



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019


Issue 01

Revision 00

Doc. No:M08.200-03

LLC AVIACOMPANY "AVIASTAR-TU"
Technical Department

FORMS MANUAL
Doc. No: M08.200-03

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

0.1 ACCEPTANCE / APPROVAL SHEET

Issue No.1 / Revision No.: 0

TYPE OF AMENDMENT

Major: / Minor:

NOTES:

- A) Revision of current Forms has been classified as minor amendment.
- B) Inclusion of new Forms has been classified as major amendment.

APPROVAL

Name: **Ilia Fedotov**

Position: **Quality Assurance Manager**

Date: **01 May 2019**

Signature



0.2 DOCUMENT DETAILS

Document number	Doc. M08.200-03
Document name	Forms Manual (Forms manual to Maintenance Control Manual MCM and Maintenance Organization Exposition Manual MOE)
Issue	1
Revision	0
Effective from	01/05/2019
Developed by	Quality Assurance Manager
Controlled electronic copy is kept on	ATU Server

0.3 TABLE OF CONTENTS

	Page
0.1 ACCEPTANCE /APPROVAL SHEET	0-1-1
0.2 DOCUMENT DETAILS	0-2-1
0.3 TABLE OF CONTENTS	0-3-1
0.4 DISTRIBUTION LIST	0-4-1
0.5 RECORDS OF REVISIONS	0-5-1
0.6 HIGHLIGHTS OF REVISIONS	0-6-1
0.7 ABBREVIATIONS	0-8-1
1.1 GENERAL	1-1-1
1.2 LIST OF EFFECTIVE FORMS	1-3-1

0.4 DISTRIBUTION LIST

Manual Control Number	Manual Assignment
1	Technical Director
2	Continuing Airworthiness Manager
3	Material Supply Manager
4	MCC
5	Line Station Manager

All users as per this list must be timely informed by QAM about revision of Forms Manual and relevant Forms. All other users have to be instructed about changes by their chiefs.

All users have access to the electronic copy of this Manual and relevant Forms via LLC "Aviastar-TU" Server.

0.6 HIGHLIGHTS OF REVISION


Retain this record in the manual. Within two (2) days upon receipt of revisions, insert revised pages in the manual and enter the revision number, revision date, insertion date and name of the personnel incorporating the revision, in the appropriate block in the revision record.

Please, study this revision with your subordinates and make entry into the current training log. All managers are expected to suggest revision requirements to the Quality Manager, when the need is apparent.

Name of the personnel incorporating the revision	Amendment Number	Date	Revision highlights
Ilia Fedotov	Issue 01, Rev. 00	01.05.2019	Initial issue
*****		*****	

0.6 ABBREVIATIONS

ATU	LLC "Aviastar-TU"
AC	Aircraft
AD	Airworthiness Directive
ATA	IATA standard for technical documentation
TLB	Technical Log Book
BCCA	Bermuda Civil Aviation Authorities
CAM	Continuing Airworthiness Manager
CPCP	Corrosion Prevention and Control Program
CRS	Certificate of Release to Service
CSN	Cycles Since New
CSO	Cycles Since the last Overhaul
CYC	Cycles
DMI	Deferred Maintenance Item
EASA	European Aviation Safety Agency
FAA	Federal Aviation Administration
FC	Flight Cycles
FH	Flight Hours
FM	Forms Manual
LOC	Location
MCM	Maintenance Control Manual
MEL	Minimum Equipment List
MOE	Maintenance Organization Exposition
MSN	Manufacturer Serial Number
OEM	Original equipment manufacturer
OTAR	Overseas territories aviation requirements
P/N	Part Number
PMA	Parts Manufacturer Approval
QM	Quality manager
RCAA	Russian Civil Aviation Authority
S/N	Serial Number
TAC	Total Aircraft Cycle
TAH	Total Aircraft Hours
TCCA	Transport Canada Civil Aviation
TSO	Time Since Overhaul
WO	Work Order

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

1.1. GENERAL

This Forms Manual here under referred to as this Manual or FM comprises two (2) Parts and Forms mentioned in ATU MCM/MOE and ATU procedures.

The QAM is responsible for monitoring and approved this Manual. QAM is responsible for revision/amending this Manual.

The FM (Forms Manual) should be revised/amended as per the following:

- changes of the organization name and location;
- changes of the applicable Regulations;
- changes of the company policies and/or practice;
- changes of the operations, procedures and technical arrangements;
- corrective actions to findings of internal or external audits.

This Manual and all subsequent amendments to it shall be approved by QAM

Revision of current Forms has been classified as minor amendment in this document.

Inclusion of new Forms has been classified as major amendment in this document.

1.1.1 MANUAL AMENDMENT / REVISION PROCEDURE

This Manual and all rules and procedures described herein remain valid until they are replaced by certain amendments that come into effect upon approval of the Quality Manager

The Quality Manager is responsible for any changes and approval of the contents of this Manual.

Each Division/Group Manager is responsible for. producing new form and changes of current forms relating to activity their divisions.

The "Originator" of each form is responsible for:

- completeness of the form and development of the fill out instruction;
- agreeing with any concerned or involved party on the proposed amendments;
- presenting the new form or the proposed amendments to the Quality Department for review.


A new or revised form is sent to the Quality Assurance Department by e-mail with short explication of the form.

The Quality Department analyzes proposed amendment. The QAM evaluates the proposed amendment and determines that amendment complies with applicable regulations and company policy/practice and either approves or refuses the proposed amendment.

In case of negative result of the analysis, The QAM will provide the information and comments to the form author. In case of a positive result, the QAM will inform the author and request to QAM to initiate the Forms Manual revision.

The QAM determines Classification of the amendment and necessity of the unplanned FM revision issue.

- Each revision shall be numbered consecutively and:
- Each revised page will include the date and number of revisions;

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

- A vertical line will be drawn in the left hand margin test to the specific lines revised. The revised text will be marked by color;
- If a certain text is deleted from a Section without inserting a substitute one, a vertical line will be drawn in the left hand margin text to the text deleted and a "Text deleted" note should be written;
- The revision status of every Section shall be indicated on the Record of Revision, Section 0.5 of this Manual.

Note: When a certain text is added into a Section, this can move the subsequent text down page in such a way that the whole contents of the next pages may change. In such cases all following pages will be marked by a new revision number, without a vertical line/color marking.

1.1.3 FORMS MANUAL REVISION APPROVAL

Each Forms Manual revision shall be approved by the Quality Manager.

Basically, the Forms Manual should not be approved by Authority. However, the Aviation Authority inspectors have the right to inspect the Forms Manual at any time when they consider necessary.

1.1.4 FM DISTRUBUTION

1.1.4.1 FM Electronic Copy


An electronic copy of this Manual that is located in the corporate network is a "read-only" option.

The Quality Manager is responsible for:

- Replacing all revised pages in the electronic Copy of this Manual;
- Publishing the electronic copy of this Manual in the corporate network;
- Keeping this Manual available in the corporate network and at the corporate website for twenty four (24) hours.
- Distributing to the holders, which are listed in Section 0.4, Distribution List of this Manual

1.1.5 FORMS MANUAL REGULAR REVIEW

If no revision of this Manual has been published for the duration of one (1) year, the QAM will organize annual review of this Manual to verify that indeed no basic changes are required and the current revisions should remain effective. Otherwise, revision must be performed, as applicable.


	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

1.2 LIST OF EFFECTIVE FORMS

№	Form Number №	Title	Revision №	Revision Date
1	Form 08.200-01	Certifying Staff List	0	01 May 2019
2	Form 08.200-02	Quality System Standard Questionnaire	0	01 May 2019
3	Form 08.200-03	List of Authorized Store Staff. Receiving Inspector	0	01 May 2019
4	Form 08.200-04	List of Approved Suppliers	0	01 May 2019
5	Form 08.200-05	List of Approved Subcontractors	0	01 May 2019
6	Form 08.200-06	List of Maintenance Providers	0	01 May 2019
7	Form 08.200-07			
8	Form 08.200-08	Serviceable Tag (Expendables)	0	01 May 2019
9	Form 08.200-09	Serviceable Tag (Rotables)	0	01 May 2019
10	Form 08.200-10	Rejected Tag	0	01 May 2019
11	Form 08.200-1	Temporary Removed Tag	0	01 May 2019
12	Form 08.200-12	Release from Stock	0	01 May 2019
13	Form 08.200-13	Temporary Removed PartsLog	0	01 May 2019
14	Form 08.200-14	Store Condition Register Book	0	01 May 2019
15	Form 08.200-15	Part-Material Non-Conformance Report	0	01 May 2019
16	Form 08.200-16	Master List	0	01 May 2019
17	Form 08.200-17	Work Order	0	01 May 2019
18	Form 08.200-18	List of Calibrated Tool and Equipment	0	01 May 2019
19	Form 08.200-19	Tool Individual Record Sheet	0	01 May 2019
20	Form 08.200-20	Calibration Sticker	0	01 May 2019
21	Form 08.200-21	List of Serviced Tool and Equipment	0	01 May 2019
22	Form 08.200-22	Inspection Sticker	0	01 May 2019
23	Form 08.200-23	Inspection Report	0	01 May 2019
24	Form 08.200-24	Inventory Tools Log	0	01 May 2019
25	Form 08.200-25	Tool-Equipment Conformity Report	0	01 May 2019
26	Form 08.200-26	Missing Tool Report	0	01 May 2019
27	Form 08.200-27	List of Loaned Tools Equipment	0	01 May 2019
28	Form 08.200-28	Unserviceable Tag for Tools _ Equipment	0	01 May 2019
29	Form 08.200-29	List of Maintenance Data	0	01 May 2019
30	Form 08.200-30	EO-MJO Preparation Sheet	0	01 May 2019
31	Form 08.200-31	Maintenance Job Summary Sheet	0	01 May 2019
32	Form 08.200-32	Task Card	0	01 May 2019
33	Form 08.200-33	Maintenance Job Order	0	01 May 2019
34	Form 08.200-34	Engineering Order	0	01 May 2019
35	Form 08.200-35	Visual Check Order	0	01 May 2019
36	Form 08.200-36	Store Out Register Book For Expandables	0	01 May 2019
37	Form 08.200-37	Store Out Register Book For Rotables	0	01 May 2019
38	Form 08.200-38	Tool Equipment Conformity Report	0	01 May 2019


39	Form 08.200-39	Internal Report	0	01 May 2019
40	Form 08.200-40	Engineering Recommendation Request	0	01 May 2019
41	Form 08.200-41	Base Maintenance Preparation Check List	0	01 May 2019
42	Form 08.200-42	Audit Report	0	01 May 2019
43	Form 08.200-43	Annual Audit Program	0	01 May 2019
44	Form 08.200-44	Corrective Action Implementation	0	01 May 2019
45	Form 08.200-45	CA Monitoring	0	01 May 2019
46	Form 08.200-46	One-Time Purchase Approval	0	01 May 2019
47	Form 08.200-47	Review Board Protocol	0	01 May 2019
48	Form 08.200-48	OJT Programme	0	01 May 2019
49	Form 08.200-49	Store Inventory Report	0	01 May 2019
50	Form 08.200-50	Work Request	0	01 May 2019
51	Form 08.200-51	Company Authorisation Certificate	0	01 May 2019
52	Form 08.200-52	One-Off Company Authorisation Certificate	0	01 May 2019
53	Form 08.200-53	List of Authorized Instructors	0	01 May 2019
54	Form 08.200-54	Acceptable Deferred Defect List	0	01 May 2019
55	Form 08.200-55	Short term planning	0	01 May 2019
56	Form 08.200-56	Training Certificate		01 May 2019
57	Form 08.200-57	Part Order Request	0	01 May 2019
58	Form 08.200-58	Competence Assessment Board Protocol	0	01 May 2019
59	Form 08.200-59	List of the Contracting Operators	0	01 May 2019
60	Form 08.200-60	Maintenance Activity Records	0	01 May 2019
61	Form 08.200-61	Application for Line Maintenance at Occasional Location	0	01 May 2019
62	Form 08.200-62	Aircraft Technical Log Book	0	01 May 2019
63	Form 08.200-63	Aircraft Maintenance Status	0	01 May 2019
64	Form 08.200-64	None-MEL Defects (DT) Extension Application	0	01 May 2019
65	Form 08.200-65	Hold Item List	0	01 May 2019
66	Form 08.200-66	Bermuda Serviceable Release Certificate	0	01 May 2019
67	Form 08.200-67	Variation Application	0	01 May 2019
68	Form 08.200-68	MEL Extension Application	0	01 May 2019
69	Form 08.200-69	Fleet Status and Operational Limitations	0	01 May 2019
70	Form 08.200-70	MEL Application Authorization	0	01 May 2019
71	Form 08.200-71	Structure Repair and Damage Log	0	01 May 2019
72	Form 08.200-72	Status Report	0	01 May 2019
73	Form 08.200-73	Reliability Board Protocol	0	01 May 2019
74	Form 08.200-74	Reliability programm	0	01 May 2019
75	Form 08.200-75	Technical Delay Report	0	01 May 2019
76	Form 08.200-76	Risk Assessment Form	0	01 May 2019
77	Form 08.200-77			
78	Form 08.200-78	List of Authorized Review Staff	0	01 May 2019
79	Form 08.200-79	Aircraft Information Sheet	0	01 May 2019
80	Form 08.200-80	List of Approved Maintenance Programmes	0	01 May 2019

