Maritime Helicopters

REPAIR STATION FORMS MANUAL

For
FAA Approved Repair Station No ENRR619D
FAA Approved Satellite Repair Station No EN2D619D
DBA
Maritime Helicopters, Inc.
3520 FAA Road
Homer, Alaska 99603
(907) 235-7771

Published by:

Maritime Helicopters, Inc.
3520 FAA Road
Homer, AK 99603
(907) 235-7771

Record of Revisions

Rev No.	Rev Date	Change Summary	Received Via
Reissue	11/01/2013	All Pages	SDS
Rev 1	01/10/2015	ii, iii, iv, 3-1, 4-38, 4-39, 4-40; 411/413 Forms	SDS
Rev 2	07/20/2015	Cover, ii, iii, iv, 3-1, 4-41; Added Return to Service Roster	SDS

List of Effective Pages

PAGE	STATUS	DATE
Cover	Rev 2	07/20/15
i	Reissue	11/01/13
ii	Rev 2	07/20/15
iii	Rev 2	07/20/15
iv	Rev 2	07/20/15
1-1	Reissue	11/01/13
2-1	Reissue	11/01/13
3-1	Rev 2	07/20/15
4-1	Reissue	11/01/13
4-2	Reissue	11/01/13
4-3	Reissue	11/01/13
4-4	Reissue	11/01/13
4-5	Reissue	11/01/13
4-6	Reissue	11/01/13
4-7	Reissue	11/01/13
4-8	Reissue	11/01/13
4-9	Reissue	11/01/13
4-10	Reissue	11/01/13
4-11	Reissue	11/01/13
4-12	Reissue	11/01/13
4-13	Reissue	11/01/13
4-14	Reissue	11/01/13
4-15	Reissue	11/01/13
4-16	Reissue	11/01/13
4-17	Reissue	11/01/13
4-18	Reissue	11/01/13
4-19	Reissue	11/01/13
4-20	Reissue	11/01/13
4-21	Reissue	11/01/13
4-22	Reissue	11/01/13

PAGE	STATUS	DATE
4-23	Reissue	11/01/13
4-24	Reissue	11/01/13
4-25	Reissue	11/01/13
4-26	Reissue	11/01/13
4-27	Reissue	11/01/13
4-28	Reissue	11/01/13
4-29	Reissue	11/01/13
4-30	Reissue	11/01/13
4-31	Reissue	11/01/13
4-32	Reissue	11/01/13
4-33	Reissue	11/01/13
4-34	Reissue	11/01/13
4-35	Reissue	11/01/13
4-36	Reissue	11/01/13
4-37	Reissue	11/01/13
4-38	Rev 1	01/10/15
4-39	Rev 1	01/10/15
4-40	Rev 1	01/10/15
4-41	Rev 2	07/20/15
5-1	Reissue	11/01/13
5-2	Reissue	11/01/13
5-3	Reissue	11/01/13
5-4	Reissue	11/01/13
5-5	Reissue	11/01/13
5-6	Reissue	11/01/13
5-7	Reissue	11/01/13
5-8	Reissue	11/01/13
5-9	Reissue	11/01/13
5-10	Reissue	11/01/13
5-11	Reissue	11/01/13

PAGE	STATUS	DATE
5-12	Reissue	11/01/13
5-13	Reissue	11/01/13
5-14	Reissue	11/01/13
5-16	Reissue	11/01/13
5-17	Reissue	11/01/13
5-18	Reissue	11/01/13
5-19	Reissue	11/01/13
5-20	Reissue	11/01/13
5-21	Reissue	11/01/13
5-22	Reissue	11/01/13
5-23	Reissue	11/01/13
5-24	Reissue	11/01/13

DATE ACCEPTED: 08/05/2015

FAA PRINCIPAL MAINTENANCE INSPECTOR
AK-FSDO-03

DATE ACCEPTED: _____

FAA PRINCIPAL AVIONICS INSPECTOR
AK-FSDO-03

FAA PRINCIPAL MAINTENANCE INSPECTOR
AK-FSDO-03

FAA PRINCIPAL AVIONICS INSPECTOR
AK-FSDO-03

Table of Contents

1 Introduction

This **Repair Station Forms Manual** (**RSFM**) has been prepared in accordance with the current regulations contained in Title 14 CFR §145, and is a prerequisite for operation under the privileges of the Repair Station certificate. The validity of the Repair Station's certificate is directly dependent upon compliance with the procedures and requirements within this manual, as well as, the associated Repair Station and Quality Control Manuals.

MHI Repair Station will not maintain or alter any article for which it is not rated, and will not maintain or alter any article for which it is rated if it requires technical data, equipment, materials, facilities or trained personnel that are not available.

A current copy of this RSFM, including the associated Repair Station and Quality Control Manuals, shall be accessible to applicable Repair Station personnel. A current copy of the required Repair Station Forms Manual and any revisions made will also be provided to the FAA Certificating Holding District Office (CHDO).

2 Manual Revisions

The Accountable Manager oversees the creation and revision of MHI controlled documents. Department Managers and Supervisors may submit suggestions and corrections for incorporation into this manual by contacting the Chief Inspector. Changes made to this manual will be summarized in the change summary table and indicated throughout the manual by change bars. A vertical bar (change bar) in the right margin indicates a change, addition, or deletion in the adjacent text for the current revision of that page only. The change bar is dropped at the next revision of that page.

2.1 Manual Revisions and Control

The Chief Inspector is responsible for the content of this manual and any revisions. This manual requires FAA acceptance prior to release. Revisions to this manual must be routed for MHI internal and FAA acceptance prior to distribution. This manual cannot be published or distributed to end users prior to formal submission to and acceptance by the FAA.

The Part 145 Accountable Manager shall be responsible to maintain MHI Master Manual Distribution List Form MHI 020, listing individuals that have been assigned manuals in paper format. The listing shall indicate the name of the individual, name of the manual, manual number, revision number, and the date the completed Revision Notice/Acknowledgment, Form MHI 019 was received.

2.2 Paper Format

Hard copy manuals shall be issued by the Part 145 Accountable Manager under a manual control number and revision notification controlled by the Revision Notice/Acknowledgment, Form MHI 019 indicating receipt of revision and incorporation into the manual. Manual holders shall be responsible to insert revisions, update the Record of Revisions page by entering the Revision Number, Date, Date Inserted, Revisions Inserted By, and return the completed Revision Notice/Acknowledgment, Form MHI 019 to Part 145 Accountable Manager to indicate the manual has been revised.

3 Forms Listing

3.1 Repair Station Forms

Form #	Description
MHI 001	Work Order Log
MHI 002	Work Order
MHI 003	TBD
MHI 004	Repairable Parts Tag
MHI 005	Part 145 Work Sheet
MHI 006	Serviceable Parts Tag
MHI 007	Rejected Parts Tag
MHI 008	Identification Tag
MHI 009	Routing Tag
MHI 010	NDT Parts Tag
MHI 011	NDT Inventory Log
MHI 012	Receiving Inspection Log
MHI 013	Shelf Life Audit
MHI 014	TBD
MHI 015	TBD
MHI 016	Summary of Employment
MHI 017	Capabilities Self Audit
MHI 018	Calibration Sticker
MHI 019	Revision Notice/Acknowledgment
MHI 020	Master Distribution List
MHI 021	Signature/Initial Roster
MHI 022	Altimeter 24 Month Checklist
MHI 023	Transponder 24 Month Checklist
MHI 024	Return to Service Roster

3.2 Training Forms

Form #	Description
TR-0001	TBD
TR-0002	TBD
TR-0003	Training Request
TR-0004	Training Activity Report
TR-0005	Training Verification
TR-0006	Training Course List
TR-0007	Course-Lesson Information
TR-0008	Employee Skill Survey
TR-0009	Repair Station Needs Assessment
TR-0010	Instructor / Trainer Evaluation
TR-0011	Course-Evaluation
TR-0012	Training Activity Make Up

4 REPAIR STATION FORMS

4.1 Part 145 Work Order Log – FORM MHI 001

Maritime Helicopters

PART 145 WORK ORDER LOG

W.O. #	Customer	Component / Job Description		Acft N# / Acft S/N	Date Open	Date Closed
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			
		P/N:	S/N:			

Form MHI 001 07/01/2013

Instructions: Part 145 Work Order Log

This form will be used to log work on aircraft and articles. The Quality Assurance Department will initiate work orders. After the work order is closed, the QA Department completes the closed date. Complete the fields as follows:

W.O.#	Fill-in the work order number
Customer	Enter the customer's name
Component Info	
P/N:	For an article, enter the article's part number or assembly part number; for aircraft, leave blank
S/N:	For an article, enter the article's S/N or assembly S/N; for aircraft, leave blank.
Job Description	Enter the job description from the discrepancy on the Component record tag, or an abbreviated version from the SOW for an aircraft
Aircraft N#	For an aircraft, enter aircraft registration number. For an article, enter the registration number of the aircraft from which the article was removed.
Aircraft S/N	Enter serial number of the aircraft from which the article was removed as shown on the Component record tag.
Date Open	Enter date the work order was opened (when the preliminary inspection was performed).
Date Closed	Enter date the work order was closed (when article or aircraft returned to service or was rejected).

