

AIRCRAFT CHECK WORK SUMMARY
(Form: SCA/MTC/051)

DATE OF ISSUED	JOWO #	TYPE OF MAINTENANCE	DATE OF ACCOMPLISHED		
20-Apr-2022	WO/050-SNH/IV/2022	Update Navigation Database			
A/C Type		Mfg. Serial Number	A/C Registration		
C208B		C208B-5587	PK-SNH		
AIRCRAFT DATA					
Subject	Pos #	Serial Number (SN)	TTSN/TCSN		
Engine	#1	PCE-VA0662			
	#2	-			
Propeller/Rotor	#1	190837			
	#2	-			
Landing Gear	NLG				
	LH MLG				
	RH MLG				
PACKAGE COVERED					
No	Subject	Qty	Remark		
1	Non-Routine Card	-			
2	Inspection Card	1			
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	
<u>IC-001</u>					
<u>IC-002</u>					
<u>IC-003</u>					
<u>IC-004</u>					
<u>IC-005</u>					
<u>IC-006</u>					

<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

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

WO Ref: WO/050-SNH/IV/2022

NO.	TASK CARD NO.	DESCRIPTION	DATE	EST MHR	NAME	STAMP
1	APPENDIX C01	OOP34001 / UPDATED NAVIGATION DATABASE				



PT. SMART CAKRAWALA AVIATION

CERTIFICATE RETURN TO SERVICE

SCHEDULED MAINTENANCE INSPECTION
(CRS-SMI)

A/C TYPE : CESSNA 208B

TTSN :

A/C REG : PK-SNH

TCSN :

MSN : C208B-5587

DATE :

TYPE OF INSPECTION : OUT OF PHASE – UPDATE NAVIGATION DATABASE

DUE AT : 21 APR 2022

REF : 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 :

Form: SCA/MTC/049

	INSPECTION CARD (Form: SCA/MTC/ 048)	TECHNICAL DEPARTMENT
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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	DATE
NOTICE OF INSPECTOR		

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 C01 – OOP34001 / Update Navigation Database

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

NO.	ZONE	TASK	SIGNATURE	
			SIGN	STAMP
01	211 212	Update Navigation Database. <ul style="list-style-type: none"> G1000 Line Maintenance Manual, Doc. No. 190-00869-00, Rev. G. G1000 NXi Supplemental Maintenance Manual, Doc. No. 190-02128-04, Rev. 3 		
*** End of Appendix C01 Items ***				

PERSONNEL PARTICIPATING IN THIS INSPECTION			
NAME	POSITION	SIGNATURE	LICENSE NUMBER

RETURN TO SERVICE			
<p>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.</p>			
Name	: _____	Stamp	: _____
Signature	: _____	Place/Date	: _____