81	Form 08.200-81	Approval for extension defect rectification	0	01 May 2019
82	Form 08.200-82	Concession Request	0	01 May 2019
83	Form 08.200-83	SB Evaluation Sheet	0	01 May 2019
84	Form 08.200-84	List of Attendance	0	01 May 2019
85	Form 08.200-85			
86	Form 08.200-86			
87	Form 08.200-87	Technical Condition Report	0	01 May 2019
88	Form 08.200-88	List of Temporary Approved LMS	0	01 May 2019
89	Form 08.200-89	Maintenance Scope Evaluation Form	0	01 May 2019
90	Form 08.200-90	Claim	0	01 May 2019
91	Form 08.200-91			
92	Form 08.200-92	Check List	0	01 May 2019
93	Form 08.200-93			
94	Form 08.200-94	Scrap Tag	0	01 May 2019
95	Form 08.200-95			
96	Form 08.200-96	Occurrence Report to RCAA	0	01 May 2019
97	Form 08.200-97	Non-Incident Accident Statement	0	01 May 2019
98	Form 08.200-98	Structure Defect_Damage Report	0	01 May 2019
99	Form 08.200-99	Structure Defect_Repair Report	0	01 May 2019
100	Form 08.200-100			
101	Form 08.200-101	Shift task handover book	0	01 May 2019
102	Form 08.200-102	Receiving Inspection Check-List	0	01 May 2019
103	Form 08.200-103	Maintenance Preparation Sheet	0	01 May 2019
104	Form 08.200-104	Audit application	0	01 May 2019
105	Form 08.200-105	Aircraft Operating Time Reference	0	01 May 2019
106	Form 08.200-106	Internal Investigation Report	0	01 May 2019

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.0 FORMS Forms Sample

3.1 Form 08.200-01 - Certifying Staff List

	AVIACOMPANY "AVIASTAR-TU"							
	CERTIFYING STAFF LIST							
		Form 08.200-01 Revision 00						
Note:								
A - Category A as per MOE Part 3 B1 - Category B1 as per MOE Part 3 B2 - Category B2 as per MOE Part 3		QM - Qualified Mechanic BSI - Borescope Inspection RU - Engine RUN-UP						
No.	Name	AML	Company Authorization	A/c Type	ETOPS	AWOPS	Date of first issue	Valid till
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Rev. #	Date of current rev.	Prepared by	Checked by	Approved by



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.2 Form 08.200-02 - Quality System Standard Questionnaire


	AVIACOMPANY "AVIASTAR-TU"		
	QUALITY SYSTEM STANDARD QUESTIONNAIRE		
	Form 08.200-02 Revision 00		

ORGANISATION/ ОРГАНИЗАЦИЯ


Supplier Name/ Название поставщика:	
Address/ Адрес:	
Phone/ Телефон:	Fax/ Факс:
E-mail/ Электронный адрес:	Website/ Сайт:
Contact Person/ Персона для контакта:	
Name/ Имя:	
Management/ Руководитель:	
Name/ Имя:	
Quality Assurance Manager /Руководитель службы качества:	
Name/ Имя:	

TYPE OF BUSINESS/ ВИД ДЕЯТЕЛЬНОСТИ

Type of business/ Вид деятельности	Yes/ Да	No/ Нет	Remarks/ Примечания
Manufacturer/ Производитель			
Repair Station/ Организация по ремонту			
Maintenance Organisation/ Организация по ТО			
Distributor of products direct from manufacturer/ Дистрибьютор продукции непосредственно от производителя			
Airline/ Авиакомпания			
Dealer/ Дилер			
Calibration Laboratory/ Метрологическая служба			
Other(specify)/ Другое			
Your Manufacturer code/ Ваш код производителя:			
Your Vendor code/ Ваш код поставщика:			
How long have you been in this business/ Как долго Вы занимаетесь данной деятельностью:			
Please, attach list equipment you can repair/ Пожалуйста, приложите перечень оборудования, которое Вы можете ремонтировать:	Yes/ Да	No/ Нет	
Please, attach list products you can manufacture/ Пожалуйста, приложите перечень продукции которую Вы можете производить:	Yes/ Да	No/ Нет	
Please, attach list services or materials you can provide/ Пожалуйста, приложите перечень услуг и материалов которые Вы можете поставлять	Yes/ Да	No/ Нет	
Please, attach list your major customers/ Пожалуйста, приложите перечень Ваших основных заказчиков	Yes/ Да	No/ Нет	
Please, list government agencies, private companies and organisations, which are surveys and approves your Quality System/ Пожалуйста, приложите перечень властей, организаций, компаний, которые одобряют Вашу систему качества	Yes/ Да	No/ Нет	

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.3 Form 08.200-03 - List of Authorized Store Staff. Receiving Inspector.

	List of Authorized Store Staff. Receiving Inspector.	
	Form 08.200-03 Revision 00	Page 1 of 1

	Name	Title	Authorization number
1			
2			
3			
4			
5			
6			
7			
8			

Quality Assurance Manager _____ **Name/Signature**

Revision # _____

Date: *DD Month YYYY*



FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.4 Form 08.200-04 - List of Approved Suppliers



LIST OF APPROVED SUPPLIERS

08.200-04
Revision 00

Revision №
Date of revision
Approved by:

ABBREVIATIONS & ACRONYMS

SERVICE PROVIDED:

TEQ	Tools and Equipment
LOG	Liquids, Oil and Gases
COMP	Components
CALIBR	Calibration services


TYPE OF BUSINESS:

MANUF	Manufacture
REPAIR	Repair Station
MRO	Maintenance Organisation (MRO)
DISTR	Distributor of products direct from manuf
AIRL	Airline
DEALER	Dealer
ENGIN	Engineering company


	Approved Supplier
	Suspended Supplier
	Supplier Stopped its activities

NOTE: Items that are already bought from Suspended and Stopped Suppliers can be used, but no new items can be purchased from these supplier.

№	NAME OF SUPPLIER	SERVICE PROVIDED	TYPE OF BUSINESS	CONTACT DATA		NOTE
				NAME	CONTACTS	

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.5 Form 08.200-05 - List of Approved Subcontractors

	AVIACOMPANY "AVIASTAR-TU"	
	LIST OF APPROVED SUBCONTRACTORS	
	Revision: _____	Form 08.200-05 Revision 00

Subcontractor Name	Scope of Approval	Certificate (if applicable)	Contract Ne	Address	Contacts

Approved by the Quality Assurance Manager,
date: _____



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.6 Form 08.200-06 - List of Maintenance Providers



AVIACOMPANY "AVIASTAR-TU"

LIST OF MAINTENANCE PROVIDERS

Revision: _____


Issue 01
Revision 00

Form 08.200-06


No	Provider	Scope (by contract)	B757	Components	Locations	Certificate	Certificate expiration date	Contract reference	Contract expiration date
1									
2									
3									
4									
5									
6									

Approved by the Quality Assurance Manager,

date: _____

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.8 Form 08.200-08 - Serviceable Tag (Expendables)

		SERVICEABLE TAG NO	Form 08.200-08 Revision 00
VENDOR:			
DESCRIPTION:		BATCH / LOT:	
PART NUMBER:			
QTY:			
EXPIRE DATE:			
SPECIFIC STORAGE CONDITIONS (IF ANY):			
LOCATION:			
CERT TYPE:			
CERT NO:			
APPROVAL (NAME, STAMP/SIGNATURE):		DATE	



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

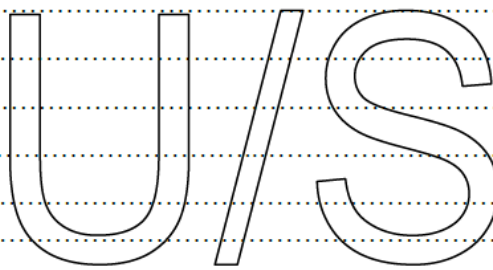


Date:01.05.2019


Issue 01

Revision 00


Doc. No: M08.200-03


3.9 Form 08.200-09 -Serviceable Tag (Rotables)

SERVICEABLE LABEL (TAG) №		W.O. (ATL/NRC) No.	
Date.....		Removed from A/C:	
Customer/Operator.....		TAH.....	TAC..... Pos.....
Vendor.....		PART REMOVED	
Description.....			
Part Number.....			
Serial Number.....			
EASA <input type="checkbox"/> FAA <input type="checkbox"/> TCCA <input type="checkbox"/> ANAC <input type="checkbox"/> JAA <input type="checkbox"/>			
Other <input type="checkbox"/>			
Cert. No.....			
Expire Date..... Status.....			
Sign/Stamp..... Date.....			
Rob from.....			
W.O. (NRC) No.....		<input type="checkbox"/> Serviceable <input type="checkbox"/> Unserviceable	
TAH.....	Stamp No./Sign:	Station.....	Stamp No./Sign:
TAC.....		Date.....	
			
Form 08.200-09 Revision 00		Form 08.200-09 Revision 00	


	LLC AVIACOMPANY "AVIASTAR-TU"			
	FORMS MANUAL			
	Date:01.05.2019	Issue 01	Revision 00	Doc. No: M08.200-03

3.10 Form 08.200-10 - Rejected Tag

Field for batching			REJECTED TAG №		Form 08.200-10 Revision 00	
	Part name:				Location:	
	Part number:		Serial number:		Qty:	
	<u>Finding Description:</u>					
	Name		Stamp	Title	Signature	Date
	<u>Final decision:</u>					
	Name		Stamp	Title	Signature	Date

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.11 Form 08.200-1 - Temporary Removed Tag

Field for batching			TEMPORARY REMOVED TAG		Form 08.200-11 Revision 00	
	Part name:					
	Part number:			Serial number:		
	Station:	Aircraft Tail No:	TLB ref.:	Position: (SYS, APU, ENG etc.)		
	Reason for removal:					
	IMPORTANT NOTICE: PART DESCRIBED ABOVE MUST BE FITTED ON THE SAME AIRCRAFT ON THE SAME POSITION					
	Name: _____ Date: _____ Signature/ Stamp: _____					



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.12 Form 08.200-12 - Release from Stock

		AVIACOMPANY "AVIASTAR-TU" RELEASE FROM STOCK				Form ATU-08.200-F12 Revision 00	
A/C REG No:		DEPARTMENT:	WO No/ NRC No:			DATE:	
	PART NUMBER	DESCRIPTION	BATCH OR S/N	Serviceable Part Tag Reference No	REL. QTY	RET. QTY	CUSTOMER
1							
<small>* THIS CERTIFICATION IS BASED ON DOCUMENTATION OBTAINED FROM SUPPLIER. PART/MATERIAL HAS BEEN INSPECTED AIW INCOMING INSPECTIONCHECKLIST AND CONSIDERED SERVICEABLE</small>							
Given by				Received by			
NAME		SIGNATURE		NAME		SIGNATURE	



FORMS MANUAL


Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.12 Form 08.200-13 - Release from Stock


 АВИАКОМПАНИЯ АВИАСТАР-ТУ Bermuda Approved Ref. BDA/AM0/753	TEMPORARY REMOVED PARTS LOG			Form 08.200-13 Revision 00
				Page:

