



# **ATTACHMENT 1**

## **AIRWORTHINESS GROUP CHAIRMAN'S FACTUAL REPORT**

**DCA12FA024**

**AAR Airlift Non-Routine Work Record for N5748M and Associated Task  
Cards (Work Order No. 113986)**

**(3 pages)**

# Presidential Airways

## Non-Routine Work

Reg. Number: N5748M

Flt. Log: 023378

Date: 01-15-2011

Page 1 of 1

	DESCRIPTION	RETURN TO SERVICE
	Discrepancy: _____ Date: 1-15-12	
Item #  <b>1</b>	TOP OF PILOTS DOOR OPENED IN FLIGHT	P/ N ON: <b>890-401</b>
		P/ N OFF: <b>890-401</b>
		S/ N ON: <b>NSN</b>
		S/ N OFF: <b>NSN</b>
RII  Yes <input type="checkbox"/>  No <input checked="" type="checkbox"/>	Corrective Action: _____ Date: 1-15-12 <b>REMOVED PILOTS DOOR UPPER LATCH ASSY PN: 890-401 SN: NSN</b>	[REDACTED]
	<b>AND INSTALLED A SERVICEABLE PILOTS DOOR UPPER LATCH ASSY</b>	
	<b>PN: 890-401 SN: NSN, FUNCTIONAL CHECK GOOD IAW</b>	Insp. / A&P #:
	<b>BHT-214ST-MM CH. 52 ACTT: 12346.0 1-15-12 OASD</b>	
	Discrepancy: _____ Date: 1-15-12	
Item #  <b>2</b>	COLLECTIVE LOWER BELLCRANK SUPPORT BRACKET BEARING	P/ N ON: <b>214-001-111-001</b>
	WORN BEYOND LIMITS	P/ N OFF: <b>214-001-111-001</b>
		S/ N ON: <b>NSN</b>
		S/ N OFF: <b>NSN</b>
RII  Yes <input checked="" type="checkbox"/>  No <input type="checkbox"/>	Corrective Action: _____ Date: 1-15-12 <b>REMOVED LOWER BELLCRANK SUPPORT BRACKET PN: 214-001-111-001 SN: NSN</b>	[REDACTED]
	<b>AND INSTALLED A SERVICEABLE LOWER BELLCRANK SUPPORT BRACKET</b>	
	<b>PN: 214-001-111-001 SN: NSN IAW BHT-214ST-MM CH. 67 ACTT: 12346.0 1-15-12</b>	Insp. / A&P #:
	<b>OASD</b>	
	Discrepancy: _____ Date: 1-15-12	
Item #  <b>3</b>	<b>AIRCRAFT RELEASED FOR FCF PURPOSES FOR INSTALLATION OF</b>	P/ N ON:
	<b>THE COLLECTIVE LOWER SUPPORT BRACKET * NO FLIGHT CONTROL</b>	P/ N OFF:
	<b>ADJUSTED*</b> [REDACTED]	S/ N ON:
		S/ N OFF:
RII  Yes <input checked="" type="checkbox"/>  No <input type="checkbox"/>	Corrective Action: _____ Date: 1-15-12	Tech. / A&P#:
	<b>FCF COMPLETED WITH NO DEFECTS NOTED, ACTT: 12346.2 1-15-12</b>	[REDACTED]
	<b>OASD</b> [REDACTED]	Insp. / A&P #:
		[REDACTED]
REVIEWED BY: _____		Date: _____
REV. 3	PAW - NR1	10/31/2007

# Task Card 113986 - 0003



Customer: AARA - AAR AIRLIFT

Report Date: 10/05/2012 @ 08:49:17

Aircraft: **N5748M**

MCN: n/a

Serial No.: 28102

ATA: 52-10-00

Part Number: n/a

TTSN: 12342.6

Completed @: \_\_\_\_\_

Serial No.: n/a

TCSN: 16275

Vol: \_\_\_\_\_ Page: \_\_\_\_\_

Position: n/a

Issued Date: 01/15/2012

Issued by: MAINT

Zone:

**Due on**

PILOTS DOOR CAME OPEN IN FLIGHT

**Corrective Action**

Work Done By: \_\_\_\_\_ Licence: \_\_\_\_\_ Date: \_\_\_\_\_

**Parts Installed**

Part Number	Description	SN ON	SN OFF	Batch #

Does this require an independent signature? Yes  No

*"I have conducted an inspection for conformance to the type of flight/power plant controls that were affected by the work accomplished."*

Ind. Signature: \_\_\_\_\_ Licence: \_\_\_\_\_ Date: \_\_\_\_\_

*"The maintenance described above has been performed in accordance with the applicable standards of airworthiness." AMO*

Signature: \_\_\_\_\_ Insp. Stamp/Licence: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel	Date	Remarks	Time On	Time Off	Total Hours

*Note: Attach 'all' supporting documentation including serviceable tags, certification statements, requisitions, etc.*

# Task Card 113986 - 0004



Customer: AARA - AAR AIRLIFT Report Date: 10/05/2012 @ 08:41:24  
 Aircraft: N5748M MCN: n/a  
 Serial No.: 28102 ATA: 67-30-00 Part Number: n/a  
 TTSN: 12342.6 Completed @: \_\_\_\_\_ Serial No.: n/a  
 TCSN: 16275 Vol: \_\_\_\_\_ Page: \_\_\_\_\_ Position: n/a  
 Issued Date: 01/15/2012 Issued by: MAINT Zone:

**Due on**

COLLECTIVE HYD ACTUATOR LOWER BELLCRANK SUPPORT ASSEMBLY BEARINGS WORN BEYOND LIMITS

**Corrective Action**


Work Done By: \_\_\_\_\_ Licence: \_\_\_\_\_ Date: \_\_\_\_\_

**Parts Installed**

Part Number	Description	SN ON	SN OFF	Batch #

Does this require an independent signature? Yes  No

*"I have conducted an inspection for conformance to the type of flight/power plant controls that were affected by the work accomplished."*

Ind. Signature: \_\_\_\_\_ Licence: \_\_\_\_\_ Date: \_\_\_\_\_

*"The maintenance described above has been performed in accordance with the applicable standards of airworthiness." AMO*

Signature: \_\_\_\_\_ Insp. Stamp/Licence: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel	Date	Remarks	Time On	Time Off	Total Hours

*Note: Attach 'all' supporting documentation including serviceable tags, certification statements, requisitions, etc.*