"/> Isolated <input type="checkbox"/> Widespread	<input type="checkbox"/> Chemical Spill		
CORROSION LVL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> LAV/Galley Spill		
PROPOSED ACTION <input type="checkbox"/> Doublers	<input type="checkbox"/> Blocked Drain		
<input type="checkbox"/> Others	<input type="checkbox"/> Wet Insulation Blanket		
.....	<input type="checkbox"/> Other		
21. If the defect is RII, Please Sign this card finally by RII Inspector			INSP
NOTICE OF INSPECTOR			DATE

22. PARTS REQUIRED						
PART DESCRIPTION	PART NO	QTY	SERIAL NO		STATUS	
			ON	OFF	CLOSE	OPEN

23. TOOLS REQUIRED			
DESCRIPTION	PART NO. / MODEL	NEXT CALIBRATION DATE	STATUS



MAINTENANCE PROGRAM

CESSNA C208/C208B

Appendix B01 – Weight and Balance

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

NO.	ZONE	TASK	SIGNATURE	
			SIGN	STAMP
01	ALL	Level the aircraft. Refer to AMM 8-20-00.		
02	ALL	Perform aircraft weighing. Follow procedures refer to Pilot Operating Handbook Section 6.		
03	ALL	Record the weighing result and calculate C.G using form SCA/MTC/025.		

*** End of Appendix B01 Items ***

PERSONNEL PRTICIPATING 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	:	



AIRCRAFT WEIGHT AND C.G DETERMINATION

REPORT NO :

DATE _____;

AIRCRAFT REGISTRATION

AIRCRAFT TYPE

AIRCRAFT SERIAL NUMBER

ITEM # SERIAL NUMBER
PROPERTY OF

PROPERTY OF PLACE OF WEIGHING

REASON OF WEIGHING

REASON OF WEIGHING PERFORMED BY

PERFORMED BY CONFICURATION

SIGNED: _____ DATE: _____

CHECKED BY _____ SIGNED: _____ DATE: _____

SIGNED. DATE.

SIGNED: _____ DATE: _____

RESULTS

EMPTY WEIGHT	:
EMPTY C.G FROM DATUM LINE	:
INDEX MAC %	:
VALID UNTIL	:

WEIGHING EQUIPMENT

PART NUMBER	:
SERIAL NUMBER	:
VALIDATION	:

APPROVED BY:

CHIEF INSPECTOR



Aircraft Registration: **PK-SNI**



WO# Nr: **WO/009-SNI/III/2022**

Additional Work Sheet

Re-Weighing & Balance

Parts Used Sheet

Special Tool Used



Additional Work Sheet

Re-Weighing & Balance

Aircraft Registration: **PK-SNI**

WO# Nr: **WO/009-SNI/III/2022**

Parts Used Sheet

Part Used