Date of Reception:	A/C:	Qty:	Date of Release (out):	A/C:
Part#:		S/N (if available):		
Description:			Storekeeper:	Engineer:
Storekeeper:	Engineer:			
Signature/Stamp:	Signature/Stamp:		Signature/Stamp:	Signature/Stamp:

Date of Reception:	A/C:	Qty:	Date of Release (out):	A/C:
Part#:		S/N (if available):		
Description:			Storekeeper:	Engineer:
Storekeeper:	Engineer:			
Signature/Stamp:	Signature/Stamp:		Signature/Stamp:	Signature/Stamp:

Date of Reception:	A/C:	Qty:	Date of Release (out):	A/C:
Part#:		S/N (if available):		
Description:			Storekeeper:	Engineer:
Storekeeper:	Engineer:			
Signature/Stamp:	Signature/Stamp:		Signature/Stamp:	Signature/Stamp:

Date of Reception:	A/C:	Qty:	Date of Release (out):	A/C:
Part#:		S/N (if available):		
Description:			Storekeeper:	Engineer:
Storekeeper:	Engineer:			
Signature/Stamp:	Signature/Stamp:		Signature/Stamp:	Signature/Stamp:

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.15 Form 08.200-15 - Part-Material Non-Conformance Report

	AVIACOMPANY "AVIASTAR-TU"
	Part-Material Non-Conformance Report
	Form 08.200-15 Revision 00

Report # _____ Issued by: _____ Date of issue: _____

Non-Conformance:

- Lack of materials for scheduled maintenance (e.g. filters, fluids etc.)
- Delay in supplying of spare part/material jeopardizing MEL overdue
- Lack or insufficiency of accompanying documentation (e.g. EASA Form I etc.)
- Failure of part/material upon installation or within short-term period after it
- Incompleteness of supplied part (e.g. lack of software etc.)
- Obvious damages of the supplied part/material
- Suspected Unapproved Part (incl. suspected unapproved repairs)
- Expired/Close to expiry date part/material (shelf-life, service life, etc.)
- Other (please specify) _____

Affected Part/Material:

Part Description	Part Number	Serial/Batch #	Shelf-life, if any	ATA

Non-Conformance Detailed Description:

Please attach all related documents (including Serviceable Tag, Airworthiness certificate and photos, as applicable) to this report

Attachments _____(pages)

Please forward this report to Aviacompany "Aviastar-TU" directly or by e-mail: quality@aviastartu.ru




FORMS MANUAL


3.16 Form 08.200-16 - Master List

	MASTER LIST				Form 08.200-16	
Scope: (up to 60000 FH / 18 MO)	A/C Type: B757-200 cargo Engine Type: RB211-535	MP revision: 01 11.02.2019	Date:	Revision: 00 01.05.2019	Date:	
Task Description		Tool / Equipment	Part No:	Task Card	QTY per task	Minimum QTY level
Out of Phase Tasks						
Tool						
Expendable						
Consumable						

*The Form must be revised accordance following changes (if applicable):
 **Quantity of required number must be defined in accordance to the flight schedule at particular LMS.
 ***In case of rare usage of some specific tool it can be loaned or transferred from any other LMS with guarantee of availability in scheduled maintenance event.

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.17 Form 08.200-17 - Work Order

	AVIACOMPANY "AVIASTAR-TU"
	Work Order
	Form 08.200-17 Revision 00

From	Aviacompany "Aviastar-TU"	To	
WO#		Aircraft Reg.:	
Issue Date		Aircraft Type:	
Planned Date		Station	
WORK DESCRIPTION			
ATTACHMENT			
Issued By:		NOTICE:	
Name		FDM <input type="checkbox"/>	HIL (deferred defect) <input type="checkbox"/>
Signature		TBS <input type="checkbox"/>	Other <input type="checkbox"/>
ACTION TAKEN			
Further actions required: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Performed <input type="checkbox"/>	TLB Ref: _____	Postponed <input type="checkbox"/>	
Accomplishment After accomplishment of the Work Order enter the maintenance in the Technical Log Book flight and certify the maintenance events before next flight			
Date		Station	
Certifying Staff:			
Name		Signature	Stamp
Inspector (if required)			
Name		Signature	Stamp



3.19 Form 08.200-19 - Tool Individual Record Sheet

	AVIACOMPANY "AVIASTAR-TU" TOOL INDIVIDUAL RECORD SHEET № _____				Form 08.200-19 Revision 00
	ATU Tool Identification No: _____ Page: _____				
Tool Name: _____					
Supplier: _____					
Part Number: _____					
Serial Number: _____					
Periodical inspection to be performed each : _____					
No:	Last Calibration:	Document Reference:	Location:	Next Calibration:	Store Keeper Signature (Stamp):



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00


Doc. No: M08.200-03

3.20 Form 08.200-20 - Calibration Sticker



CALIBRATION STICKER
IDENTIFICATION No: ATU XXX
Next Calibration Date: DD/MM/YYYY


Form 08.200-20

Revision 00, Date: 01.05.2019


	LLC AVIACOMPANY "AVIASTAR-TU"			
	FORMS MANUAL			
	Date: 01.05.2019	Issue 01	Revision 00	Doc. No: M08.200-03

3.21 Form 08.200-21- List of Serviced Tool and Equipment

		LLC "AVIASTAR-TU" LIST OF SERVICED TOOL AND EQUIPMENT						Form 08.200-21 Revision 00	
								Page:	
No:	Tool/Equipment Name:	Part Number:	Serial Number:	Identification No:	Location:	Maintenance/ Check interval:	Maintenance type (visual check, lubrication, etc.):	Date of Reception:	Remarks:
Store Responsible Person:									
Name: _____ Signature _____									
Stamp: _____									


	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.22 Form 08.200-22 - Inspection Sticker

	INSPECTION STICKER	Form 08.200-22 Revision 00
TAG#:	ITEM#:	
PN#:	SPEC/SN:	
SERVICING DATE/NEXT DATE	PERFORMED BY	
/		
/		
/		
/		
/		
/		
/		
/		
/		
/		



3.23 Form 08.200-23 - Inspection Report

	AVIACOMPANY "AVIASTAR-TU" INSPECTION REPORT №	Form 08.200-23 Revision 00
ATU Tool Identification No:		
Tool Name:		
Part Number:		
Serial Number:		
Inspection interval:		
Inspection date:		
Next inspection date:		

INSPECTION CHECK-LIST

1. VISUAL CHECK

Results		Remarks	Performed by (Signature, Stamp)
PASSED <input type="checkbox"/>	FAILED <input type="checkbox"/>		

2. LUBRICATION

Applicability		Description of performed tasks	Performed by (Signature, Stamp)
N/A <input type="checkbox"/>	PERFORMED <input type="checkbox"/>		

3. OTHER ACTIONS (IF APPLICABLE)

Description of performed tasks	Performed by (Signature, Stamp)



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019


Issue 01

Revision 00


Doc. No: M08.200-03

3.24 Form 08.200-24 - Inventory Tools Log

		AVIACOMPANY "AVIASTAR-TU" INVENTORY TOOLS LOG									Form 08.200-24 Revision 00	
		Date / Time	Tool Name:	Identification No:	A/C:	Received by:		Date / Time	Returned by:		Accepted by:	
Name:	Sign:					Name:	Sign:		Name:	Sign:		
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					
/							/					

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.25 Form 08.200-25 - Tool-Equipment Conformity Report

	AVIACOMPANY "AVIASTAR-TU" TOOL/EQUIPMENT CONFORMITY REPORT №		Form 08.200-25 Revision 00
	Tool/Equipment name:		
Alternative Part number:		Serial number (if applicable)	
Original Part number:		Maintenance Data ref.:	
Drawings used as enclosed:			
Materials used as enclosed:			
Engineering Responsible confirmation: Name:_____ Date:_____		Quality Assurance Department approval: Name:_____ Date:_____	
Signature:_____ Stamp:		Signature:_____ Stamp:	




FORMS MANUAL

3.26 Form 08.200-26 - Missing Tool Report


	AVIACOMPANY "AVIASTAR-TU"		
	MISSING TOOL REPORT №		
	Form 08.200-26 Revision 00		

General Info	Issued by (position, name):	Date:	Time:
	Description:	P/N:	S/N (& Tool Kit #):
	Circumstances and place of tool missing disclosure:		
For Maintenance staff	A/C Affected Tail No: _____	MJSS # _____	Task Card # _____
	<p>IMPORTANT! <i>The missing tool search must be initiated before the aircraft / aircraft component is being released to service. (ref. MOE 2.6.3)</i> <u>The tool search must cover the following areas and places:</u></p> <ul style="list-style-type: none"> - all areas of the aircraft/aircraft component where work had been performed during the time/shift the loss has most likely occurred, - working clothes (pockets) and tool boxes of all maintenance employees which were on duty during the time/shift the loss has most likely occurred, - storage areas, social rooms and vehicles, - engine intakes, wheel wells, galleys and passenger cabin, - any other area or place where the tool might have been lost (for example apron). 		
	<p><i>"By the signature below I certify that the missing item cannot be found but it can be ensured by having thoroughly searched all of the areas and places listed above that it has not been left in an area where it endangers flight safety, release to service may be given."</i></p>		
	Name _____ Auth. No. _____		
	Signature: _____ Date & Time: _____		
Shift Leader's Acknowledgement Signature: _____			
Note: This Report must be enclosed in the related MJSS			
For Store personnel	The tool was issued to: _____ Date: _____		
	Name _____ Signature: _____		
*Copies to: Store Manager, LSM and Quality Assurance Manager			
Acknowledgement	1. Line Station Manager _____ sign _____ date _____		
	2. Store Manager _____ sign _____ date _____		
	3. Quality Assurance Manager _____ sign _____ date _____		


	LLC AVIACOMPANY "AVIASTAR-TU"			
	FORMS MANUAL			
	Date:01.05.2019	Issue 01	Revision 00	Doc. No: M08.200-03

3.27 Form 08.200-27 - List of Loaned Tools Equipment

ATU Aviastar-TU AIRLINES		AVIACOMPANY "AVIASTAR-TU" LIST OF LOANED TOOLS & EQUIPMENT								Form 08.200-27 Revision 00	
#	Incoming Date:	Tool Name:	Identification (part) No:	Serial Number: (If applicable)	Location:	Received and accepted		Used for (A/C, ref., date):	Return Date to Owner:	Returned By: (Name)	
						From: (Owner)	By: (Name)				

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.28 Form 08.200-28 - Unserviceable Tag for Tools _ Equipment

Field for batching		UNSERVICEABLE TAG FOR TOOL & EQUIPMENT №		Form 08.200-28 Revision 00		
	Tool name:			Location:		
	Part number:		Identification / Serial number:			
	<u>Defect description:</u>			<u>Subject to:</u>		
				<input type="checkbox"/> Calibration	<input type="checkbox"/> Service	
				<input type="checkbox"/> Repair	<input type="checkbox"/> Scrap	
Name		Title		Signature		Date



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.29 Form 08.200-29 - List of Maintenance Data



AVIACOMPANY "AVIASTAR-TU"

LIST OF MAINTENANCE DATA


Form 08.200-29 Revision 00

No	Description	Doc. No	Doc. code	Eff.	REV	REV date
BOEING 757						
1						
2						
3						
4						
5						

Developed by: _____ / _____ /

Checked by: _____ / _____ /

Approved by: _____ / _____ /

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.30 Form 08.200-30 - EO-MJO Preparation Sheet

	AVIACOMPANY "AVIASTAR-TU"	Form 08.200-30
	EO/MJO IMPLEMENTATION PREPARATION SHEET (PS)	Revision 00

TO PERFORM _____ (AD, SB, ADD ref.): _____				DEADLINE: _____	
				Date: _____	
MATERIAL/EQUIPMENT SUPPORT			MAINTROL		ENGINEERING DEP.
Signature certifies that specified in related EO parts, equipment and materials are available.			Signature certifies that maintenance documentation is reviewed and approved by MAINTROL.		Signature certifies that all required maintenance documentation is available.
P/N	Loc	Name/Sign	Date	Name: Sign: Date:	Name: Sign: Date:
PS completed (Ready for maintenance action):			DATE	NAME	SIGNATURE

Distribution List: E&PD, MSD, MAINTROL



FORMS MANUAL

3.31 Form 08.200-31 - Maintenance Job Summary Sheet

	AVIACOMPANY "AVIASTAR-TU"
	MAINTENANCE JOB SUMMARY SHEET
	Form 08.200-31 Revision 00

A/C Type	A/C Reg #	Arr. Flt. No	Dep. Flt. No	Station	Date	Prepared by:

List of Jobs

No	Job Name/No	Job Description	Name/Stamp	Signature

List of Deferred/Rectified Defects (LDD)

No	TLB ref.	Status	Stamp	Name

The aircraft is clear of all tools, equipment and any extraneous parts and materials. All access panels removed have been refitted.
Used tools are checked and found not missed.