4.2 Work Order Cover Sheet – FORM MHI 002

QTY.	PART NO.	DESCRIPTION	PRICE	TOTAL

WORK ORDER

Maritime Helicopters, Inc.

3520 F.A.A. Road, Homer, Alaska 99603
Phone (907) 235-7771 • FAX No. (907) 235-7773
FAA Repair Station No. ENRR619D

W.O. # 2654

START

NAME			COMPLETE	
ADDRESS		PHONE	LABOR	RATE
CITY	STATE	MAKE & MODEL	SERIAL NO.	REG. NO. N
AIRCRAFT T.T.	RIN	ENGINE T.T.	CYCLES	HOBBS

LABOR		
PARTS		
OUTSIDE REPAIRS		
GAS		
OIL		
SHIPPING		
TAX		
GRAND TOTAL		

Not responsible for loss or damage to aircraft or articles left in aircraft in case of fire, theft or any other cause beyond our control.

QUAN.	GAL. GAS @	
	QTS. OIL @	

I hereby authorize the above work to be done with the necessary material and hereby grant you and/or your employees permission to operate this aircraft locally by a certificated representative of your Service Department for the purpose of flight testing and/or inspection. An express mechanic's lien is hereby acknowledged on the above aircraft to secure the amount of repairs thereto.

AUTHORIZED AND CONDITIONS AGREED TO AS STATED ABOVE

BY _____ DATE _____

Form 002 07/01/2013

Instructions: Work Order Cover Sheet

This form shall be utilized to document the aircraft information and work to be performed. Complete the fields as follows:

Date W.O. Opened	Date the work order was opened
Customer Name	Customer's name
Date W.O. Closed	Date the work order was closed
Address	Street address of company
Phone	Contact phone number
Labor	Total mechanic hours
Rate	Agreed upon shop rate
City & State	City & state of customer address
Make & Model	For example, 'Bell 407'
Serial #	For the aircraft, refer to the SOW. For an article, refer to the serviceability tag and enter the S/N of the aircraft from which the article was removed or the article's S/N..
N#	For the aircraft, refer to the SOW. For an article, refer to the serviceability tag. Enter N# of the aircraft from which the article was removed.
Total Time	The total time for an aircraft. For an article, the aircraft's total flight time at time of removal.
RIN	Fill in cycles, landings, or flights for articles or assembly (as applicable)
Engine TT	Total time of aircraft engine
Cycles / Starts	Engine/prop can be found on serviceability tag, status report, or logbook.
Hobbs	Total Hobbs tine from aircraft meter
Total Landings	For the aircraft and for an article, enter the total aircraft landings at time of removal (if applicable)

COMPONENTS

Name	Common abbreviations are acceptable (i.e. M/R, T/R, G/B, Assy, etc.)
Part #	Part number of the article from serviceability tag. If there are multiple articles, write "See below" and list the part numbers with each specific article in the Job Description.
Serial #	Serial number of the article from serviceability tag. If there are multiple articles, write "See below", list the serial numbers with each specific article in the job description.
Total Time/TSO	Applicable total time (since new) of the article or time since overhaul. If there are multiple articles, write "See below", list the times with each specific article in the job description.

JOB DESCRIPTION

Item No.	For sequential itemization of different jobs (i.e. multiple articles: #1,#2,#3, etc.).
Description	Fill in the job description from the discrepancy on the Component record tag or an abbreviated version from the TSD or SOW for an aircraft. For more than one article, include the P/N, S/N, Name and applicable TSN/TSO times.

INSPECTIONS

Preliminary	A preliminary inspection **MUST BE PERFORMED** on any aircraft or article prior to maintenance being performed. Initials in this box stating an inspection was performed. If a preliminary discrepancy(s) was/were found, write up discrepancies(s) were found in box.
Hidden Damage	The QA inspector shall write up any hidden damage if found. If no hidden damage is found, write "N/A" for any hidden.
Continuity	QA Inspector initials. “See Attached” - continuity forms were used; “No” if continuity forms were not used.
Maintenance Final	Shall be initialed by the assigned Lead or Supervisor upon completion of work performed.
QA Final	The QA inspector shall acknowledge that the work order has had a final review prior to being closed and write in that statement.

MAINTENANCE RELEASE

Work Order No.	Write the work order number
Date	Enter the date the aircraft or article is returned to service
Signed	Authorized QA inspector signs prior to returning the aircraft or article to service.
Address	Fill in the appropriate address and CRS number of the MHI operated repair station returning the article to service.
FAA CRS #	Enter the CRS Number.

4.3 Repairable Parts Tag – Form MHI 004

Instructions: Repairable Parts Tag

This tag shall be utilized to record the information of a repairable article. It is initiated by a mechanic. It will remain with the article until the article is rejected or made serviceable.

Date	Date of removal.
Part Name	Part name.
Part No.	Part number.
Serial No.	Part serial number.
Total Time	Total time of part.
TSO	If applicable.
RIN	If applicable.
CYC	If applicable.
Aircraft N#	Aircraft registration number.
TT	If applicable.
Remarks	Information of why the part is repairable.
Signature	Signature required of the QA inspector or the mechanic initiating the tag.
Cert Type & No	Enter the applicable repair station number if signing for the MHI repair station.

4.4 *Part 145 Work Sheet – FORM MHI 005*

Sample: Maintenance Discrepancy and Work Record

Maritime Helicopters

MAINTENANCE DISCREPANCY AND WORK RECORD

REGISTRATION NUMBER N	AIRCRAFT MODEL	LOCATION	WORK ORDER #	PAGE	OF

ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
			Corrected By Signature:	Certificate:	Final Insp.	Date
Discovered By:						
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
			Corrected By Signature:	Certificate:	Final Insp.	Date
Discovered By:						
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
			Corrected By Signature:	Certificate:	Final Insp.	Date
Discovered By:						
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
			Corrected By Signature:	Certificate:	Final Insp.	Date
Discovered By:						
ITEM NO.	DATE DISCOVERED	A/C TOTAL TIME	S/N OFF	S/N On	Pre Insp.	In Progress Insp.
Description of Discrepancy			Description of Corrective Action			
			Corrected By Signature:	Certificate:	Final Insp.	Date
Discovered By:						

Instructions: Maintenance Discrepancy and Work Record

This form shall be utilized to document discrepancies and corrective actions. Upon completion, this form will become part of the work order package.

Aircraft No.	Enter aircraft registration number.
Aircraft Model	For example, 'Bell 407'
Location	Where maintenance is being performed at
Work Order No	Found at the top of the form 5087
Page No.	Page number if multiple pages are used.
Item #	Item # for sequential itemization of different tasks to be performed (i.e. for multiple steps: #1, #2, #3, etc.).
Date discovered	The person that entered the discrepancy must input date of the entry.
Acft TT	Aircraft total current airframe time
Description	Use this space to describe the removal or discrepancy.
Corrective Action	State the installation/corrective action within the section provided. References must satisfy requirements per CFR 14 § 43.13. i.e. M.M, dwg, ICA.
Discovered by	Mechanic who found the discrepancy will enter their initials
Corrective by signature	The mechanic that entered the corrective action will enter their initials.
Certificate	Mechanics certificate number (may be Repair Station number)
Final Insp	QA inspector will enter their initials if all work has been completed satisfactorily.
In progress inspection	If item is being inspected as part of a larger assembly

4.5 Serviceable Parts Tag – FORM MHI 006

SERVICEABLE PARTS TAG

W.O. #

Nomenclature _____ Date _____

P/N _____ S/N _____

TSO _____ TT _____

Mechanic _____ Inspector _____

INSTALLATION INFO

P.O. #

A/C # _____ Date _____

A/C TT _____ Position _____

Mechanic _____ Inspector _____

MARITIME HELICOPTERS, INC.
3520 FAA ROAD, HOMER, ALASKA 99603
FAA REPAIR STATION # ENRR-619D

MAINTENANCE RELEASE

The aircraft, engine or component identified on front of tag was repaired and inspected in accordance with current regulations of the Federal Aviation Administration and is approved for return to service. Pertinent details of the repair are on file at this repair station under

