



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

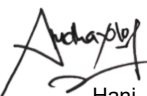
|                                                               |                                     |                     |                      |                       |
|---------------------------------------------------------------|-------------------------------------|---------------------|----------------------|-----------------------|
| DATE OF ISSUED                                                | JOWO #                              | TYPE OF MAINTENANCE | DATE OF ACCOMPLISHED |                       |
| 2 OCT 2022                                                    | WO/223-SNX/X/2022                   | INSP. 10 FH - ALS   |                      |                       |
| <b>AIRCRAFT DATA</b>                                          |                                     |                     |                      |                       |
| A/C Type                                                      | Mfg. Serial Number                  | A/C Registration    |                      |                       |
| EC 130 T2                                                     | 8829                                | PK-SNX              |                      |                       |
| Subject                                                       | Pos #                               | Serial Number (SN)  | TTSN/TCSN            |                       |
| Engine                                                        | #1                                  | 53467               |                      |                       |
|                                                               | #2                                  | -                   |                      |                       |
| Propeller/Rotor                                               | #1                                  |                     |                      |                       |
|                                                               | #2                                  | -                   |                      |                       |
| Landing Gear                                                  | NLG                                 | -                   |                      |                       |
|                                                               | LH MLG                              | -                   |                      |                       |
|                                                               | RH MLG                              | -                   |                      |                       |
| <b>PACKAGE COVERED</b>                                        |                                     |                     |                      |                       |
| 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                   |                      |                       |
| <b>INSPECTION CARD (IC) LIST (Finding during maintenance)</b> |                                     |                     |                      |                       |
| No                                                            | Taskcard Ref                        | Subject             | Status               | Name/<br>Sign & Stamp |
|                                                               |                                     |                     | Open    Close        |                       |
| <u>IC-001</u>                                                 |                                     |                     |                      |                       |
| <u>IC-002</u>                                                 |                                     |                     |                      |                       |
| <u>IC-003</u>                                                 |                                     |                     |                      |                       |

Prepared by :  
Technical Support

Checked by :  
Chief Maintenance

Verified by :  
Chief Inspector

Approved by :  
Technical Manager

  
Hani

  
Dodit

  
Yahuar

  
Istiono



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

WO Ref: WO/223-SNX/X/2022

| NO. | TASK<br>CARD NO. | DESCRIPTION         | DATE | EST<br>MHR | NAME | STAMP |
|-----|------------------|---------------------|------|------------|------|-------|
| 1   | APPENDIX<br>D01  | 10FH ALS INSPECTION |      |            |      |       |
|     |                  |                     |      |            |      |       |
|     |                  |                     |      |            |      |       |
|     |                  |                     |      |            |      |       |

|                                                                                   |                                                       |                                 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|
|  | <b>INSPECTION CARD</b><br><b>(Form: SCA/MTC/ 048)</b> | <b>TECHNICAL<br/>DEPARTMENT</b> |
|-----------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|

|                |             |               |                    |         |
|----------------|-------------|---------------|--------------------|---------|
| 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<br>PPC/ENG | 15<br>DATE |
|                                                                               |               |            |

|                                                 |            |                |            |
|-------------------------------------------------|------------|----------------|------------|
| 16. CORRECTIVE ACTION                           | 17<br>MECH | 18<br>ENG. LIC | 19<br>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 |
|                    |                  |                       |        |
|                    |                  |                       |        |
|                    |                  |                       |        |
|                    |                  |                       |        |



PT. SMART CAKRAWALA AVIATION

## CERTIFICATE RETURN TO SERVICE

### SCHEDULED MAINTENANCE INSPECTION (CRS-SMI)

|                      |        |
|----------------------|--------|
| A/C TYPE : EC 130 T2 | TTSN : |
| A/C REG : PK-SNX     | TCSN : |
| MSN : 8829           | DATE : |

|                    |                             |
|--------------------|-----------------------------|
| TYPE OF INSPECTION | : 10 HOURS INSPECTION - ALS |
| DUE AT             | : 770 FH                    |
| REF                | : MP EC 130 T2 REV. 02      |