_____ CS authorization#/ sign

The signature under this certificate certifies that the work recorded has been carried out in accordance with the Air Navigation (Overseas Territories) Order as amended and in respect of that work the aircraft is fit for release to service under BDA/AMO/ "Auth.#/stamp/sign"


.....
Certifying staff

BRIEFING PERFORMED	Capt.	CS
--------------------	-------	----

DATE:	UTC:	Paper work completed	Shift leader:
-------	------	----------------------	---------------

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.32 Form 08.200-32 - Task Card

	AVIACOMPANY "AVIASTAR-TU"
	TASK CARD
	Form 08.200-32 Revision 00

AIRLINE CARD NO.		TITLE	BOEING CARD NO.		
M/H	TASK		RELATED CARD		
TAIL NUMBER	WORK AREA	THRESHOLD	REPEAT		
			ONE TIME		
STATION	DATE	ACCESS	APPLICABILITY		
			AIRPLANE	ENGINES	
			ZONE		
			<table border="1"> <tr> <td>MECH.</td> <td>INSP.</td> </tr> </table>	MECH.	INSP.
MECH.	INSP.				

Task Card No.: 00-00-000-00
Date: 00.00.00

Page of Task Card Revision



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00


Doc. No: M08.200-03

3.33 Form 08.200-33 - Maintenance Job Order


	AVIACOMPANY "AVIASTAR-TU"	
	MAINTENANCE JOB ORDER	
	Form 08.200-33 Revision 00	

CARD NO		TITLE		MJSS #	
DATE	REVISION			TAIL NUMBER	DATE
MAN-HOURS	GND TIME	INTERVAL	ZONE	STATION	WORK AREA
APPL. AIRPLANE	APPL. ENGINE	THRESHOLD	ACCESS	WORK ORDER No	SKILL
Prepared By			Approved by		
REFERENCE					
AD/SB					
AMM					
SIL					
CONSUMABLE MATERIALS					
Description		Specification		Qty	
TOOLS/EQUIPMENT					
Description		Specification		Qty	
ATTACHMENT					
Specify below any defect / discrepancy and corresponding actions (WO, NRC, NDT Report etc.) reported during accomplishment of this MJO:					
.....					
.....					
.....					
.....					
ALL JOBS ARE COMPLETED AND PROPERLY SIGNED ON THIS JOB CARD					
Remarks:	STATION	DATE	NAME	SIGNATURE / STAMP	


CARD NO	DATE	TAIL NUMBER	STATION	
WORK INSTRUCTIONS:			MECH	INSP

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00


3.34 Form 08.200-34 - Engineering Order

	AVIACOMPANY "AVIASTAR-TU"
	ENGINEERING ORDER
	Form 08.200-34 Revision 00

EO #:		Page: of	
		Date:	
Title:			
EO Type:	Interval:	Compliance Date:	
Type Of Aircraft:		Spares required:	
Effectivity:		Equipment required:	
<i>Reference</i>		<i>Weight Change : YES</i> <input type="checkbox"/> ; <i>NO</i> <input type="checkbox"/>	
<input type="checkbox"/> AD #	<input type="checkbox"/> STC #	+ lbs:	-lbs:
<input type="checkbox"/> SB #	<input type="checkbox"/> Reliability	Arm:	Moment:
<input type="checkbox"/> Other		<i>Manuals Affected: YES</i> <input type="checkbox"/> ; <i>NO</i> <input type="checkbox"/>	
Estimated Labor Hours:	<input type="checkbox"/> IPC	<input type="checkbox"/> AMM	<input type="checkbox"/> WDM
Elapsed Time:	<input type="checkbox"/> CMM	<input type="checkbox"/> SRM	<input type="checkbox"/> Other
Reason and Description:			
Prepared by:		Position:	Signature
Approved by:		Position:	Signature
Revision #:		Attached Data:	
Date of Revision:			

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.35 Form 08.200-35 - Visual Check Order

	AVIACOMPANY "AVIASTAR-TU"
	VISIAL CHECK ORDER
	Form 08.200-35 Revision 00

A/C _____

PREPARED BY: _____

DATE: _____

PLS. FILL NEXT TABLE.

 P/N S/N	POS.
1			
2			
3			

PERFORMED BY: _____

DATE _____



FORMS MANUAL

3.36 Form 08.200-36 - Store Out Register Book (Expendables)

	STORE OUT REGISTER BOOK FOR EXPANDABLES	Form 08.200-36 Revision 00
		Page:

Date:	A/C:	MJSS:	
Part #:		TAG#:	Qty out:
Description:			Qty return:
Released by:	Sign/Stamp	Released to:	Sign/Stamp
Date:	A/C:	MJSS:	
Part #:		TAG#:	Qty out:
Description:			Qty return:
Released by:	Sign/Stamp	Released to:	Sign/Stamp
Date:	A/C:	MJSS:	
Part #:		TAG#:	Qty out:
Description:			Qty return:
Released by:	Sign/Stamp	Released to:	Sign/Stamp
Date:	A/C:	MJSS:	
Part #:		TAG#:	Qty out:
Description:			Qty return:
Released by:	Sign/Stamp	Released to:	Sign/Stamp
Date:	A/C:	MJSS:	
Part #:		TAG#:	Qty out:
Description:			Qty return:
Released by:	Sign/Stamp	Released to:	Sign/Stamp
Date:	A/C:	MJSS:	
Part #:		TAG#:	Qty out:
Description:			Qty return:
Released by:	Sign/Stamp	Released to:	Sign/Stamp
Date:	A/C:	MJSS:	
Part #:		TAG#:	Qty out:
Description:			Qty return:
Released by:	Sign/Stamp	Released to:	Sign/Stamp
Date:	A/C:	MJSS:	
Part #:		TAG#:	Qty out:
Description:			Qty return:
Released by:	Sign/Stamp	Released to:	Sign/Stamp



FORMS MANUAL

3.37 Form 08.200-37 - Store Out Register Book (Rotables)

	STORE OUT REGISTER BOOK FOR ROTABLES	Form 08.200-37 Revision 00
		Page:

Released		Returned	
Date:		A/C:	
Description			
TAG#		TAG#	
Part#	S/N	Part#	S/N
Released by	Released to	Returned by	Returned to
Sign/Stamp	Sign/Stamp	Sign/Stamp	Sign/Stamp
Date:		A/C:	
Description			
TAG#		TAG#	
Part#	S/N	Part#	S/N
Released by	Released to	Returned by	Returned to
Sign/Stamp	Sign/Stamp	Sign/Stamp	Sign/Stamp
Date:		A/C:	
Description			
TAG#		TAG#	
Part#	S/N	Part#	S/N
Released by	Released to	Returned by	Returned to
Sign/Stamp	Sign/Stamp	Sign/Stamp	Sign/Stamp
Date:		A/C:	
Description			
TAG#		TAG#	
Part#	S/N	Part#	S/N
Released by	Released to	Returned by	Returned to
Sign/Stamp	Sign/Stamp	Sign/Stamp	Sign/Stamp



3.38 Form 08.200-38 - Tool Equipment Conformity Report

 Bermuda Approved Ref. BDA/AM0/753		Tool/Equipment Conformity Report №			Form 08.200-38 Revision 00	
Tool/Equipment name:	Original Part number:	Available alternative Part number:	Serial number (if applicable)	ID No	Applicability	
Maintenance Data ref.:						
Special tools			Equipment			
Type of inspection	Conclusion	#	Parameter name	Required value	Available Value	Conclusion
Visual inspection						
Material inspection						
Dimensional inspection						
Operational test						
Drawings used as enclosed:						
Materials used as enclosed:						
Note:						
Conformity Statement: Basing on maintenance data analysis & the performed inspections results mentioned above The commission:						
Maintenance staff:	_____	_____	_____	_____	_____	_____
	Position	Sign	Name	Date		
Engineering staff:	_____	_____	_____	_____	_____	_____
	Position	Sign	Name	Date		
Management staff:	_____	_____	_____	_____	_____	_____
	Position	Sign	Name	Date		
decided to accept the tool/equipment P/N _____, S/N _____ suitable for use during maintenance of:						
<hr/>						
Quality Assurance Department approval:						
	_____	_____	_____	_____	_____	_____
	Position	Sign/Stamp	Name	Date		



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019


Issue 01

Revision 00


Doc. No: M08.200-03

3.39 Form 08.200-39 - Internal Report

	AVIACOMPANY "AVIASTAR-TU"	
	INTERNAL REPORT	
	Form 08.200-39 Revision 00	
Note: допускается заполнение на русском языке для более полного понимания		Date of issue: DD-MM-YY
Affected Area / затрагиваемая сфера:		
<input type="checkbox"/> Flight Safety / Безопасность Полётов		
<input type="checkbox"/> Quality Standards/Procedures / Стандарты Качества / Процедуры		
<input type="checkbox"/> Dispatch Reliability / Регулярность Полетов		
<input type="checkbox"/> Labour safety / Охрана Труда		
<input type="checkbox"/> Maintenance Error / Ошибки ТО		
<input type="checkbox"/> Other (please specify) / Другое _____		
Presumable root cause / предполагаемая причина:		
<input type="checkbox"/> Lack of Manpower Недостаток рабочей силы		
<input type="checkbox"/> Lack of Qualification Недостаток квалификации		
<input type="checkbox"/> Lack of Spares/Tool/Equipment Недостаток зап. частей/инструмента		
<input type="checkbox"/> Lack of Maintenance Facilities Недостаток произв. помещений		
<input type="checkbox"/> Other (please specify) / Другое _____		
<input type="checkbox"/> Lack of Maintenance Data Недостаток тех. докум.		
<input type="checkbox"/> Lack of Procedures Недостаток процедур		
<input type="checkbox"/> Lack of Communications Недостаток обмена информацией		
<input type="checkbox"/> Human Factor Человеческий фактор		
The issue description / описание проблемы:		
Attachments (if any) / приложения: _____ pages		
Reference(s) as required / ссылки на документ:		
Proposed Corrective Action (if any) / Предложения:		
Leave your contacts if you need the feedback: Оставьте свои координаты, если желаете получить ответ лично:		
Please forward this report to Quality assurance Dpt. directly or by e-mail: quality@aviastartu.ru		

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.40 Form 08.200-40 - Engineering Recommendation Request

	AVIACOMPANY "AVIASTAR-TU"
	ENGINEERING RECOMMENDATION REQUEST
	Form 08.200-40 Revision 00

ENGINEERING RECOMENDATION REQUEST No. _____

Aircraft Registration No. _____

Issued by _____ Date _____

1. PROBLEM DESCRIPTION.

It is necessary to solve a problem till (date) _____

*For this defect initial record in the: TLB, CLB
 Actions performed: see HIL \ ADDL Control printout

ADDL Control Ref. _____

CAD registration.
 Received from MCC _____ (Date) _____ (Name)

2. ACTION PROPOSED BY ENGINEERING AND PLANNING SERVICES.

3. Engineering and Planning Services Engineer _____ Name/Date

Attached Document(s)



3.41 Form 08.200-41 - Base Maintenance Preparation Check List

	AVIACOMPANY "AVIASTAR-TU"		
	BASE MAINTENANCE PREPARATION CHECK LIST		
	Form 08.200-41 Revision 00		

Maintenance requested (WP#/MJSS#)			
A/C Type		Maintenance Event	
Tail No.		Date	

A. FACILITIES

YES NO

N/A

- 1) Is the hangar available for the performance of maintenance during all required time?
- 2) Are all necessary inspection platforms/docking/steps/ladders available for the performance of maintenance so that the aircraft can be properly inspected?

B. EQUIPMENT & TOOLS

- 1) Are the special tools/equipment, if any, available for the performance of maintenance?
- 2) Are the maintenance facilities (including hangar) fully equipped with the GSE (e.g. GPU, ACU, etc.) as necessary for performance of maintenance?
- 3) Is the available GSE kept in the sufficient condition?