W.O. # _____ Date _____

Signed _____

MARITIME HELICOPTERS, INC.
3520 FAA ROAD, HOMER, ALASKA 99603
FAA REPAIR STATION # ENRR-619D

OVERHAUL AGENCY

New

Overhaul

Repair

Cont. Service

Functional Test

Other

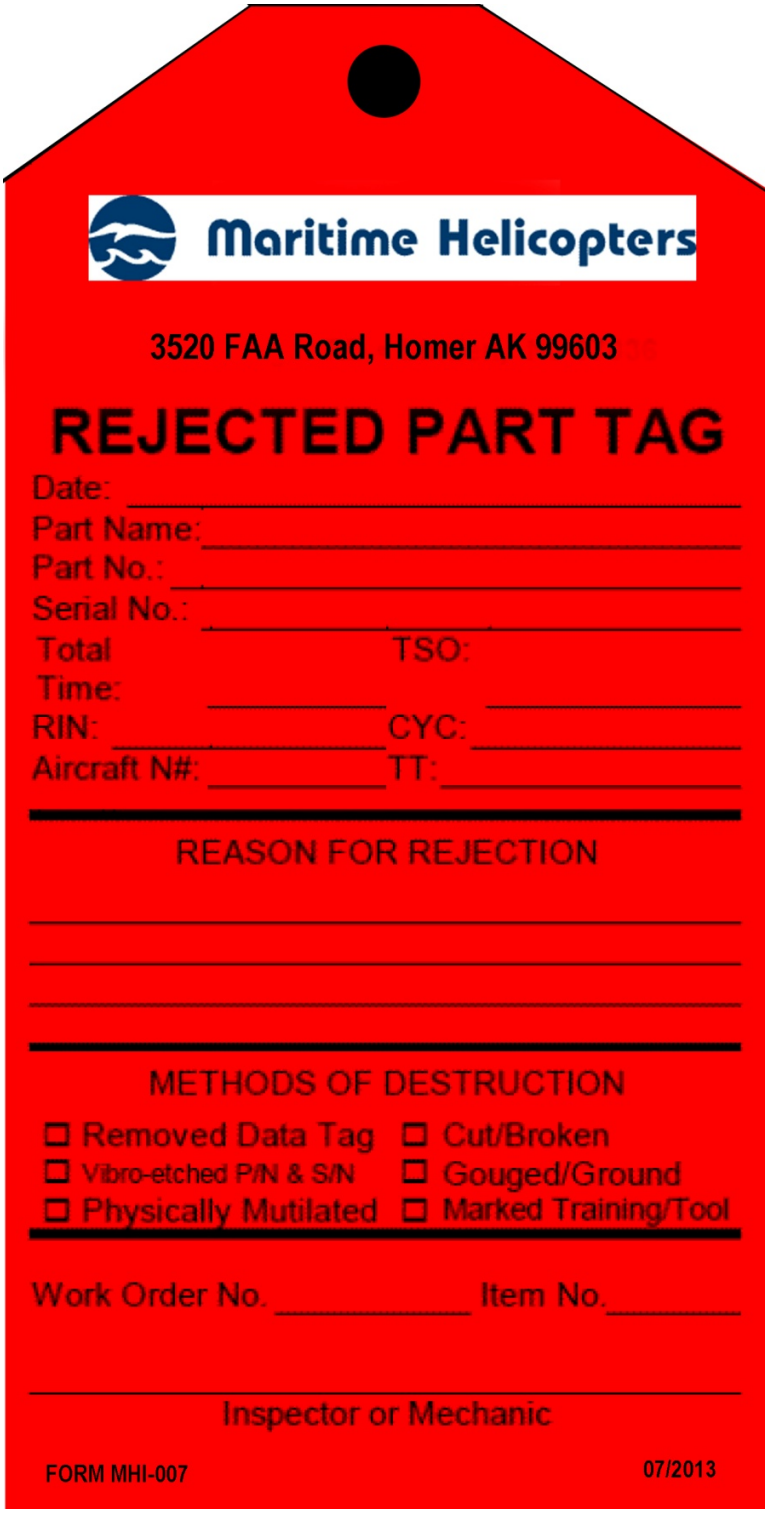
MHI
P.O. # _____

Instructions: Serviceable Parts Tag

This tag shall be utilized to record the information of a serviceable article. It is initiated by a mechanic. It will remain with the article is installed.

Nomenclature	Part name.
Date	Date of serviceability.
Part No.	Part number.
Serial No.	Part serial number.
TSO	Time Since Overhaul if applicable.
Total Time	Total time of part. Also enter a RIN count if applicable
Mechanic	Signature required of the mechanic removed the part.
Inspector	Signature required of the QA inspector or the mechanic condemning the part.
INSTALLATION INFO	
Aircraft N#	Aircraft registration number.
Date	Date of installation.
Acft TT	Current aircraft airframe total time
Position	I.e. L/H, Upper, etc.
Mechanic	Installing mechanic name
Inspector	Installation Inspector
MAINTENANCE RELEASE	
W.O #	Work Order number (if applicable)
Date	Date of Release.
Signed	Signature of releasing inspector
OVERHAUL AGENCY	
	Circle status of part. i.e., new, overhauled, repaired, etc.
MHI PO#	Enter MHI Purchase Order number

4.6 Rejected Part Tag – Form 0007

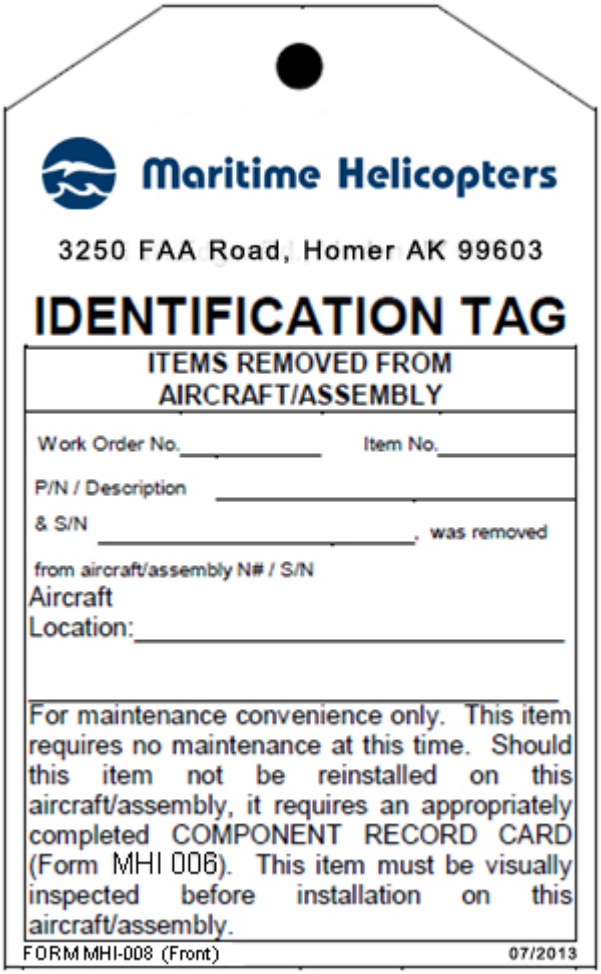


Instructions: Rejected Part Tag

This tag shall be utilized to record the information of a rejected article. It is initiated by a mechanic. It will remain with the article until the article is destroyed or mutilated.

Date	Date of rejection.
Part Name	Part name.
Part No.	Part number.
Serial No.	Part serial number.
Total Time	Total time of part.
TSO	If applicable.
RIN	If applicable.
CYC	If applicable.
Aircraft N#	Aircraft registration number.
TT	If applicable.
Reason	The reason for rejection must include a detailed explanation of why the part is not serviceable.
Methods Destr.	Record methods used to render the part un-usable. Prior to destruction, ensure parts are not to be returned to the owner.
Work Order No	Work order number.
Item No	Discrepancy item in the work order originally rejecting the part.
Inspector/Mech	Signature required of the QA inspector or the mechanic condemning the part.
Cert Type & No	Enter the applicable repair station number if signing for an HFS operated repair station.

4.7 Identification Tag - FORM MHI 008



Maritime Helicopters

3250 FAA Road, Homer AK 99603

IDENTIFICATION TAG

ITEMS REMOVED FROM AIRCRAFT/ASSEMBLY

Work Order No._____ Item No._____

P/N / Description _____

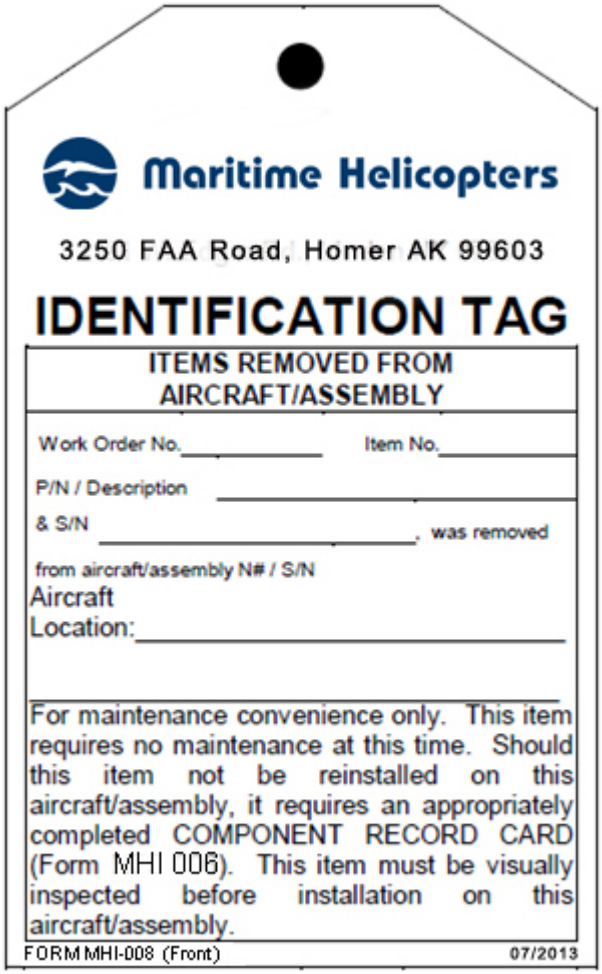
& S/N _____, was removed

from aircraft/assembly N# / S/N

Aircraft Location:_____

For maintenance convenience only. This item requires no maintenance at this time. Should this item not be reinstalled on this aircraft/assembly, it requires an appropriately completed COMPONENT RECORD CARD (Form MHI 006). This item must be visually inspected before installation on this aircraft/assembly.

