



## CERTIFICATE OF AIRWORTHINESS ISSUE/RENEWAL RECOMMENDATION SURVEY REPORT

**NOTE: For renewal, please submit this form thirty (30) days prior to C of A expiry date.**

| <b>AIRCRAFT DETAILS</b>                               |                       |                             |   |                     |               |               |           |
|---|-----------------------|-----------------------------|---|---------------------|---------------|---------------|-----------|
| Registration  | :                     |                             |   |                     |               |               |           |
| Type  | :                     |                             |   |                     |               |               |           |
| Serial No.  | :                     |                             |   |                     |               |               |           |
| C of A Category                                       | :                     |                             |   |                     |               |               |           |
| C of A Expiry Date                                    | :                     |                             |   |                     |               |               |           |
| C of A Serial No.                                     | :                     |                             |   |                     |               |               |           |
| Year of Manufacture                                   | :                     |                             |   |                     |               |               |           |
| <b>AIRCRAFT HOURS AND CYCLES</b>                      |                       |                             |   |                     |               |               |           |
| Hours flown since last C of A renewal or issue: ..... |                       |                             |   |                     |               |               |           |
| Total Hours: ..... Total landings/cycles: .....       |                       |                             |   |                     |               |               |           |
| <b>ENGINE DETAILS    Type:</b> .....                  |                       |                             |   |                     |               |               |           |
| POS   | Serial No.            | Total Eng. Hours Since New  | Total Cycles Since New                  | TBO                 | Eng. Time     | Date Last O/H | Date Last |
|   |                       |                             |   |                     |               |               |           |
|   |                       |                             |   |                     |               |               |           |
|   |                       |                             |   |                     |               |               |           |
|   |                       |                             |   |                     |               |               |           |
| <b>PROPELLER DETAILS    Type:</b> .....               |                       |                             |   |                     |               |               |           |
| POS   | Serial No.            | Total Prop. Hours Since New | TBO                                     | Time Since Last O/H | Date Last O/H |               |           |
|   |                       |                             |   |                     |               |               |           |
|   |                       |                             |   |                     |               |               |           |
|   |                       |                             |   |                     |               |               |           |
|   |                       |                             |   |                     |               |               |           |
| <b>APU DETAILS    Type:</b> .....                     |                       |                             |   |                     |               |               |           |
| Serial No.  | Total Since New (TSN) | Date of Last O/H            | Hours Since last O/H or Last Shop Visit |                     |               |               |           |
|   |                       |                             |   |                     |               |               |           |