C. PERSONNEL

- 1) Is the necessary amount of maintenance staff, including mechanics and certifying/support staff as necessary, available for the performance of maintenance?
- 2) Is the necessary amount of qualifying inspectors available to conduct and certify "RII" tasks?

D. MAINTENANCE DATA

- 1) Is the updated applicable maintenance data available for the performance of maintenance?


E. PARTS & MATERIALS

- 1) Are all materials (expendable, consumable, raw) available to perform the planned Maintenance?


"This is to confirm, that the planned WP is prepared completely and accepted to be performed without subjects for deviations."

Responsible category "C" Engineer:

DATE	STAMP	NAME	SIGNATURE

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.42 Form 08.200-42 - Audit Report

	AVIACOMPANY "AVIASTAR-TU"
	AUDIT REPORT#
	Form 08.200-42 Revision 00

Auditee <i>(Name of Organization, department)</i>		Location <i>(Address of Auditee)</i>	
Type of Audit	<input type="checkbox"/> External	<input type="checkbox"/> Scheduled	<input type="checkbox"/> On Site
	<input type="checkbox"/> Internal	<input type="checkbox"/> Unscheduled	<input type="checkbox"/> On Desk
Audit Subject			
Scope of Audit	<input type="checkbox"/> OTAR Part 145 req. (145.9, 145.53, 145.59, 145.103, 145.105, 145.107, 145.109, 145.111, 145.113, 145.115, 145.117, 145.119, 145.121, 145.123, 145.125)		
	<input type="checkbox"/> OTAR Part 43 req. (43.51, 43.53, 43.55, 43.57, 43.59, 43.101, 43.103, 43.105, 43.107, 43.109, 43.111, 43.113, 43.115)		
	<input type="checkbox"/> OTAR Part 39 req. (, 39.51, 39.53, 39.55, 39.57, 39.59, 39.61, 39.63, 39.65, 39.67, 39.69, 39.70, 39.71, 39.73, 39.75, 39.77, 39.79, 39.81, 39.83, 39.85)		
	<input type="checkbox"/> ATU MOE (PART 0; 1; 2; L2; 3; 4; 5)		
	<input type="checkbox"/> ATU MCM (PART 0; 1; 2; 3; 4; 5)		
<input type="checkbox"/> Other:			
Auditee responsible person <i>(Name, Position, Sign)</i>			
Auditor(s) <i>(Name, Position, Sign)</i>			

Non-compliances				
No	Doc. ref.	Non-compliance description	Level	Responsible Person
1				
2				
3				
4				
5				
6				
7				
8				

Audit Closed by: <i>(Name, Position, Date, Sign)</i>	
---	--



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.44 Form 08.200-43 - Annual Audit Program



AVIACOMPANY "AVIASTAR-TU"

ANNUAL AUDIT PROGRAM

Date: DD/MM/YYYY Revision #


Form 08.200-43 Revision 00

SUBJECT	MONTH											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec


	- Planned Audit
	- Performed Audit
	- Closed Audit

Accepted by Quality Manager _____


Prepared by Head of Audit Group _____

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.44 Form 08.200-44 - Corrective Action Implementation

	AVIACOMPANY "AVIASTAR-TU"
	CORRECTIVE ACTION IMPLEMENTATION
	Form 08.200-44 Revision 00

Non-compliance N:		Level:		Due date:	
Description:					
Root Cause <i>(to be filled by auditee)</i>					
Proposed Corrective Action <i>(to be filled by auditee)</i>					
PCA Responsible person: <i>(name, position, date, sign)</i>					
PCA Accepted by: <i>(Auditor name, date, sign)</i>					
Implemented Corrective Action and Evidence <i>(to be filled by auditee)</i>					
ICA Responsible person: <i>(name, position, date, sign)</i>					
ICA Accepted* by: <i>(Auditor name, date, sign)</i>					
* - The sign means non-compliance closure					

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00


3.45 Form 08.200-45 - CA Monitoring

AVIACOMPANY "AVIASTAR-TU"

Corrective Actions Monitoring

Form 08.200-45
Revision 00

Audit Report	Type of audit	Auditee	Auditor	Item	Doc_ref	Nonconformance	Level	Target Date	Responsible Person	Root cause	Proposed Corrective Action	Implementation date	Closure date	Extention cause	Extention till	Remarks

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.46 Form 08.200-46 – One-Time Purchase Approval

 BDA/AMO/753	ONE-TIME PURCHASE APPROVAL	Form 08.200-46 Rev. 00
--	-----------------------------------	----------------------------------

To: whom it may concern

Date of issue: **March 06, 2019**

ONE-TIME PURCHASE APPROVAL

The undersigned hereby in accordance with procedure described in MCM issued the one-time purchase approval under the following conditions:

1. Company name and address:

Aeroforge, Inc.
Address: 609 N Levee Road Puyallup, WA 98371 USA

2. Agreement number and Purchase Order reference:

Purchase Order reference - RQ-0032977


3. Description of material supply:

P/N WL14L96A- Cover-Engine inlet –

The one-time purchase approval is valid for a time equal to the rime of delivery specified in the agreement.

Ilia Fedotov

 Quality Assurance Manager

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.47 Form 08.200-47 - Review Board Protocol

	AVIACOMPANY "AVIASTAR-TU"
	REVIEW BOARD PROTOCOL#
	Form 08.200-47 Revision 00

Participants:

Name	Position in company	Abbreviation


Review of the implementation of the previously proposed actions
(see Management Board Protocol №):

Minutes of meeting (major issues):

Proposed actions and responsible persons versus minutes of meeting:

Witnessed on the participation and proposed actions (appointed responsible persons):

Name	Position in company	Signature

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.48 Form 08.200-48 - OJT Programme



СПРАВКА

прохождения стажировки на авиационной технике для ИТС ООО Авиакомпания «Авиастар-ТУ» по специальности "Пил" "

List of passing On-Job Training Course for Aviastar-TU maintenance staff trade "Airframe & Power Plant"

Ф.И.О. _____
 Name of candidate _____
 Должность _____
 Position _____
 Назначена стажировка на ВС _____ с двигателями _____
 forwarded to on job training on aircraft _____ with engines _____
 Начало стажировки _____
 Start of on job training _____
 Окончание стажировки _____
 End of on job training _____
 Ответственный руководитель _____
 Instructor _____
 Номер Свидетельства специалиста _____
 License number _____
 Общее количество часов _____
 Total hours of course _____

ПРОГРАММА СТАЖИРОВКИ PRACTICAL TRAINING SYLLABUS AND RECORD

№ Item	ATA Ref.	Содержание вопросов, для изучения и освоения <i>List of question for training.</i>	Дата Date of work	Часы Hours	Оценка Result of Examination	Подпись руководителя Instructor Signature
1.		Изучение руководящих документов:				
2.						
Изучение и получение практических навыков Knowledge and Maintenance practice for :						
1.						
2.						
Системы и двигатель ВС						
1						
2						
Выполнение оперативного и периодического технического обслуживания Performing Line and Base Maintenance						
1.						
2.						

Общее количество часов:

Заключение руководителя стажировки:


Result of the OJT training:

- Стажируемый может быть допущен к самостоятельному выполнению работ по оперативным и периодическим видам ТО, а также к буксировке соответствующего типа ВС.
Applicant can be granted with category B1 to perform and certify maintenance on the mentioned aircraft.
- Провести дополнительную стажировку по отдельным вопросам
Applicant shall be trained again on the particular tasks
- Провести стажировку вновь
Applicant shall pass the OJT once again

_____ дата/date

_____ подпись руководителя стажировки/instructor's signature

Заключение руководителя ИАС _____

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.49 Form 08.200-49 - Store Inventory Report

 Bermuda Approved Ref. BDA/AMO/753	STORE INVENTORY REPORT	Form 08.200-49 Revision 00
--	-------------------------------	-------------------------------

Inventory date:				
Inspectors name:				
Inspectors position:				
Location:				
Item #	Inspection item	Conformity		Discrepancies (List if any)
		Yes	No	
1.	Correct storage conditions (LAW MOE 2.3.2).			
2.	Continued segregation of serviceable and unserviceable material, tool and equipment, components.			
3.	Continued confinement of flammable material to the flammable store.			
5.	Continued integrity of material, tool and equipment, components identification.			
6.	Integrity of the quarantine store is assured.			
7.	Shelf life items in stock remain within the applicable shelf life.			
8.	Remained quantity of chemical material in the store are comply with the quantity in wings.			
Inspectors sign:				



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.50 Form 08.200-50 - Work Request



AVIACOMPANY "AVIASTAR-TU"

WORK REQUEST

Form 08.200-50 Revision 00

DATE		APPLICABILITY	
DESCRIPTION			
CREATED BY	SIGNATURE	DATE	
ACTION TAKEN			
PERFORMED BY	SIGNATURE	DATE	



FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.51 Form 08.200-51 - Company Authorisation Certificate

		<p align="center">COMPANY AUTHORISATION CERTIFICATE OTAR-145 Approval Cert. Ref. BDA/AMO/ ___</p>		ABBREVIATIONS:			
				A	Category A as per MOE Part 3	RU	Engine RUN-UP
NAME:		Licence No: Authorisation No:		B1	Category B1 as per MOE Part 3	BSI	Borescope Inspection
				B2	Category B2 as per MOE Part 3	AWOPS	All Weather Operations
A/C	ENGINE	AUTHORISATION LIMITATION		QM	Qualifying Mechanic as per MOE Part 3	ETOPS	Extended Twin Operations
				<p>Issued by Quality Assurance Manager:</p>			
ETOPS							
AWOPS							
Date of issue		Expiration Date:		Form 08.200-51 Revision 00			



FORMS MANUAL


Date:01.05.2019


Issue 01

Revision 00


Doc. No: M08.200-03

3.52 Form 08.200-52 - One-Off Company Authorisation Certificate

Form 08.200-52, Revision 00											
	ONE-OFF COMPANY AUTHORISATION CERTIFICATE № _____										
BCAA approval # BDA/AMO/ _____											
1	Full name										
2	ICAO License #										
3	Category										
4	A/C type, Registration Number										
5	Location										
6	Limitations										
7	Date of issue										
8	Quality Assurance Manager's signature:										
9	<table border="1"><tr><td colspan="2">The maintenance has been re-checked by</td></tr><tr><td>_____ №</td><td></td></tr><tr><td>(name of AMO)</td><td>(certificate number)</td></tr><tr><td>_____ №</td><td></td></tr><tr><td>(date)</td><td>(TLB/MJSS)</td></tr></table> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">This block shall be filled out by MCC after performing re-check</p>	The maintenance has been re-checked by		_____ №		(name of AMO)	(certificate number)	_____ №		(date)	(TLB/MJSS)
The maintenance has been re-checked by											
_____ №											
(name of AMO)	(certificate number)										
_____ №											
(date)	(TLB/MJSS)										

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00


3.52 Form 08.200-53 – List of Authorized Instructors

	List of Authorized Instructors	Form 08.200-053 Revision: 0
---	---------------------------------------	--------------------------------


	Name	Title
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Quality Assurance Manager _____

Date:

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.54 Form 08.200-54 - Acceptable Deferred Defect List

								Form 08.200-54 Revision 00	
A/C Registration: _____ A/C MSN: _____		 AVIACOMPANY "AVIASTAR-TU" Acceptable Deferred Defect List (ADDL)					Shift Report Data Date: ____-____-____ Time (UTC): ____:____:____ Place: Shift Chief: Signature:		
ISSUE DATE	TLB/CLB REF.	EXTENDED ITEM REF.	DESCRIPTION	ACTION	MEL ITEM	MEL CAT	DUE DATE	STAMP*	
Printed by:									



3.55 Form 08.200-55 - Short term planning

AVIACOMPANY "AVIASTAR-TU"


Short Term Planning


Form 08.200-55
Revision 00

PLAN for LMS B757 xx-xx.xx.2019 LOCAL TIME			
DATE	xx.xx.2016	xx.xx.2019	xx.xx.2019


Approved by Head of Production Department _____
 Prepared by Manager of planning group _____