FORM MHI-008 (Front) 07/2013



Maritime Helicopters

3250 FAA Road, Homer AK 99603

IDENTIFICATION TAG

ITEMS REMOVED FROM AIRCRAFT/ASSEMBLY

Work Order No._____ Item No._____

P/N / Description _____

& S/N _____, was removed

from aircraft/assembly N# / S/N

Aircraft Location:_____

For maintenance convenience only. This item requires no maintenance at this time. Should this item not be reinstalled on this aircraft/assembly, it requires an appropriately completed COMPONENT RECORD CARD (Form MHI 006). This item must be visually inspected before installation on this aircraft/assembly.

FORM MHI-008 (Front) 07/2013

Instructions: White Identification Tags

This tag shall be utilized to identify articles or shelving/storage units as required. It is initiated by a mechanic. This tag may be discarded when the component(s) is reinstalled on the same aircraft or identification tag is replaced by a component record card (form MHI 006).

Work Order No.	Enter work order No. from applicable form MHI 002.
Item No.	Enter discrepancy item number from form MHI 005.
P/N Description	Enter part number of article and describe.
& S/N	Enter article serial number.
Removed from N#/S/N	Enter next higher assembly information.

Side One: ITEMS REMOVED FROM AIRCRAFT / ASSEMBLY

With the information on this side completed, the tag shall be attached to indicate a serviceable article's removal from an aircraft "for maintenance convenience only". This shall be attached to the individual item. Should the individual articles labeled with an "Identification Tag," form MHI 008, require any maintenance, a green routing tag, form MHI 009 will be completed as well as a work order discrepancy card entry on form MHI 005. If the removed article is not to be reinstalled on the original aircraft, it requires the article to be tagged with a component record tag (form MHI 006).

NOTE: No item removed and tagged with a white Identification Tag, form MHI 008 will be reinstalled unless the item is deemed "serviceable" by an appropriately rated mechanic.

Side Two: ALL ITEMS PLACED ON OR IN THIS STORAGE UNIT SIDE

With the information on this side completed, the tag shall be utilized to identify shelves, racks and containers.

In the case of cabin interiors (seats, upholstery, etc.), empennage or fuselage cowls, inspection/access panels, hardware, and other similar items, such parts must be serviceable and will be segregated on shelves, racks or in containers labeled as appropriate with one identification tag.

4.8 Routing Tag – FORM MHI 009

Instructions: Green Routing Tag

This tag shall be utilized when an article is removed from the aircraft, article, storage rack, or shelf for maintenance or alteration under the work order. It is initiated by a mechanic. Upon completion of the inspection, this tag will be destroyed by the QA inspector. Complete the fields as follows:

Work Order #	Work order number.
Section #	Section number (of the aircraft work order).
Item #	Discrepancy number as found on the form MHI 005 discrepancy card.

4.9 Non Destructive Testing Parts Tag – FORM MHI 010

Instructions: Non Destructive Testing Parts Tag

This tag is used to identify articles leaving an MHI repair station for non-destructive testing. It is initiated by a mechanic. After work is performed by the vendor this form is no longer required for the work order package.

WO #	Assigned work Order number from form MHI 002.
N#	Aircraft's registration number.
Name	The given nomenclature/name of the article (i.e. "Sun Gear").
P/N	Part number of the article.
S/N	Serial number of the article. If there is no serial number use "NA".
MPI	X on line indicating if a magnetic particle inspection is required.
FPI	X on line indicating if a fluorescent penetrant inspection is required.

4.10 NDT Inventory Log – FORM MHI 011

NDT Inventory Log

MHI W/O #: WBS: R.O:
A/C TYPE:
A/C N#:
A/C S.N:
A/C T.T.:

Date: Assembly: P/N: S/N:

MAGNETIC PARTICLE AND FLUORESCENT PENETRANT INSPECTIONS					
Qty	Nomenclature	Part Number	Serial Number	MPI	FPI

Performed By: ____

Work Order #: ____

Accepted By: ____

NOTES:

Received By: _____________

Inspected By: _____________

Date: ____________________

FORM MHI 011 07/01/13

Instructions: Non Destructive Testing (NDT) Inventory Log

This form is an inventory log of articles sent for non-destructive testing. It is initiated by a mechanic. It will be archived with the work order package.

Note: Leave no blanks – use 'N/A' if not required or not applicable.

W/O #	Work order number assigned on form MHI 002
A/C Type	Aircraft type (i.e. "Bell 407").
A/C N#	Aircraft's registration number.
A/C S/N	Aircraft's serial number.
A/C T.T.	Aircraft's total time.
Date	Date the form was initiated.
Assembly	Higher assembly's nomenclature, if applicable (i.e. "Main Transmission").
S/N	Serial number of the higher assembly, if applicable.
Qty	Number/quantity of pieces for the given article.
Nomenclature	Given nomenclature of the article (i.e. "Sun Gear").
Part Number	Enter the part number of the article.
Serial Number	Enter the serial number of the article. If there no serial number, use "NSN" ("No Serial Number").
MPI	"X" in the appropriate box if this type of inspection is required for the article.
FPI	"X" in the appropriate box if this type of inspection is required for the article.
Performed By	*For vendor use only.*
Work Order #	*For vendor use only.*
Accepted By	*For vendor use only.*
Notes	Use this space to note anything unusual or noteworthy. If no notes, enter "N/A".
Received, Inspected By	Individual(s) receiving and inspecting the article must sign/date here.

4.11 Receiving Inspection Log – FORM MHI 012

Maritime Helicopters

RECEIVING INSPECTION LOG

DATE RCVD	PO#	PART#	SERIAL#	QTY	DESCRIPTION	SHELF LIFE YES	SHELF LIFE NO	MAINT RELEASE YES	MAINT RELEASE NO	VENDOR	INSP INITIAL	VIA

Instructions: Receiving Inspection Log

This form provides a record of articles received into the repair station. It is initiated by an incoming/receiving Inspector. The form is to be archived in the incoming and receiving area.

Date Received	Supplying vendor name as stated on invoice.
PO#	PO number as stated on invoice.
Part #	Number of part.
Serial #	Serial number affixed to part.
QTY	Total number of parts received as stated on invoice.
Description	As stated on invoice.
Shelf Life	Indicate YES or NO whether shelf life is limited.
Maint Release	Indicate YES or NO whether maintenance release was supplied with unit.
Vendor	Name of company supplying the parts.
Insp Initial	Initials of incoming and receiving inspector completing the inspection.
Pickup	Initials of mechanic or individual receiving or picking up the part from the receiving area after the completion of the Incoming Inspection.

4.12 Shelf Life Audit – FORM MHI 013

Section One: Shelf Life Audit Information			
Date	Name	Initials	Results
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Instructions: Shelf Life Audit Sheet

This form documents that an audit of shelf life items in the storage unit was performed. It will be initiated by the person responsible for monitoring MHI operated repair station shelf life products. Shelf Life audits are to be conducted by the end of each month. This form will be discarded upon initiation of a new, annual form.

Date Day the audit is accomplished for the appropriate month.

Name Printed name of individual performing the audit.

Initials Individual's initials.

Results Brief description of results.

4.13 Summary of Employment – FORM MHI 016

Name:_____

Scope of Assignment: Maritime Helicopters Maintenance

Present Title:_____

Years experience in this type work:_____

Past employment record: (at least 5 years)

From:	To:	Place:	Type of Work	Position

Authorized to sign: All Inspections & Maintenance per MHI Inspection Procedures Manual

Type and number of FAA Certificate(s) now held:

1. _____

2. _____

3. _____

Instructions: Summary of Employment

This form shall be utilized to capture information required by Title 14 CFR §145.161(a)(4) for management, supervisory, inspection, and return to service personnel. For all other repair station positions, this is optional. This shall be maintained by the Chief Inspector during the individual's period of employment.

Employee Name	Name
Scope	Define scope of present employment.
Employee Title	Title
Experience	Number of years in this type of work
Past Employment	Enter past 5 years of experience
Dates of Employ	Dates of previous employment
Type of Mntn Performed	Types of maintenance work performed (attach add'l sheets)
Type FAA Certification	FAA Certificates currently held (A&P, IA, Repairman, etc.)
Cert Number	Certification Numbers

4.14 Capabilities Self Evaluation Checklist – FORM 017

Maritime Helicopters

CAPABILITY LIST SELF EVALUATION CHECKLIST

NOTE: This checklist shall be completed when an aircraft or article is considered for addition to the Capability List. Any deficiencies found during the self-evaluation must be corrected before the article can be added to the Capability List the individual conducting the self-evaluation must record the results and report them to the Chief Inspector for review and approval. Completed form's will be maintained in the Chief Inspector's office and maintained for two (2) years. Use additional sheets and/or attach any notes/photos/etc. as applicable.