|   |         |                          |
|---|---------|--------------------------|
|   |         |                          |
| <b>1. WEIGHT AND CENTRE OF GRAVITY REVIEW</b>   |         |                          |
| <u>Check For :</u>  |         |                          |
| a. Date Schedule Raised   | : _____ | <input type="checkbox"/> |
| b. Last Revision Date   | : _____ | <input type="checkbox"/> |
| c. Aircraft Last Weighed Date   | : _____ | <input type="checkbox"/> |
| d. Aircraft Maximum Total Weight Authorised :   | _____   | <input type="checkbox"/> |
| Modifications, repairs and configuration changes carried out since last C of A renewal<br>NOTE: should be taken into consideration when carrying out this review. |         |                          |
| <b>2. AVIONICS</b>  |         |                          |
| <u>Verify That :</u> a. Equipment is the same as that stated on Equipment List _____  |         |                          |
| NOTE: If the equipment has been replaced/modified since last renewal of C of A, check for:  |         |                          |
| b. Correct Log Book entries   |         |                          |
| c. All changes have been correctly recorded and where required, modification statements have been made  |         |                          |
| d. To assist in the confirmation of item (a), it may be necessary to carry out a physical inspection of the aircraft equipment.                                   |         |                          |
| e. Electrical Load Analysis Report is satisfactory (if applicable)  |         |                          |
| f. Operational checks & evaluations of recordings from the flight recorder systems conducted on time and necessary action taken, if required.                     |         |                          |
| g. Documentation on FDR parameter allocation conversion equations, periodic calibration & other serviceability/maintenance information maintained up-to-date.     |         |                          |
| <b>3. MAINT. SCHEDULE REF. NO: _____ AMENDMENT: _____</b>   |         |                          |
| a. Verify that the Schedule has been approved for the aircraft.   |         | <input type="checkbox"/> |
| b. Check compliance with check cycle, life limitations requirements.  |         | <input type="checkbox"/> |
| c. Check compliance with out of phase items.  |         | <input type="checkbox"/> |
| d. Check compliance with structural inspections.  |         | <input type="checkbox"/> |
| e. Check compliance with ageing aircraft and corrosion control program.   |         | <input type="checkbox"/> |
| f. Check compliance with Airworthiness Directives mandatory modifications and inspections   |         | <input type="checkbox"/> |
| <b>4. LOGBOOKS AND RECORDS</b>  |         |                          |
| <u>Verify :</u>   |         |                          |
| a. Hours, Landing and/or Cycles are accurately recorded.  |         | <input type="checkbox"/> |
| b. Maintenance undertakings are recorded.   |         | <input type="checkbox"/> |
| c. Mandatory requirements are traceable to release CRS.   |         | <input type="checkbox"/> |
| d. Maintenance recorded and certified.  |         | <input type="checkbox"/> |
| e. Effective monitoring of repetitive defects.  |         | <input type="checkbox"/> |
| f. Work Packs are completed and appropriately certified.  |         | <input type="checkbox"/> |
| g. CMR issued as required by the Approved Maintenance Schedule  |         | <input type="checkbox"/> |

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| <b>5. COMPUTERISED RECORDS</b>   |              |             |
| <u>Verify Compliance With :</u>  |              |             |
| a. FAA AD Bi-weekly Listing  | Issue: _____ | Date: _____ |
| b. EASA AD Bi-weekly Listing   | Issue: _____ | Date: _____ |
| c. State of Design/Airworthiness Directive   | Issue: _____ | Date: _____ |
| d. Other Mandatory Modifications   | Issue: _____ | Date: _____ |
| e. Applicable Manufacturer's Service Bulletins   |              |             |
| f. Component overhaul/life limited expiry dates.   |              |             |
| g. Compliance with out of phase maintenance requirements   |              |             |
| <b><i>Sample check computerised records against hard copy mandatory maintenance and inspection requirements.</i></b> |              |             |
| <b>6. FLIGHT MANUAL VERIFICATION</b>   |              |             |
| <u>Verification that the aircraft's Flight Manual is acceptable.</u>   |              |             |
| a. Review FM amendment status, including supplements and change sheets - note which supplements are applicable.      |              | _____       |
| b. When necessary, obtain and incorporate missing information.   |              | _____       |
| c. Ensure that the condition of the manual and its binding are satisfactory.   |              | _____       |
| d. Approved MEL status against latest MMEL Revision  |              | _____       |
| <b>7. TECHNICAL LOG REVIEW</b>   |              |             |
| <u>Check For :</u>   |              |             |
| a. Hours/cycles are being correctly added.   |              | _____       |
| b. Correct numerical sequence of Technical Log Sheets.   |              | _____       |
| c. Defects cleared i.a.w. approved procedures.   |              | _____       |
| d. Deferred defects, deferrals cleared on Technical Log and transferred where required.                              |              | _____       |
| e. Correct compilation of engine trend monitoring figures  |              | _____       |
| f. Log contents for completeness (check sheets, etc.)  |              | _____       |
| g. Repetitive defects monitored.   |              | _____       |
| <b>8. AIRCRAFT DOCUMENTS</b>   |              |             |
| <u>Check aircraft document folder, ensure the following certificates are available and valid :</u>                   |              |             |
| a. Air Operator Certificate and Operation Specification.   |              | _____       |
| b. Certificates of Registration.   |              | _____       |
| c. Certificate of Airworthiness.   |              | _____       |
| d. Aircraft Radio Station License.   |              | _____       |
| e. Aircraft Radio License Certificates.  |              | _____       |
| f. Insurance Certificate.  |              | _____       |
| g. Noise Certificate.  |              | _____       |