3.56 Form 08.200-56 – Training Certificate

	
<h1>Certificate of Training</h1>	
№ Certificate number	
NAME of Training Course	
<div style="border: 1px solid black; padding: 10px;"><p style="text-align: center;">This is to certify that</p><p style="text-align: center;">Name</p><p style="text-align: center;"><i>(was born on Date of Birth in Russia)</i></p><p style="text-align: center;">successfully completed the above course to the current programme issue</p></div>	
<p>Training Name covers following topics:</p> <ul style="list-style-type: none">• Topic 1• Topic 2•••••	
<p><i>Computer Based Training Course</i></p>	
<p>For <i>Quality Assurance Manager</i> Name.....</p>	
<p><i>Date of examination:</i> DD /Month /YYYY <i>Date of issue:</i> DD /Month /YYYY</p>	
<p>This Certificate is issued by Aviastar-TU, an organization approved both to the requirements of Bermuda Department of Civil Aviation under approval reference BDA/AMO/753.</p>	
<p>119027, Russia, Vnukovo, Centralnaya St., 8B, business center LA-5. E-mail: quality@aviastartu.ru</p>	


	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.57 Form 08.200-57 - Part Order Request

	PART ORDER REQUEST					DATE :
	A/C REG	FOR _ - _				
Part No	Specif. Part No	ALT P/N	IPC reference	Description	QTY	COMP/ CONS
Reason for order:			HOLD ITEM			
PRIORITY:			ORDERED BY			

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.58 Form 08.200-58 - Competence Assessment Board Protocol

	Competence Assessment Board Protocol
	(Протокол заседания квалификационной комиссии) Form 08.200-58 Revision 00

№ _____		dated _____		place _____					
Department	Name	Category/ Qualification	Duties/Authorisation Nominated						
<input type="checkbox"/> Initial grant		<input type="checkbox"/> Extension of Category/Duties		<input type="checkbox"/> Renewal					
Training/Experience Records									
№	Description	Decision		Remarks					
		Yes	No						
1	Basic training	<input type="checkbox"/>	<input type="checkbox"/>						
2	Type/Component training	<input type="checkbox"/>	<input type="checkbox"/>						
3	Experience	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/> Maintenance Logbook								
	<input type="checkbox"/> OJT <input type="checkbox"/> Practical Training								
4	Initial Training	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/> Module 9 <input type="checkbox"/> FTS <input type="checkbox"/> ETOPS								
	<input type="checkbox"/> Module 10 <input type="checkbox"/> EWIS <input type="checkbox"/> AWOPS								
5	Incoming/Continuation Training	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/> BDA MOE								
	<input type="checkbox"/> MCM								
	<input type="checkbox"/> Human Factors								
	<input type="checkbox"/> FTS								
<input type="checkbox"/> ATU Procedures									
<input type="checkbox"/> EWIS									
<input type="checkbox"/> Seasonal Training									
Assessment Result (Oral Examination And/Or Testing)									
Title		Managers	Engineering Staff	Planners, HR & Manpower Staff	Shift Leaders and Maintrol	Certifying and Authorised Staff	Qualifying Mechanics	Store Keepers and Supply Staff	Quality Audit Staff
Knowledge of applicable officially recognized standards			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of auditing techniques: planning, conducting and reporting									<input type="checkbox"/>
Knowledge of human factors, human performance and limitations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of logistics processes		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of organization capabilities, privileges and limitations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Knowledge of Part-M, Part-145, OTAR 39 and any other relevant regulations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Knowledge of relevant parts of the maintenance organization exposition and procedures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of occurrence reporting system and understanding of the importance of reporting occurrences, incorrect maintenance data and existing or potential defects		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01


Revision 00

Doc. No: M08.200-03


3.59 Form 08.200-59 - List of the Contracting Operators

Operators Name	Address, contacts	Contract		Note
		№	Date of signing	
Официальное название эксплуатанта	Контактные телефоны, адреса и др.	Номер	Дата подписания	Примечания
Confirmed by Quality Assurance Manager _____				


Form 08.200-59 Revision 00

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.60 Form 08.200-60 - Maintenance Activity Records

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.61 Form 08.200-61 - Application for Line Maintenance at Occasional Location

	AVIACOMPANY "AVIASTAR-TU"
	APPLICATION FOR LINE MAINTENANCE AT OCCASIONAL LOCATION
	Form 08.200-61 Revision 00

APPLICATION FOR LINE MAINTENANCE AT OCCASIONAL LOCATION (LMOL) # XX-XX-XX

A/C Reg.:	Type:	Serial No.:	Station
Applicant Name and Title:			Date of application: (dd/mm/yyyy)
Reason for application:			
Scope of maintenance to be performed:			
THIS IS TO CONFIRM AVAILABILITY OF CERTIFYING STAFF, TOOL/EQUIPMENT/MATERIALS AND APPROVED MAINTENANCE DATA TO PERFORM WORKSCOPE ABOVE AT PARTICULAR LOCATION OUTSIDE ATU LINE STATION.			Approved:
			LMS Manager
			Accepted:
			QAM
Distribution: 1. – QAM; 2. – PPCD; 3. – Production Manager; 4. – Technical Director			



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date: 01.05.2019

Issue 01

Revision 00


Doc. No: M08.200-03

3.62 Form 08.200-62 - Aircraft Technical Log Book

Technical Log Book										A/C Type A/C Reg	B 757-200 VQ-	Autoland Successfully: YES / NO	Captain's Signature	TLB 00001	
Departure Date	Flight No	From	To	Block OFF	Block ON	Block Time	De / Anti - Icing	Type	%	UTC Start Time	CAT reduced to:				
CPT. Name:	F/O. Name:	Take OFF	Landing	Flight Time	Di/Ant-Ice N/R	Captain's Signature		TLB REF.	Cat II	Cat IIIA					
Fuel Services						Oil Services									
Before Refueling (KG)	Added Fuel (KG)	SG	Total On Board (KG)	Receipt #	Stamp (Name)	Signature	IGTR)	remain	add	total	Maint. Staff ID & Signature				
							ENG 1	0	0	0	Sign				
							ENG 2	0	0	0	Sign				
							APU	0	0	0	Sign				
Pre-Flight Inspection Performed:						A/C Accepted by captain:						I hereby confirm that I've reviewed previous Technical Log Pages, Deferred Items and Maintenance Pre-flight briefing received. Engine, Main & Upper Deck and Security Inspections are performed.			
APU In-flight Start accomplished		Atmpt	FL	OAT	Start at	Stop at	CPT. Name	CPT. Signature	ETOPS Time (HH:MM)		ETOPS Predeparture check performed:		** Maint. Staff Signature		
									IN	OUT	Yes	No			
REPORT	00001 -1	TLB-Refer.					ACTION	Deferred Item	MEL / CDL / other				MEL / CDL Cat	Status	See note 1 Due to:
										AWO Status eff:	Y	N	Station		
										ETOPS eff:	Y	N	Date		
										CDL eff:	Y	N	UTC		
										CRITICAL TASK (note 2)	Y	N	BDA/AMO		
										PIN ON:		Maint Staff ID			
										BIN ON:		** Maint. Staff Signature			
										BIN ON:					
REPORT	00001 -2	TLB-Refer.					ACTION	Deferred Item	MEL / CDL / other				MEL / CDL Cat	Status	See note 1 Due to:
										AWO Status eff:	Y	N	Station		
										ETOPS eff:	Y	N	Date		
										CDL eff:	Y	N	UTC		
										CRITICAL TASK (note 2)	Y	N	BDA/AMO		
										PIN ON:		Maint Staff ID			
										BIN ON:		** Maint. Staff Signature			
										BIN ON:					
REPORT	00001 -3	TLB-Refer.					ACTION	Deferred Item	MEL / CDL / other				MEL / CDL Cat	Status	See note 1 Due to:
										AWO Status eff:	Y	N	Station		
										ETOPS eff:	Y	N	Date		
										CDL eff:	Y	N	UTC		
										CRITICAL TASK (note 2)	Y	N	BDA/AMO		
										PIN ON:		Maint Staff ID			
										BIN ON:		** Maint. Staff Signature			
										BIN ON:					
Remaining Fuel (KG)	Doc Folder Sealed:	Y	N	Arrival A/C Transfer:		Arrival A/C Accepted:		Date		Time		** Certificate of release to service (CRS)			
												The work recorded has been carried out in accordance with the Air Navigation (Overseas Territories) Order as amended and in respect of the work the aircraft is fit for release to service.			
										Station	Maintenance before flight accomplished:				
										Date:	Maint Staff ID				
										UTC	** Maint. Staff Signature				
										BDA/AMO:	Next Page:				

Note 1: All Deferred Items must be entered into Electronic Data Base (EDB) and take in force for next flight. Deferred Item limitation period starts from 00:00 UTC day after departure. Current total utilisation must be verified with MCC.


Note 2: Critical Item must be signed off with duplicate inspection on the next block.

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00


3.63 Form 08.200-63 - Aircraft Maintenance Status

	AVIACOMPANY "AVIASTAR-TU"
	AIRCRAFT MAINTENANCE STATUS
	Form 08.200-63 Revision 00

Type Reg. Number S/N		DATE: FLT: ROUTE:		A/C TOTAL FH: A/C TOTAL FC:	
L ENG Type S/N TOTAL ENG FH: TOTAL ENG FC:		R ENG TYPE S/N TOTAL ENG FH: TOTAL ENG FC:		APU P/N, S/N TOTAL APU FH: TOTAL APU FC:	
Last 750 FH Check			Last 6FH/18MO Check		
LAST FH:	REM FH:	LAST FH:	REM FH:	LAST FH:	REM FH:
LAST FC:	WP:	LAST FC:	WP:	LAST FC:	WP:
LAST DY:	INTERVAL:	LAST DY:	INTERVAL:	LAST DY:	INTERVAL:
Next C of A:	C of A Remain:	Maintenance Program			
<i>The information contained above is certified true and correct the best of my knowledge.</i>					
Name Sign					

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.63 Form 08.200-64 - None-MEL defects (DT) EXTENSION APPLICATION

	AVIACOMPANY "AVIASTAR-TU"
	None-MEL defects (DT) EXTENSION APPLICATION
	Form 08.200-64 Revision 00

A/C Reg.: Номер ВС:	Type: Тип ВС:	Serial No.: № серии:	F.H.: Л.Ч:	Applicant Name and Title: Имя должность заявителя:	Date of application: (day/month/year) Дата заявки: (дд/мм/гг)
			F.C.: Л.Ц.:		
Subject of Request: Тема запроса:					
Description: Описание:					
Reason of extension/acceptance: Причина расширения/принятия:					
AMM, SRM reference: Ссылка на тех руководство:		Date of first issue/open: Дата первого выпуска/открытия:		First Time limit: Первый срок:	Extension till: Продлен до:
Maintenance Control Centre Specialist consulted: Специалист Инженерно-координационного участка:			Decision: Решение:		Limitations: Ограничения:
Title & Name Должность имя					
Date: Дата:		Signature: Подпись:			
Additional technical actions to be applied: Дополнительные технические действия, которые необходимо предпринять:					
Technical Director: Технический директор:				Accepted Принято	<input type="checkbox"/>
Date: Дата:		Signature: Подпись:		Not accepted Отклонено	<input type="checkbox"/>
Quality Assurance Manager: Начальник ОК				Accepted Принято	<input type="checkbox"/>
Date: Дата:		Signature: Подпись:		Not accepted Отклонено	<input type="checkbox"/>
Distribution: Рассылка:					
Copy No.1-TLB; Copy No.2 - Flight OPS; Copy No.3 - PD; Copy No.4 - QAM					



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.65 Form 08.200-65 - Hold Item List



AVIACOMPANY "AVIASTAR-TU"

HOLD ITEM LIST

Form 08.200-65 Revision 00

HOLD ITEM LIST
ПЕРЕЧЕНЬ ОТЛОЖЕННЫХ ДЕФЕКТОВ

CLEARED OPEN ITEM

Date	SEQ.No/Trans from	MEL/ NEF/ CDL/AMM/SRM Ref.	A/C Register		End Date	Sign./No.	Date	Previous Open Item List's cleared and removed	
			M	CAT				Sign./No.	Sign./No.
			O		Extension				
			M	CAT					
			O		Extension				
			M	CAT					
			O		Extension				
			M	CAT					
			O		Extension				
			M	CAT					
			O		Extension				
			M	CAT					
			O		Extension				



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.66 Form 08.200-66 - Bermuda Serviceable Release Certificate



SERVICEABLE RELEASE CERTIFICATE

Certificate Number

Aircraft type:

Registration:

Serial Number:

Component / Part:

Description

Part No.