Personnel Requirements for Individuals Conducting Self Evaluations Checklist:

A. Individuals performing this self-evaluation required under 14 CFR 145.2159c) should have the following qualifications:

I. Experience with performing evaluations and conducting audits
II. An understanding of the requirements of 14 CFR Part 145
III. Knowledge of the maintenance requirements for the particular make/model of article to be added to the list.
IV. An understanding of MHI Repair Station facilities, operations and manuals

B. Description of addition being evaluated: _____

Accomplish the following:	**Yes**	**No**	**N/A**
1. Is article being considered within the scope and ratings of MHI's FAA Air Agency Certificate and associated Operations Specifications?			
2. Does MHI possess adequate housing and facilities required pertaining to the article being considered?			
3. Does MHI possess the recommended tools, equipment and materials required pertaining to the article being considered?			
4. Does MHI posses (if applicable) the special processes required pertaining to the article being considered?			
5. Does FMS possess sufficient properly trained and qualified personnel required pertaining to the article being considered?			

Notes: _____

_____

Signature: _____ Date: _____

Form MHI 017 07/01/3013

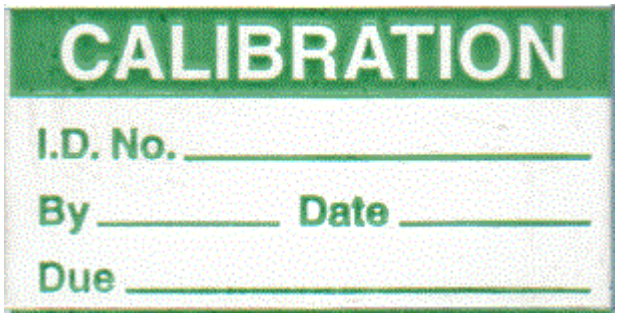
Instructions: Capabilities Self Evaluation Checklist

This form shall be utilized for the purposes of performing a self-evaluation prior to modifying the Repair Station Capabilities List. This self-evaluation shall also be utilized for the purpose of performing an annual review of the capabilities. Attachments may be utilized if needed for additional information.

Evaluation is to	Indicate the nature of the Self Evaluation (Add, Delete, Modify an existing capability, or perform an Annual Review).
Manufacture	Self Explanatory
Model Number	Enter manufactures model number. If there is no model number then enter N/A.
Part Name	Enter the manufacturers name for the part or assembly. If capability is not part number specific then enter N/A.
Part Number	Enter the manufactures specific part or assembly number. If capability is not part number specific then enter N/A.
Capability to be Performed	Enter the applicable Capability to be performed
FAA Ratings Affected	Enter the applicable FAA Ratings that are affected by this evaluation.
Manufacturers Documentation	The documentation required per CFR §145.109(d) shall be verified as accessible and current. The required manufactures manuals shall be entered within the chart once verified. Access to manufactures Service Bulletins (SB) and FAA Airworthiness Directives (AD) once verified shall be entered into chart. This entry need not list each individual SB or AD but may be entered as a single line entry such as "Bell Helicopter Canada BH-407 Service Bulletins" or "FAA Airworthiness Directives"
Manual Review	Perform a review of the Repair Station Manual System and verify if this request requires any revisions to be made. Any revisions required must be in place prior to performing the requested functions. Indicate *Yes*/*No*.
Equipment, Tools, Materials, Facilities, And Processes	The required manufactures tooling, equipment and materials shall be verified as onsite or readily accessible. If equivalent tooling is to be utilized, It must have an equivalency evaluation performed prior. Calibration requirements must be verified as current. Verify if adequate facilities are available per CFR §145.103. Verify if any Special Processes are required, and if so does the repair station have the ability to either perform those processes or have it complied with by an outside entity. Indicate *Yes*/*No*.
Trained Personnel/	Verify if there is adequate trained maintenance, inspection, and supervisory

Supervisory Staff	personnel available. Verification may include: documented training, OJT, or experience. All trained individuals or supervisors are not required to be entered on the chart, only the minimum needed to perform the capabilities requested.
Approvals/Denials	Check as applicable: Approved, Deleted, Annual Review Completed, or Denied.
Approval	Upon review of the findings of this evaluation checklist, the Part 145 Accountable Manager and the Chief Inspector, or their designee, shall sign.

4.15 Calibration Sticker (sample) – FORM MHI 018



Instructions: Calibration Sticker

This is used as a replacement sticker on a calibrated tool in the event the original sticker is lost or damaged. The wording and size of information might vary in order to fit the necessary information on the sticker and too. This sticker is to remain on the calibrated tool until the tool is recalibrated.

ID Number	Enter I.D. No. of the tool (Either model number or S/N)
By	Initials of person performing the calibration
Date	Enter date of calibration
Date due	Enter tool re-calibration due date

4.16 Tool Calibration

Description	Owner	Part Number	Serial Number	Service Life	Date Inspected	Date Due

Instructions: Tool Calibration

This is used as a replacement sticker on a calibrated tool in the event the original sticker is lost or damaged. The wording and size of information might vary in order to fit the necessary information on the sticker and too. This sticker is to remain on the calibrated tool until the tool is recalibrated.

Description	Enter the name of the tool
Owner	Enter company or mechanics name
Model	Enter tool manufacturer's model number
P/N	Enter tool part number
S/N	Enter serial number of tool
Date Inspected	Enter date tool was inspected
Date due	Enter tool re-calibration due date

4.17 Revision Notice Acknowledgement Form MHI 019

Maritime Helicopters

REVISION NOTICE ACKNOWLEDGEMENT

HARD COPY MANUAL REVISION ACKNOWLEDEMENT AND INCORPORATION

_____

Name of Manual Being Revised

Revision No: _____has been incorporated in

Manual No: _____on this date: _____

I have reviewed this revision and understand its content.

Print name: _____

Manual Holder

Signed: _____

Manual Holder

ELECTRONIC REVISION ACKNOWLEDGEMENT

I have reviewed and understand the content of Revision: _____

to the _____

Date content reviewed: _____

Print Name: _____

Manual Holder

Signed: _____

Manual Holder

Complete either the upper or lower portion of this form as applicable.

This Acknowledgement shall be returned to the Part 145 Floor Manager

no later than (5) working days.

Form MHI 019 07/01/2013

Instructions for completion of Revision Notice Acknowledgement Form MHI 019:

1. Name of manual being revised (i.e. Repair Station Manual, Quality Control Manual, etc.)
2. Revision number (i.e. 01, 03, etc.)
3. Manual number of assigned holder
4. Date that manual was revised and content reviewed
5. Printed name of manual holder (i.e. John Doe, etc.)
6. Signature of individual indicating that revision was completed, and content reviewed and understood
7. When an electronic manual revision is performed, enter the applicable Revision number
8. Name of affected manual that was revised (i.e. Repair Station Manual, Quality Control Manual, etc.)
9. Date that content of revision was reviewed
10. Printed name of manual holder (i.e. John Doe, etc.)
11. Signature of individual indicating that content of revision was reviewed and understood
12. Name of manual being requested for proposed revision (i.e. Repair Station Manual, Quality Control Manual, etc.)
13. Section of applicable manual where proposed revision is being suggested
14. Page number of applicable manual where proposed revision is being suggested
15. Describe details and content of proposed revision
16. Name of individual that is requesting the proposed revision
17. Phone contact information of individual that is requesting the proposed revision
18. Details of the disposition provided by the Chief Inspector in regards to the proposed revision
19. Once the disposition has been completed, the Chief Inspector will sign and enter date

4.18 Master Manual Distribution List - Form MHI 020

Maritime Helicopters

MASTER MANUAL DISTRIBUTION LIST

Name of Individual	Assigned Manual	Manual Number	Date MHI Revision Notice / Acknowledgement (Form MHI 019) Received
Page Number_____(attach additional pages as necessary)			

MHI 020 07/01/2013

Instructions for completion of Master Manual Distribution List Form MHI 020:

1. Name of individual (i.e. John Doe, etc.) that manual is assigned to
2. Nomenclature of assigned manual (i.e. Repair Station Manual, Quality Control Manual, etc.)
3. Manual number (i.e. 01, 02, 03, etc.)
4. Revision number of manual (i.e. Original, 01, 02, 03, etc.)
5. Date that completed Revision Notice / Acknowledgment (Form TL-0003) was received
6. Enter page number

4.19 Mechanic Signature/Initial Roster Form MHI 021

Maritime Helicopters

Mechanic Signature Sheet

The following mechanic(s) performed maintenance during this inspection:

Printed Name	Certificate Number	Signature	Initials

Attach this sheet to the Work Order or inspection being performed. ALL mechanics that performed maintenance, preventative maintenance and/or any approved alteration on the aircraft MUST fill out this sheet.