**9. AIRWORTHINESS AIRCRAFT PHYSICAL INSPECTION AUDIT**

**EXTERIOR**

**Check General Condition of :**

Fuselage / Wings :

- a. Signs of damage (in conjunction with records).
- b. Correct operation of : Passenger Doors  
Emergency Exits  
Cargo Doors
- c. Pitot / Static Heads and Vents

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Stabilizers and Flying Controls :

- a. All surface de-ice boots. (if installed)
- b. Static wicks
- c. Ailerons
- d. Rudder
- e. Elevator
- f. Flaps

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Undercarriage / Bays :

- a. Landing Gear
- b. Tyres, Wheels and Brakes
- c. Brakes pipes and units

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Engines :

- a. Intakes and exhaust
- b. Fan / Compressor
- c. Propellers
- d. Cowlings
- e. Pylons

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Exterior Placards :

- a. Registration Markings clear and legible
- b. Exit operating instructions
- c. Refuelling information and instructions

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| <p><b><u>COCKPIT</u></b></p> <p><b>Check General Condition of :</b></p> <p>a. Instrument panels and consoles</p> <p>b. Windscreens and windows</p> <p>c. Seats, operation</p> <p>d. Seat Harness condition</p> <p>e. Compass cards correct, legible and in date</p> <p>f. Safety Equipment :   Fire Extinguishers<br/>  Smoke Goggles / Masks</p> <p>g. Cockpit placards legible and correct</p> <p>h. Operations and flight manuals</p> <p>i. General cleanliness</p>   |  | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b><u>CABIN</u></b></p> <p><b>Check For :</b></p> <p>a. General cleanliness</p> <p>b. Life Jackets in place and in date</p> <p>c. Portable oxygen cylinders charged and in date</p> <p>d. Owner's name plate (applicable and position)</p> <p>e. First aid kits, seals not broken and in date</p> <p>f. Correct complement of fire extinguishers</p> <p>g. Condition of seats and seat rails</p> <p>h. Break covers at emergency exits</p> <p>i. Placards legible and correct</p> <p>j. Toilet fire precautions</p> <p>k. Life Rafts in date</p> <p>l. Loud hailers</p> <p>m. Smoke masks</p> <p>n. Passenger and Cabin Crew seat belts and harnesses</p> <p>o. Emergency exits clear of obstructions</p> |  | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>10. AUDIT REPORT AND ASSESSMENT</b>   |  |  |  |  |  |  |
| COMMENTS AND DISCREPANCIES:  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| <b>11. (* Delete as applicable)</b>  |  |  |  |  |  |  |
| <p>* This aircraft and its documentation have been audited and found to be satisfactory for the purpose of a recommendation for renewal of the Certificate of Airworthiness to Civil Aviation Affairs.</p> <p>Any necessary corrective actions have been instituted under work file ref:</p> <p>* This Aircraft and its documentation have been audited and found to be unsatisfactory for the purpose of a recommendation for renewal of the Certificate of Airworthiness to Civil Aviation Affairs.</p> <p><b>Name:</b> _____ <b>Signed:</b> _____</p> <p><b>Organisation</b></p> <p><b>Stamp :</b> _____ <b>Date:</b> _____</p> |  |  |  |  |  |  |
| <b>12. COMPLETION DOCUMENTATION</b>  |  |  |  |  |  |  |
| <div style="text-align: right;"> <table border="1" style="margin-left: auto;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> </div>   |  |  |  |  |  |  |
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