Serial No.

Remarks: include any requirements for installation such as: functional testing, adjustment, modification, life limitation, mandatory compliance, inspection, reactivation.

Maintenance manual references:

The work recorded has been carried out in accordance with the Air Navigation (Overseas Territories) Order as amended and in respect of that work the aircraft or component is fit for release to service

Authorised Signature:


BCAA AMO Approval Ref. No.

Authorisation No.


Name:

Date:


Form 08.200-66 Revision 00

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.67 Form 08.200-67 - Variation Application

	AVIACOMPANY "AVIASTAR-TU"
	VARIATION APPLICATION
	Form 08.200-67 Revision 00

Date of application:	A/C Reg.:	Type:	Station:	Current status of the aircraft:
Justification of request				
Proposed extension in the appropriate figure (flight hours, cycles, calendar time)				
Reason for Application:				
Requested by:				
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature – Continuing Airworthiness Manager Date: _____ </div>				
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature – Quality Assurance Manager Date: _____ </div>				
Actual Accomplishment: Station _____ Date _____ Time (TSN) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature – Chief /Engineer of PD Date _____ </div>				
Original – (after accomplishment) QA Manager				

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.68 Form 08.200-68 - MEL Extension Application

	AVIACOMPANY "AVIASTAR-TU"
	MEL EXTENSION APPLICATION
	Form 08.200-68 Revision 00

A/C Reg.: Номер ВС:	Type: Тип ВС:	Serial No.: № серии:	F.H.: Л.Ч:	Applicant Name and Title: Имя должность заявителя:	Date of application: (day/month/year)
			F.C.: Л.Ц.:		Date of application: (dd/mm/yy)
Subject of Request: Тема запроса:					
Description: Описание:					
Reason of extension/acceptance: Причина расширения/принятия:					
MEL Item: Пункт MEL:	Category: Категория:		Date of first issue/open: Дата первого выпуска/открытия:	First Time limit: Первый срок:	
Maintenance Control Centre Specialist consulted: Специалист Инженерно-координационного участка:			Decision: Решение:		Limitations: Ограничения:
Title & Name Должность имя Date: Signature: Дата: Подпись:					
Technical conditions to be observed during the flight(s): Тех. условия, которые необходимо соблюдать при выполнении полета:					
Operational conditions to be observed during the flight(s): Условия эксплуатации, которые необходимо соблюдать при выполнении полета:					
Alternative Compensatory Factors (i.e. additional maintenance tasks undertaken to be performed before the new proposed limit or like increased fuel reserves and enhanced weather minima, may need to be applied): Альтернативные Компенсационные Факторы (т.е. дополнительные работы по техническому обслуживанию, которые должны быть предприняты до назначения нового ограничения или увеличение запасов топлива и повышение погодных минимумов):					
Continuing Airworthiness Manager: Руководитель отдела ПЛГ: Date: Signature: Дата: Подпись:				Checked/Approved Проверено/ утверждено	<input type="checkbox"/>
Quality Assurance Manager: Начальник ОК Date: Signature: Дата: Подпись:				Accepted Принято	<input type="checkbox"/>
				Not accepted Отклонено	<input type="checkbox"/>
Flight Director: Летный директор: Date: Signature: Дата: Подпись:				Accepted Принято	<input type="checkbox"/>
				Not accepted Отклонено	<input type="checkbox"/>



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date: 01.05.2019


Issue 01

Revision 00


Doc. No: M08.200-03

3.69 Form 08.200-69- Fleet Status and Operational Limitations

		"AVIASTAR-TU" FLEET STATUS AND OPERATIONAL LIMITATIONS ОТЛОЖЕННЫЕ ДЕФЕКТЫ И ЭКСПЛУАТАЦИОННЫЕ ОГРАНИЧЕНИЯ ФЛОТА "АВИАСТАР-ТУ"									
AIRCRAFT/ BC	DO/ ОПЕРАЦИОННЫЕ ДЕФЕКТЫ/REF	BRIEF DESCRIPTION/ КРАТКОЕ ОПИСАНИЕ	ISSUE DATE/ ДАТА ОТКРЫТИЯ	DUE DATE/ УСТРАНИТЬ ДО	OPERATIONAL LIMITATIONS						
					ETOPS limitations:	AWL limitations:	Fuel on board limitation	Excessive fuel consumption	Payload limitation	APU limitations	Other
VQ-BKK											
VQ-BBU											
VQ-BPY											
		<u>Должность</u>	<u>Ф.И.О.</u>			<u>Подпись</u>					
<u>Подготовил:</u>											

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.70 Form 08.200-70 - MEL Application Authorization

	AVIACOMPANY "AVIASTAR-TU"	
	MEL APPLICATION AUTHORIZATION	
	Form 08.200-70 Revision 00	

Pre-flight actions			
Date of authorization:	Location:	AC type:	AC Reg.:
TLB reference and Defect Description:			
MEL Ref. (ATA Chapter – Subchapter - Item) ATA _____ - _____ - _____	Category (A,B,C,D): _____	Maintenance actions (M) required: [] Yes [] No	
Maintenance actions (M) considered as "simple" ** as defined below, accepted to be performed by flight crew who have been appropriately consulted on, required maintenance data provided and appropriate feedback has been received: <div style="text-align: center;">[] Yes [] No</div>			
<small>**- Maintenance actions can be considered as "simple" if they don't require usage of special tool & equipment and special training of person involved.</small>			
<i>The Acceptable Deferred Defect List has been checked to determine the interrelationships between several inoperative items, if applicable, and the effect on aircraft operation and crew workload is considered.</i>			
Issued and authorized by MCC Engineer: Name _____ Signature _____			
Issued to: Title _____ Full name _____			
Post-flight actions			
Defect re-deferred/rectified by maintenance staff: Station _____ Date _____			
_____	_____	_____	_____
TLB Ref.	Name	Signature/Stamp	
Authorization is closed only after re-deferment/rectifying by maintenance staff after aircraft return to the approved maintenance station			



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.71 Form 08.200-71 - Structure Repair and Damage Log



AVIACOMPANY "AVIASTAR-TU"

STRUCTURE REPAIR AND DAMAGE LOG


Form 08.200-71 Revision 00

ЖУРНАЛ ВНЕШНИХ РЕМОНТОВ И ПОВРЕЖДЕНИЙ КОНСТРУКЦИИ САМОЛЕТА


STRUCTURE REPAIR AND DAMAGE LOG

AIRCRAFT TYPE/MODEL: _____

REGISTRATION NUMBER: _____

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00


3.72 Form 08.200-72 - Status Report

	AVIACOMPANY "AVIASTAR-TU"	
	STATUS REPORT	
	Form 08.200-72 Revision 00	

Type:		Date:	
Reg.:		TSN:	
MSN:		CSN:	

Component Type:		Date:	
Component Number:		TSN:	
Serial Number:		CSN:	

ATA	DOC. NUMBER	EFFECTIVE DATE	REFERENCES	DESCRIPTION	TYPE	STATUS	COMPLIANCE TIME		REMARKS/ COMPLIANCE METHOD	LAST ACCOMPLISHMENT			NEXT DUE			TIME REMAINING
							THRESHOLD	INTERVAL		DATE	FH	FC	DATE	FH	FC	

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.73 Form 08.200-73 - Reliability Board Protocol

	AVIACOMPANY "AVIASTAR-TU"
	RELIABILITY BOARD PROTOCOL
	Form 08.200-73 Revision 00

Date: ___/___/___

Scheduled* / **Unscheduled ****

1. Participants:

Name	Position


2. * Minutes of meeting RBP

№	Description	Satisf.		See actions	
1	Overview last RBP	Satisf.		See actions	
2	Overview last URBP:	Satisf.		See actions	
Actions					Responsible


3. ** Minutes of meeting URBP:


A/C _____, event date ___/___/___, flight from _____ to _____

Description


	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.74 Form 08.200-74 - Reliability programm

	Form 08.200-74 Revision 00																																													
<div style="background-color: #e0e0e0; padding: 10px; display: inline-block; border: 1px solid #ccc;"> <p style="margin: 0;">AC TYPE</p> </div>																																														
<p>Reliability Report Period: xx Months 20xx Year</p>																																														
<p>Reliability statistics and failure analysis</p>																																														
<p>Distribute to:</p>	<ol style="list-style-type: none"> 1. Technical Director 2. Flight Safety department 3. Quality Manager 																																													
<p>Prepared by:</p> <p>Reliability Lead Engineer,</p>																																														
<p>Approved by:</p> <p>Technical Director</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">FLEET</th> </tr> <tr> <th>Type</th> <th>Registration</th> <th>MSN</th> <th>MFG DATE</th> <th>Operated and maintained under AVIACOMPANY "AVIASTAR-TU"</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	FLEET					Type	Registration	MSN	MFG DATE	Operated and maintained under AVIACOMPANY "AVIASTAR-TU"																																			
FLEET																																														
Type	Registration	MSN	MFG DATE	Operated and maintained under AVIACOMPANY "AVIASTAR-TU"																																										

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.75 Form 08.200-75 - Technical Delay Report


	AVIACOMPANY "AVIASTAR-TU" TECHNICAL DELAY REPORT <small>Form 08.200-75 Revision 00</small>	
	A/C REG V__-_____	DATE __/__/____
SCHEDULED DEPARTURE TIME ____:____ (UTC)	ACTUAL DEPARTURE TIME ____:____ (UTC)	TOTAL DELAY* ____:____ Maintenance time: ____:____
Delay code (round): <i>Production manager responsibility</i>	41	43
Repetitive fault (round) <i>MCC engineer responsibility</i>	yes	no
REASON FOR DELAY:		
CORRECTIVE ACTION:		
STATION:		ENGINEER:
(*) This form will be filled after every Technical Delay more than two hours and will be sent to Operator after take-off.		



3.75 Form 08.200-76 - Risk Assessment Form

	Risk Assessment Form	Form 08.200-76 Revision 00
--	-----------------------------	-------------------------------

Risk assessment form №:	Date of assessment:	
Clearly Define the Hazard:		
Assessment reason:		
Risk Assessment (Using the approved LLC Aviastar-TU risk assessment process): Potential Consequences (Check you assessment of the consequences to the LLC Aviastar-TU):		
Injury <input type="checkbox"/>	Damage <input type="checkbox"/>	Cost <input type="checkbox"/>
Potential Consequences of the severity:		
<input type="checkbox"/>	(1 = Negligible; 2 = Minor; 3 = Major; 4 = Hazardous; 5 = Catastrophic.)	
Probability:		
<input type="checkbox"/>	(1 = Extremely improbable; 2 = Improbable; 3 = Remote; 4 = Occasional; 5 = Frequent.)	
LIST TOTAL CALCULATED RISK (SEVERITY X PROBABILITY):		
Green 1-3 <input type="checkbox"/>	Yellow 4-12 <input type="checkbox"/>	Red 15-25 <input type="checkbox"/>
Other Events: List other actual events associated with this hazard if known:		
Recommended Risk Controls or Action taken:		
<input type="checkbox"/> I accept this level of risk.	<input type="checkbox"/> I DO NOT accept this level of risk.	
The following action is required:		
Assessed by: _____ / _____ Date: _____		
(name) (Signature)		
Forward this form to Quality Manager for review		
Quality manager Review & Comments		
_____ / _____ Date: _____		
(name) (Signature)		


	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date: 01.05.2019	Issue 01	Revision 00

3.78 Form 08.200-78 - List of Authorized Review Staff


	AVIACOMPANY "AVIASTAR-TU"	
	LIST OF AUTHORIZED REVIEW STAFF	
	Form 08.200-78 Revision 00	


№	Surname/Name	Position in Company	Stamp #	Date of first Authorization

APPROVED BY Quality Assurance Manager Sign: Date:


	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.79 Form 08.200-79 - Aircraft Information Sheet