Aircraft N#_____

ACFTT_____

W.O # _____

Date Started_____

Date Finished_____

NOTES:_____

Form MHI 021 07/01/13

4.20 Altimeter 24 Month Checklist Form MHI 022

ITEM No.	Altimeter Appendix E (91.411)						INSPECT DATE
N#_____ Model #_____ S/N #_____ W.O.#_____ Date _____ Equip Model _____ S/N _____							
	NOTE: Appropriate Manufactures Maintenance Manuals will be used during any inspection of unfamiliar systems on the aircraft.						
1	Ensure the Pitot/Static system is free from entrapped moisture and restrictions. Drain system prior to test if applicable.						
2	Check operation of pitot tube and/or static port heaters if installed						
3	Ensure no alterations or deformations of the airframe surface have been made that would affect the relationship between air pressure in the static pressure system and true ambient static air pressure for any flight condition.						
4	Set the Altimeter on the test set and the aircraft to 29.92 and note indicated altitude. Record indicated Altitude: **A) Test Set Altimeter:_____ B) Aircraft Altimeter: L_____ R_____**						
5 Scale Error Check NOTE: ITEMS 1-5 WILL BE UTILIZED WHEN PERFORMING A DATA CORRE-SPONDANCE TEST (APPENDIX E, para c)	Bring the test set to each of the following test points Let stabilize for at least one minute but not more than 10. Enter the aircraft altimeter indication and calculate error. This error must not exceed the max tolerance.						
	TEST SET ALTITUDE	MAX TOLERANCE	AIRCRAFT INDICATED ALT		ERROR		NOTE: CASE LEAK AT 18,000 FEET FOR 1 MIN. NOT TO EXCEED 30 FEET CASE LEAK ____Feet
	-1000	20	L	R	L	R	
	0	20	L	R	L	R	
	500	20	L	R	L	R	
	1000	20	L	R	L	R	
	1500	25	L	R	L	R	
	2000	30	L	R	L	R	
	3000	30	L	R	L	R	
	4000	35	L	R	L	R	
	6000	40	L	R	L	R	
	8000	60	L	R	L	R	
	10,000	80	L	R	L	R	
	12,000	90	L	R	L	R	
	14,000	100	L	R	L	R	
	16,000	110	L	R	L	R	
	18,000	120	L	R	L	R	
	20,000	130	L	R	L	R	
	22,000	140	L	R	L	R	
	25,000	155	L	R	L	R	
	30,000	180	L	R	L	R	
	35,000	205	L	R	L	R	
	40,000	230	L	R	L	R	
	45,000	255	L	R	L	R	
	50,000	280	L	R	L	R	

<table>
<tr><th>ITEM No.</th><th>Altimeter Appendix E (91.411)</th><th>INSPECT DATE</th></tr>
<tr><td>6
Hysteresis</td><td>From max altitude test point, rapidly decrease attitude at the max rate of descent of the aircraft VSI until within 3000 ft of the first test point (50% of the max altitude tested) then approach the test point at the approximately 3000 ft/min.
Stabilize 5 minutes (max 75' diff from item 5)
Aircraft Alt Reads: Left:_____ Right:_____</td><td></td></tr>
<tr><td></td><td>Rapidly decresse attitude at approximately 3000 ft/min to the second test point. (40% of max altitude tested) Stabilize one (1) minute:
Aircraft Alt Reads: Left:_____ Right:_____ (max 75' diff from item 5)</td><td></td></tr>
<tr><td>7
After Effect</td><td>Not more than 5 minutes after completion of Step 6, equalize pressure to ambient pressure. Record altitude. (Max difference is 30' from item 4, B)
Aircraft Alt Reads: Left:_____ Right:_____</td><td></td></tr>
<tr><td></td><td>Increase altitude at 750 feet per minute to each of the altitudes listed below. While still increasing altitude, tap on the panel next to the altimeter and note the amount the needle jumps, enter below
<table>
<tr><th>Altitude</th><th>Tolerance</th><th colspan="2">Enter change in reading of pointer</th></tr>
<tr><td>1000</td><td>70</td><td>L</td><td>R</td></tr>
<tr><td>2000</td><td>70</td><td>L</td><td>R</td></tr>
<tr><td>3000</td><td>70</td><td>L</td><td>R</td></tr>
<tr><td>5000</td><td>70</td><td>L</td><td>R</td></tr>
<tr><td>10,000</td><td>80</td><td>L</td><td>R</td></tr>
<tr><td>15,000</td><td>90</td><td>L</td><td>R</td></tr>
<tr><td>20,000</td><td>100</td><td>L</td><td>R</td></tr>
<tr><td>25,000</td><td>120</td><td>L</td><td>R</td></tr>
<tr><td>30,000</td><td>140</td><td>L</td><td>R</td></tr>
<tr><td>35,000</td><td>60</td><td>L</td><td>R</td></tr>
<tr><td>40,000</td><td>180</td><td>L</td><td>R</td></tr>
</table></td><td></td></tr>
<tr><td>9
Baro-Metric Scale Error</td><td>A) Begin at 29.92 on the test set and the aircraft:
Test Set Altimeter:_____ Aircraft Altimeter: L_____ R_____
B) Turn the Barometric pressure knob to the listed pressures in column i
C) Record the actual indicated altitude of the aircrafts altimeter in column iii
D) Calculate the difference between the starting altitude recorded in 9, A and the indicated altitude of the required check point. Record actual diff. in column iv.
<table>
<tr><th>i) Pressure</th><th>ii) Alt Diff</th><th>iii) Ind. Alt</th><th colspan="2">iv) Actual Diff (MAX 25)</th></tr>
<tr><td>28.10</td><td>-1,727</td><td></td><td>L</td><td>R</td></tr>
<tr><td>28.50</td><td>-1,340</td><td></td><td>L</td><td>R</td></tr>
<tr><td>29.00</td><td>-863</td><td></td><td>L</td><td>R</td></tr>
<tr><td>29.50</td><td>-392</td><td></td><td>L</td><td>R</td></tr>
<tr><td>29.92</td><td>0</td><td></td><td>L</td><td>R</td></tr>
<tr><td>30.50</td><td>+531</td><td></td><td>L</td><td>R</td></tr>
<tr><td>30.90</td><td>+893</td><td></td><td>L</td><td>R</td></tr>
<tr><td>30.99</td><td>+074</td><td></td><td>L</td><td>R</td></tr>
</table></td><td></td></tr>
<tr><td>10</td><td>Altimeters which are air data computer type with associated systems may be tested I/A/W the manufacturers spec that are FAA approved</td><td></td></tr>
</table>

4.21 Transponder 24 Month Checklist Form MHI 023

Appendix F to Part 43—ATC Transponder Tests and Inspections

The ATC transponder tests required by §91.413 of this chapter may be conducted using a bench check or portable test equipment and must meet the requirements prescribed in paragraphs (a) through (j) of this appendix. If portable test equipment with appropriate coupling to the aircraft antenna system is used, operate the test equipment for ATCRBS transponders at a nominal rate of 235 interrogations per second to avoid possible ATCRBS interference. Operate the test equipment at a nominal rate of 50 Mode S interrogations per second for Mode S. An additional 3 dB loss is allowed to compensate for antenna coupling errors during receiver sensitivity measurements conducted in accordance with paragraph (c)(1) when using portable test equipment.

(Enter P for pass, F for fail, or NA for not applicable in XPDR #1 or XPDR #2 Column)

	ATC TRANSPONDER TEST AND INSPECTION 91.413		
N# _____ Model # _____ S/N _____ W.O.#_____ Date _____ Equip Model#_____ S/N _____			
Modes	**Parameter**	**XPDR #1**	**XPDR #2**
A and C	(a) Radio Reply Frequency: (1) For all classes of ATCRBS transponders, interrogate the transponder and verify that the reply frequency is 1090 ±3 Megahertz (MHz). (2) For classes 1B, 2B, and 3B Mode S transponders, interrogate the transponder and verify that the reply frequency is 1090 ±3 MHz. (3) For classes 1B, 2B, and 3B Mode S transponders that incorporate the optional 1090 ±1 MHz reply frequency, interrogate the transponder and verify that the reply frequency is correct. (4) For classes 1A, 2A, 3A, and 4 Mode S transponders, interrogate the transponder and verify that the reply frequency is 1090 ±1 MHz.		
A and C	(b) Suppression: (1% and 90%)		
A and C	(c) Receiver Sensitivity: MTL for Mode S format (P6 type) interrogations is −74 ±3 dbm		
A and C	(d) Radio Frequency (RF) Peak Output Power: (125 or 70 watts)		
S	(e) Mode S Diversity Transmission Channel Isolation: (20db difference)		
S	(f) Mode S Address		
S	(g) Mode S Formats		
S	(h) Mode S All-Call Interrogations		
S	(j) Squitter		

4.22 Repair Station Return to Service Roster - MHI 024

Return to Service Roster (CFR 145.157)					
NAME	**CERT#**	**SIGNATURE**	**INIT**	**DATE AUTHORIZED**	**DATE CANCELLED**

5 TRAINING FORMS

5.1 Training Request Form TR-0003

TRAINING REQUEST

TO: TRAINING MANAGER DATE:_____

TYPE OF TRAINING REQUEESTED _____
_____
_____
_____
_____
_____

DAATE PREFERRED FOR TRAINNG SCHEDULE

FROM:_____ TO:_____

NUMBER OF STUDENTS REQUIRING TRAINING: _____

TRAINING REQUESTED BY: _____
SIGNATURE / DATE

DEPARTMENT HEAD APPROVAL: _____
SIGNATURE / DATE

Form TR-0003 07/01/2013

Instructions for completion of Training Request - Form TR-0003:

1. DATE: Date of the request.
2. TYPE OF TRAINING REQUESTED: Course type required.
3. DATE PREFERRED FOR TRAINING SCHEDULE FROM: Requested time for course to start.
4. DATE PREFERRED FOR TRAINING SCHEDULE TO: Requested time for course to finish.
5. NUMBER OF STUDENTS REQUIRING TRAINING: Number of pupils requiring training.
6. TRAINING REQUESTED BY: Person requesting training course.
7. DEPARTMENT HEAD APPROVAL: Person approving the course request.