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 &<br>POWER PLANT |             |            |      |
|      | EIRA                      |             |            |      |

|                                 |   |
|---------------------------------|---|
| THE NEXT DUE TYPE OF INSPECTION | : |
| DUE AT                          | : |

**Form: SCA/MTC/049**

# MAINTENANCE PROGRAM AIRBUS HELICOPTERS EC 130 T2

## Appendix D01 – ALS Inspection 10 Hours

|           |   |          |         |   |                   |
|-----------|---|----------|---------|---|-------------------|
| Reg. Mark | : | PK - SNX | Date    | : |                   |
| MSN       | : | 8829     | Station | : |                   |
| TSN / CSN | : |          | WO No.  | : | WO/223-SNX/X/2022 |

| ITEM CODE NO.                     | CHAPTER | TASK                                                                                                                                                                                                   | ENGINEER'S SIGNATURE, STAMP & DATE |
|-----------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 62/21/00<br>/000/000<br>/145      | 62-21   | <b>Spherical bearing</b><br>57910700 (704A33633211)<br>LB4-1231-1 (704A33633208)<br>Check of the elastomer part.<br>GVI<br><b>AMM05-40-00,6-7</b>                                                      |                                    |
| 62/21/00<br>/000/000<br>/185      | 62-21   | <b>Frequency adapter</b><br>365A31-1019-25 (-)<br>E-4165F01 (704A33640088)<br>E-4165F11 (704A33640100)<br>Check of the elastomer part.<br>Must not be mixed together.<br>GVI<br><b>AMM05-40-00,6-7</b> |                                    |
| *** End of Appendix D01 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 | : |

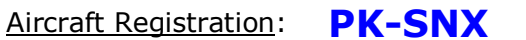


# **EMERGENCY EQUIPMENT LIST INSPECTION & MONITOR**

**PT. SMART CAKRAWALA  
AVIATION  
DEPARTMENT TEKNIK  
Form: SCA/MTC/023**

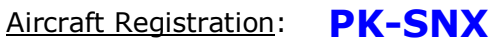
|                           |                               |
|---------------------------|-------------------------------|
| <b>DATE :</b>             | <b>A/C REG : PK-SNX</b>       |
| <b>A/C TYPE : EC130T2</b> | <b>CHECKER :</b> <b>SIGN:</b> |

| No.           | Description                 | P/N | S/N | Next Insp. | Remarks |
|---------------|-----------------------------|-----|-----|------------|---------|
| 1             | Pilot Life Vest             |     |     |            |         |
| 2             | Co-Pilot Life Vest          |     |     |            |         |
| 3             | Pax Life Vest               |     |     |            |         |
| 4             | Pax Life Vest               |     |     |            |         |
| 5             | Pax Life Vest               |     |     |            |         |
| 6             | Pax Life Vest               |     |     |            |         |
| 7             | Pax Life Vest               |     |     |            |         |
| 8             | Pax Life Vest               |     |     |            |         |
| 9             | Pax Life Vest               |     |     |            |         |
| 10            | Pax Life Vest               |     |     |            |         |
| 11            | Pax Life Vest               |     |     |            |         |
| 12            | Pax Life Vest               |     |     |            |         |
| 13            | Firt Aid Kit                |     |     |            |         |
| 14            | Crash Axe Installed         |     |     |            |         |
| 15            | Fire Extinguisher           |     |     |            |         |
| 16            | Life Raft (If Installed)    |     |     |            |         |
| 17            | Survival Kit (If Installed) |     |     |            |         |
| <b>OTHERS</b> |                             |     |     |            |         |
|               |                             |     |     |            |         |
|               |                             |     |     |            |         |



## Parts Used Sheet

[illegible][illegible]



## Parts Used Sheet

[illegible]