5.2 Training Activity Report Form TR-0004

Maritime Helicopters

TRAINING ACTIVITY REPORT

COURSE TITLE:_____COURSE NO._____DATE:_____

CLASSROM START TIME: _____ CLASS HOURS: _____ INSTRUCTOR:_____

PRINT NAME	EMP NO.	TYPE OF CERTIFICATE	CERTIFICATE NUMBER	SIGNATURE	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	TOTAL HRS.	FINAL GRADE

COMMENTS: _____

_____

INSTRUCTOR'S SIGNATURE _____ DATE: _____

Form TR-0004 07/01/2013

Instructions for completion of Training Activity Report Form TR-0004:

1. COURSE TITLE: Title of Course for the activity report.
2. COURSE No: Assigned Course number.
3. DATE: Date of the activity report / date of course.
4. CLASSROOM START TIME: Course beginning time.
5. CLASS HOURS: Hours of course attendance.
6. INSTRUCTOR: Name of Instructor/s.
7. PRINT NAME: Name of course attendee.
8. EMPLOYEE NUMBER: Attendees employee numbers.
9. TYPE OF CERTIFICATE: TBA
10. CERTIFICATE NUMBER: TBA
11. SIGNATURE: Attendees signature.
12. DAY 1 through DAY 5: Hours of course attendance.
13. TOTAL HOURS: Total hours for the 5 day period.
14. FINAL GRADE: Grade awarded.
15. COMMENTS: Instructors comments on class.
16. INSTRUCTOR'S SIGNATURE: Signature of instructor.
17. DATE: Date of course completion.

5.3 Training Verification - Form TR-0005

Maritime Helicopters

TRAINING VERIFICATION

NAME: _____ POSITION: _____ DATE: _____

EMPLOYEE NO: _____ CERT. NO.: _____ LOCATION: _____

TYPE OF TRAINING RECEIVED: _____ CUSTOMER/VENDOR: _____

ON-THE-JOB OTHER

MAINTENANCE INFORMATION LETTEER: (MIL) _____

SPECIFIY: _____

SUBJECT OF TRAINING	TYPE OF ACFT / EQUIPMENT	HOURS	ATA CHAPTER AND SUBCHAPTER

I hereby acknowledge that I have received the training described above.

TRAINEE SIGNATURE: _____ EMPLOYEE NO.: _____

PRINTED NAME: _____

DELEGATED INSTRUCTOR: _____ EMPLOYEE NO.: _____

INSTGRUCTOR SIGNATURE: _____

RREMARKS:

_____

_____

_____

Training administered by: Written Oral Practical

RETURN TO: Training Manager

Form TR-0005 07/01/2013

Instructions for completion of Training Verification Form TR-0005:

1. NAME: Full name of trainee.
2. POSITION: Trainees employment position.
3. DATE: Date of completion of the Training Verification.
4. EMPLOYEE NO.: Employees MHI employment number.
5. CERT. NO.: Employees certificate number, if any.
6. LOCATION: Location where the training took place.
7. TYPE OF TRAINING RECEIVED: Initial / Re-current
8. CUSTOMER: Customer provided training – check box.
9. ON-THE-JOB: OJT training – check box.
10. OTHER: Check box and specify in either 11 or 12.
11. MAINTENANCE INFORMATION LETTER: (MIL) as issued by MHI.
12. SPECIFY: If 10 is checked, specify type of training received.
13. SUBJECT OF TRAINING/ TYPE OF ACFT/ EQUIPMENT: Course name / aircraft /equipment type for training received.
14. HOURS: Course/Training hours expended.
15. ATA CHAPTER AND SUBCHAPTER: ATA chapter and sub chapter content for the course, if applicable.
16. TRAINEE SIGNATURE: Signature of trainee receiving the course.
17. EMPLOYEE NO.: Employee Number of trainee receiving the course.
18. PRINTED NAME: Printed Name of trainee receiving the course.
19. DELEGATED INSTRUCTOR: Print Instructors Name.
20. EMPLOYEE NO.: Instructors MHI employee number, if applicable.
21. INSTRUCTOR SIGNATURE: Instructors signature.
22. REMARKS: Any remarks regarding the course – to be filled out by the instructor.
23. TRAINING ADMINISTERED BY: Check type of instruction technique employed for the course.

5.4 Training Course List - Form TR-0006

Maritime Helicopters

TRAINING COURSE LIST

COURSE NAME	Initial (I) Recurrent (R)	Target Audience	Instructors

The Training Course List TR-0006 will be maintained in the Accountable Managers Office. Add continuation sheets as necessary.

Page_____ of _____

Form TR-0006 07/01/2013

Instructions for completion of Training Course List Form TR-0006:

1. COURSE NAME: Course Name / number assigned to the course.
2. Initial (I), Recurrent (R): Indicates the course periodicity.
3. Target Audience: Course audience suitability, (i.e. Technician, Inspector, Materials Personnel (i.e. Purchaser/Planner, All, etc).
4. Instructors: Assigned instruction provider for the course.
5. Enter page number (i.e. Page 2 of 3)
6. Enter total number of pages (i.e. Page 2 of 3)

5.5 Course-Lesson Information - Form TR-0007

Maritime Helicopters

COURSE-LESSON INFORMATION

The following information is required for each Indoctrination and Recurrent course/lesson.

Course/Lesson Title	
Objectives	
Prerequisites	
Course outline titles of sections	
Required hours or performance outcome for each topic or lesson	
Training material including handouts, manual, tools, or equipment to be used	
Training method(s) (i.e., classroom, OJT, etc.)	
Methods(s) of evaluation	
Notes / Remarks	

Name:_____ Date:_____

Form TR-0007 07/01/2013

Instructions for completion of Course-Lesson Information Form TR-0007:

1. Course/Lesson Title: Enter Course / Lesson Title / Part course number.
2. Objectives: Enter Reason/requirement for the course creation.
3. Prerequisites: Enter any prerequisite required prior to undertaking course.
4. Course outline titles of sections: List multiple section titles.
5. Required hours or performance outcome for each topic or lesson: Instruction hours or achievement % to pass course.
6. List of training materials, (i.e. handouts, manuals, tools or equipment to be trained on).
7. Method of training, (i.e. classroom, OJT, self study, case study, computer based training, distance learning or off site/OEM).
8. Chief Inspector will evaluate all initial training courses as necessary.
9. Enter any Notes/Remarks for comments and or improvements.
10. Name of person initiating course lesson form.
11. Date of form originating.

5.6 Employee Skill Survey - Form TR-0008

Maritime Helicopters

EMPLOYEE SKILL SURVEY

Employee is to complete page 1. Chief Inspector or their respective manager will complete page 2.

Employee Name:_____ Employee Number_____

Job Title:_____Certificate Held: _____

Date Completed: _____

Employment Summaries:

Employer	Job Title/Position(s)	Experience Dates (to/from)		Description of Work Activities

Remarks:

_____

_____

_____

PAGE 1

Form TR-0008 07/01/2013

Evaluator's Name: _____ Employee Number: _____

Oral Interview Required? Yes No Oral Interview Conducted? Yes No Date Conducted: _____

☐ Check to Indicate Employee's Training Record Review Conducted? Date Conducted: _____

Evaluator' Comments: _____

_____

_____

_____

Employee Skill Level: Minimal Intermediate Advanced

Additional Employee Training Required? Yes No

Evaluator's Training Recommendations: _____

_____

_____

_____

_____

_____

_____

_____

Instructions for completion of Employee Skill Survey Form TR-0008:

1. Employee's name (i.e. John Jet, etc.)
2. MHI employee number
3. Present job title/position (i.e. AMT, Lead, Inspector, etc.)
4. Type and number of 14 CFR Part 65 Certificate held (i.e. A&P 12345678, Repairman 1234567, etc.)
5. Date that employee completed page 1 of form
6. Provide name of employer (i.e. ABC Airlines, XYZ Repair Station, etc.)
7. Provide job title/position(s) held regarding employment (use multiple lines if required)
8. Enter beginning date of employment for positions held
9. Enter ending date of employment for positions held
10. Describe work activities conducted for relevant positions
11. Enter any additional details pertaining to work activities conducted, relevant experience, specialized skills or training that will assist evaluator in determining employee skill-set and overall experience level
12. Name of individual conducting skill survey evaluation
13. MHI employee number of individual conducting skill survey evaluation
14. Indicate if oral interview is required by selecting the appropriate box (i.e. √ or X) Yes or No
15. Indicate if oral interview was conducted by selecting the appropriate box (i.e. √ or X) Yes or No
16. If oral conducted, enter date
17. Check box (i.e. √ or X) to indicate that employee's training records have been reviewed
18. Enter date that employee's training record was reviewed
19. Evaluator will enter comments pertaining to evaluation (i.e. employee demonstrates a thorough knowledge of BHT 407, AS350 aircraft for both avionics and system maintenance, etc.)
20. Evaluator will check appropriate box (i.e. √ or X) to indicate if employee is of Minimal, Intermediate, or Advanced skill level
21. Evaluator will select appropriate box (i.e. √ or X) Yes or No to indicate if employee requires further training
22. Evaluator will provide details of training recommendation(s) (i.e. Employee will require a BHT 407 General Familiarization class, etc.)

5.7 Repair Station Needs Assessment - Form TR-0009

Maritime Helicopters

REPAIR STATION NEEDS ASSESSMENT

1. COMPLETION DATE OF FORM: _____

2. NAME OF PERSON COMPLETING FORM: _____

3. PERSON PRESENT FOR ASSESSMENT: _____

_____

4. REASON FOR ASSESSMENT (i.e., changes of Repair Station rating/capabilities, major changes to facilities, significant changes to regulations, new complex tooling or equipment, annual training program review, etc.): _____

_____

_____

5. IDENTIFICATIOIN OF REQUIRED KNOWLEDGE, FUNCTION, SPECIALIZED SKILL SET, CERTIFICATIION: ___

_____

_____

6. AFFECTED DEPARTMENTS(S) / POSITIONS(S): _____

_____

_____

7. NOTES: _____

_____

_____

_____

SIGNATURE _____ DATE: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

COMPLETE TRAINING REQUEST (FORM TR-0003) AS NEEDED TO REQUEST TRAINING.

Form TR-0009 07/01/2013

Instructions for completion of Repair Station Needs Assessment Form TR-0009:

1. Date form completed.
2. Name of person preparing the form.
3. Individuals present for the assessment.
4. Enter applicable reason for assessment from item 4. If form is being completed for training program annual review, place Annual Review in this field.
5. Insert applicable criteria, (i.e. person performing maintenance, preventative maintenance and /or alteration/inspection functions, skills, experience and training of current employees, assessments of employees being assigned new tasks, return of employee to tasks after extended period, introduction of new regulations, procedures, equipment and record keeping procedures or an upcoming change in nature of basic repair station capability).
6. Departments and positions affected.
7. Add notes as/if required to further document pertinent details discussed during the assessment process including any assigned actions or items requiring further follow-up.
8. Signature of Chief Inspector or his/her designee.
9. Date of signature by Chief Inspector or his/her designee.

5.8 Instructor/Trainer Evaluation - Form TR-0010

Maritime Helicopters

INSTRUCTOR / TRAINER EVALUATION

Instructor/Trainer: Please complete items 1 through 7 below using complete answers. Attach additional sheet(s) as necessary, numbering each item as it relates to the particular paragraph below.

NOTE: Instructors/Trainers/Agencies that have not previously provided instructional classes/courses to MHI are encouraged to provide copies of any recommendations, evaluations, etc. From previous companies who have utilized your services.

MHI Training Manager: Complete item 8 below during observation of class/course presentation.

1. NAME OF INSTRUCTOR/TRAINER: _____
2. ENTER TYPE OF INSTRUCTOR (i.e. independent consultant instructor, instructor employed by an educational training institution, instructor employed by a vendor training company, etc.): _____
   _____
   _____
3. ENTER SPECIFIC EDUCATION, TRAINING, CERTIFICATION, ACCREDITATION, ETC. RELATING TO CREDENTIALS AS A TRAINING PROVIDER: _____
   _____
   _____
   _____
4. ENTER YEARS OR RELEVANT EXPERIENCE AS A TRAINER/INSTRUCTOR:
   _____
   _____
5. ENTER CURRENCY OF EXPERIENCE AS IT RELATES TO COURSE(S) BEING PROVIDED: _____
   _____
   _____
6. OTHER NOTES/INFORMATION TO ASSIST MHI IN ASSESSING CREDENTIALS OF INSTRUCTOR/TRAINER PERTAINING TO COURSE(S) BEING PROVIDED:
   _____
   _____
   _____
   _____
7. DATE COMPLETED: _____

FORM MHI-0010 07/01/2013

THIS PAGE TO BE COMPLETED BY MHI PERSONNEL ONLY

8. PRESENTATION REMARKS/NOTES: _____

SIGNATURE _____ DATE _____

ATTACH ADDITIONAL SHEET(S) AS NECESSARY, NUMBERING EACH ITEM AS IT RELATES TO THE PARAGRAPH(S) ABOVE.

FORM MHI-0010 07/01/2013

Instructions for completion of Instructor / Trainer Evaluation (Form TR-0010) entries:

1. Enter name of individual conducting the instruction/training.
2. Enter type of instructor (i.e. independent consultant instructor, instructor employed by an educational training institution, instructor employed by a vendor training company, etc.).
3. Enter specific education, training, certification, accreditation, etc. relating to credentials as a training provider. Please provide copies of certification, accreditation, diploma, etc.
4. Enter years of relevant experience as a trainer/instructor.
5. Enter details of currency of experience as it relates specifically to course/class being provided. Details requested are intended to assess the currency of experience of the instructor/trainer in relation to the course/class to be conducted.
6. Enter any other information that would assist MHI in assessing the credentials of the instructor/trainer pertaining to the course(s) being provided (i.e. recently provided instruction of this same course (B737-300/400 General Familiarization) to ABC Airlines in Anytown, USA on July xx, 20xx).
7. Enter date form was completed by instructor/trainer (or if performed via a phone or personnel interview, date of interview).
8. Enter details of observations made during a class/course presentation including attributes such as the individual's subject knowledge/expertise, class/student interaction, quality of aids/materials, presentation style, demeanor, etc. This information shall include the subject, date, location of class and date. When possible and/or practical, this observation may be accomplished by observation of the instructor during a presentation to non-MHI personnel.
9. Signature of Chief Inspector or his/her designee.
10. Date of signature by Chief Inspector or his/her designee.

5.9 Course Evaluation - Form TR-0011

Maritime Helicopters

COURSE - EVALUATION FORM

Course Name/Number: _____ Date: _____

Student Name: _____

Instructors Name: _____

1. How would you rate your overall satisfaction with the course?
   A. Very satisfied
   B. Satisfied
   C. Somewhat satisfied
   D. Not very satisfied
   E. Not satisfied at all
2. How would you rate your satisfaction with the course delivery (Instructors performance)?
   A. Very satisfied
   B. Satisfied
   C. Somewhat satisfied
   D. Not very satisfied
   E. Not satisfied at all
3. How would you rate your satisfaction with the course content?
   A. Very satisfied
   B. Satisfied
   C. Somewhat satisfied
   D. Not very satisfied
   E. Not satisfied at all
4. How would you rate your satisfaction in regards to the course's accuracy and currently?
   A. Very satisfied
   B. Satisfied
   C. Somewhat satisfied
   D. Not very satisfied
   E. Not satisfied at all
5. To what extent do you think you will be able to apply the information learned from this course to your job?
   A. All or most of the time
   B. Most of the time
   C. Part of the time
   D. Some of the time
   E. I will be unable to apply this class/courses content to my job

Page 1

Form TR-0011 07/01/2013

6. To what extent do you think your on-the-job performance will improve when you return from this course?
   A. Greatly improve
   B. Improve
   C. Somewhat improve
   D. Minimal improve
   E. This class/course was not relevant/measurable to my job
7. Rate the importance of the course content as I relates to your job.
   A. Very important
   B. Important
   C. Somewhat important
   D. Not very important
   E. Not important at all

8. Enter any further information, suggestions, recommendations, etc. to assist MHI in determining your overall training experience:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Instructions for completion of Course-Evaluation (Form TR-0011) entries:

1. Enter Course Name or Number.
2. Enter Date of the course completion.
3. Enter Name of the Student completing the evaluation form.
4. Enter Name of the Instructor giving the course.
5. Answer all questions and circle the relevant answer letter.
6. Enter any notes or other information to assist MHI in determining your overall training experience

5.10 Training Activity Make Up Form - TR-0012

Maritime Helicopters

TRAINING ACTIVITY MAKE UP

Employee name: _____

Date missed: _____

Subject/areas missed: _____

Scheduled makeup date: _____ Time: _____

Make up day employee sign in: _____ Date: _____

Make up PASSED Make up FAILED (Check one)

COMMENTS: _____

_____

_____

_____

_____

INSTRUCTOR SIGNATURE: _____

DATE: _____

Form TR-0012 07/01/2013

Instructions for completion of Training Activity Make Up (Form TR-0012) entries:

1. Name of employee (i.e. John Jet, etc.)
2. Date of training course missed
3. Subject / areas missed
4. Date scheduled for make up
5. Time scheduled for make up
6. Employee must sign in
7. Employee must enter correct date of make up
8. Instructor will circle the appropriate word to indicate PASSED, FAILED
9. Instructors comments entered as applicable
10. Instructors signature
11. Date of makeup