	Aircraft Information Sheet		Form 08.200-79 Revision 00
	Aircraft registration number		
Model			
Manufacture date			
MSN			
LN			
VN			
Effectivity			
Lessor			
Delivery date			
Utilization on delivery date.			
Return date			
Winglets			
ENG type / model			
ENG thrust rate			
ESN left			
Last ESV			
TSN (Time Since New)			
TSO (Time Since Overhaul)			
ESN right			
Last ESV			
TSN (Time Since New)			
TSO (Time Since Overhaul)			
APU type / model			
APU ESN			
LG Vendor			
NLG SN			
RMLG SN			
LMLG			
BRAKE UNIT			
BRAKE CATEGORY			
Fuel capacity			
Max structural weight			
Max Taxi Weight			
MTOW			
MZFW			
MLW			
OEW			
BEW			

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.80 Form 08.200-80 - List of Approved Maintenance Programmes

	AVIACOMPANY "AVIASTAR-TU"
	LIST OF APPROVED MAINTENANCE PROGRAMMES
	Form 08.200-80

MAINTENANCE PROGRAMMS ACTUAL REVISIONS LIST

#	Fleet type	MP Revision	Based on MPD revision	Missed MPD Revision	Status of annual MP issuing
1					
2					
3					
4					
5					

Approved by Continuous Airworthiness Manager _____

Date _____



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01


Revision 00

Doc. No: M08.200-03


3.81 Form 08.200-81 - Approval for extension defect rectification

	AVIACOMPANY "AVIASTAR-TU"		
	APPROVAL FOR EXTENSION DEFECT RECTIFICATION OF DT CATEGORY		
	Form 08.200-81 Revision 00		

1. Defect Category: <input type="checkbox"/> DT				
2. Applicant Signature, Name and Position/ Запрос составлен (подпись, Ф.И.О., должность): _____ MCC Manager Начальник Инженерно-координационного центра			3. Date of Application/ Дата обращения: ____/____/____	
4. AC Type/ Тип ВС: _____		5. A/C Reg./Per. № ВС: _____		
6. Subject of request/Цель запроса: Extension of the term to rectify defect # Продление срока устранения дефекта №				
7. Description/Описание:				
8. Reason for extension request/Причина запроса продления:				
09. ATA Chapter/ Глава ATA: _____	10. Reference/ Ссылка _____	11. Date of first deferral/Дата открытия дефекта: ____/____/____	12. First time limit/Первое ограничение по срокам: ____/____/____	13. First extension/Первое продление: ____/____/____
14. Conclusion of CAD Manager/ Заключение начальника отдела ПЛГ: <u>Accepted/Согласовано:</u> <input type="checkbox"/> yes/да <input type="checkbox"/> no/нет Signature/Подпись: _____		15. Conclusion of Technical Director/ Заключение технического директора: <u>Accepted/Согласовано:</u> <input type="checkbox"/> yes/да <input type="checkbox"/> no/нет Signature/Подпись: _____		
16. Russian Civil Aviation Authority Responsible Decision/ Решение ответственного лица Федерального Агентства Воздушного Транспорта: <u>Approval/Одобрение:</u> <input type="checkbox"/> yes/да <input type="checkbox"/> no/нет Signature/Подпись: _____				

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.82 Form 08.200-82 - Concession Request

	AVIACOMPANY "AVIASTAR-TU"	
	CONCESSION REQUEST	
	Form 08.200-82 Revision 00	

Date:

Applicant position:

Applicant name:

Signature:

Deviation description (applicant):

Proposed action (applicant):

Equivalent means of compliance / if any (applicant):


Limitations / if any (applicant):

Recommendation for change in procedure / if any (applicant):


Resolution (QAM):

QA Manager (name, signature & date): _____/_____

_____/_____/_____

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.83 Form 08.200-83 - SB Evaluation Sheet

	AVIACOMPANY "AVIASTAR-TU"	
	SB EVALUATION SHEET	
	Form 08.200-83 Revision 00	

Date of Receiving	SB #	Issue Date	Aircraft concerned	Effectivity		
Name	Position	Decision		Signature	Date	Comments
		Yes	No			
Accountable Manager	Finally Decision		Date	Signature		
	Yes	No				



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.84 Form 08.200-84 - List of Attendance

	AVIACOMPANY "AVIASTAR-TU"	
	LIST OF ATTENDANCE	
	Form 08.200-84 Revision 00	

List of Attendance for:

Training name: _____


Department: _____

Date: ____/____/____

№ п/п	ФИО Name	Должность/Position	Подпись обучаемого Trainee's signature	Год рождения Year of Birth	Страна рождения Country of Birth
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Head of department/LS Manager/Instructor _____

Accepted by QAM _____

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.87 Form 08.200-87 - Technical Condition Report



УТВЕРЖДАЮ
Технический директор
Авиакомпания «Авиастар-ТУ»

«__» _____ 20__

ТЕХНИЧЕСКИЙ АКТ

Комиссия в составе:

- 1
- 2
- 3
- 4
- 5

Составила настоящий акт на предмет _____ ВС _____ бортовой номер _____ эксплуатируемого Авиакомпания «Авиастар-ТУ»


1.Обстоятельства.

2.Сведения о воздушном судне.


3.Выполненные работы:


4.Выводы:

5.Заключение:


	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.88 Form 08.200-88 - List of Temporary Approved LMS


	AVIACOMPANY "AVIASTAR-TU"			Form 08.200-88 Rev 00
	LIST OF TEMPORARY APPROVED LMS			Revision XX
LMS Location	AC Type	Scope of Works	Expiration Date	Extended Date
ACCEPTED BY Quality Assurance Manager Sign: Date:			APPROVED BY Bermuda Civil Aviation Authority Sign: Date:	

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00


3.89 Form 08.200-89 - Maintenance Scope Evaluation Form

	AVIACOMPANY "AVIASTAR-TU"
	MAINTENANCE SCOPE EVALUATION FORM
	Form 08.200-89 Revision 00

TASK DESCRIPTION	YES	NO	COMMENTS
High number (more than 30) of different type of tasks (e.g. routine, non-routine, defects, minor modifications, component replacement, etc.)			
Replacement of any major component requiring hangar environment, special ground support equipment (e.g. landing gear change, change of two engines, etc.)			
Any scheduled maintenance task which requires extensive disassembly of the aircraft and/or extensive in depth inspection			
Major repairs and/or major modifications			
Trouble Shooting and/or Defect Rectification requiring special ground support usually relevant to base maintenance (e.g. special equipment, structured production planning, complex and lengthy maintenance)			
A scheduled maintenance event, which in the planning phase has been already identified as significant in terms of duration and/or man-hours (i.e. an A/C <u>down time</u> above 72 hours and/or four shifts whichever is less)			
A work package requiring a complex team composition in terms of high Number & Categories (avionic, structure, cabin, NDT qualification and skills,) of staff involved per shift			
Final Decision: <input type="checkbox"/> <u>*BASE Maintenance</u> <input type="checkbox"/> <u>LINE Maintenance</u> <u>Production Planning Specialist:</u> Name: _____ Signature: _____ date _____ <u>Production Manager:</u> Name: _____ Signature: _____ date _____	* Appropriate actions must be done to comply MOE 1.9 Scope of work are specified below: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.90 Form 08.200-90 – Claim

	AVIACOMPANY "AVIASTAR-TU"	
	CLAIM	
	Form 08.200-90 Revision 00	

Number	Initial	Final


CONTRACTED ORGANIZATION	
Name of organization	
Legal address	
Location	
Contacts	

GENERAL DATA OF THE CLAIM	
Date of event:	Station:
AC type: Boeing 757-200	AC tail:
Engines type:	AC MSN:
AC delay time:	AC delay reason (lack of spares, system failure, lack of maintenance data, etc)
Agreement terms refers to:	

BRIEF DESCRIPTION OF THE ISSUE

TECHNICAL BASIS	
Supporting files	Comments
1. Technical Log Book	
2. Working Cards / MJO /MJC	
3. Pictures	
4. Technical Reports	

REIMBURSEMENT BASIS		
Payment confirmation	Name of Document	Price (currency)
1. Purchase order		

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.92 Form 08.200-92 Audit Check List


Aviastartu PART-145 AMO

AUDIT PLAN/ CHECK LIST-


PAGE 1 OF 1

SUBJECT			AUDIT TYPE			COMPANY		
PROCEDURE REFERENCE			AUDITOR(S)			DEPARTMENT/ AUDITEE		
PRODUCT			DATE			POSITION		
BDA REF.	EASA REF.	MOE REF.	DESCRIPTION	CONFORMITY			DESCREPANCIES	REMARK
				YES	NO	N/A		

Form 08.200-92 Rev 00

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.94 Form 08.200-94 - Scrap Tag

	AVIACOMPANY "AVIASTAR-TU"	
	SCRAP TAG	
	Form 08.200-94 Revision 00	

SCRAP TAG № _____	
P/N _____ S/N _____	Description:
Reason for Scrap:	
Ref. Document:	
Remarks:	
Issued by: Name: _____ Signature: _____ Date (d/m/y): ___/___/____	
Mutilation	
Mutilated by: Name: _____ Signature: _____ Date (d/m/y): ___/___/____	
Method:	
Scrapping	
Scrapped by: Name: _____ Signature: _____ Date (d/m/y): ___/___/____	



LLC AVIACOMPANY "AVIASTAR-TU"

FORMS MANUAL

Date:01.05.2019

Issue 01

Revision 00

Doc. No: M08.200-03

3.96 Form 08.200-96 - Occurrence Report to RCAA


	AVIACOMPANY "AVIASTAR-TU"
	OCURRENCE REPORT TO RCAA
	Form 08.200-96 Revision 00

OCURRENCE REPORT


ФОРМА ДОКЛАДА ОБ ИНЦИДЕНТЕ

Нормативные ссылки: ФАП -246, п. 44, п. 45, Приложение 6, часть 2, Гл.4, п.4.2.3, п. 4.2.4


AC type Тип ВС	MSN Сер. Номер	REG. No. Рег. Номер	DATE Дата	UTC TIME Время (UTC)	AIRPORT Аэропорт
FLIGHT No. Рейс №	AIRPORT of DEPARTURE Аэропорт вылета	AIRPORT of ARRIVAL Аэропорт назначения	ETOPS	FLIGHT STAGE Этап полета	
INCIDENT DESCRIPTION: Описание инцидента:					
ACTIONS TAKEN: Принятые меры:					
SENDER Отправитель					
TITLE Должность		NAME ФИО		DATE Дата	
Send the form by the email: camo@aviastartu.ru and quality@aviastartu.ru Направить форму по адресу: camo@aviastartu.ru и quality@aviastartu.ru					

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.98 Form 08.200-98 - Structure Defect_Damage Report

	AVIACOMPANY "AVIASTAR-TU"
	NON-INCIDENT / ACCIDENT STATEMENT
	Form 08.200-97 Revision 00

Requestor		Date	
ATA ref.		P/N	
Part name		S/N	
A/C number		Add data as required	
Prepared by:			
<p>I hereby certify that, based on the inspection of the records available and to the best of my knowledge, for the serviceable aircraft part referenced above:</p> <ul style="list-style-type: none"> - during use on Aviacompany "Aviastar-TU" aircraft the part has not been involved in any accidents, incidents, heavy landings or lightning strikes and has not been subjected to extremes of stress, temperatures or immersion which could affect its operation; - the maintenance history records including flight hours/cycles/landings (as applicable) and details of scheduled maintenance requirements derived from the donors aircraft maintenance programme and maintenance planning schedule is available; - the last flight operation with the part fitted revealed no faults on that part and related system; - compliance has been established with continued airworthiness instructions (ICA) for applicable modifications and repairs; - compliance with applicable Airworthiness Directives has been established. <p>Technical Director : _____</p>			

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.99 Form 08.200-99 - Structure Defect_Repair Report

	AVIACOMPANY "AVIASTAR-TU"
	STRUCTURE DEFECT / DAMAGE REPORT
	Form 08.200-98 Revision 00

Structure Defect/Damage Report №

Aircraft type:	Operator:	MSN:	Reg.№:	
Age:	FC:	FH:	Weight Variant:	
Date defect/damage occurred or found:				
Maintenance check code:		Layover from	to	
Return service date:				
Reporter's reference and name:				
Damaged Part (Component): Description / Part №: / Item Ref. of Component affected:				
Frame:	Stringer:	Rib:	LH: <input type="checkbox"/> RH: <input type="checkbox"/>	
Serial №:		Mod. Status:		
Age:	FC:	FH:		
Details of finding defect/damage:				
Inspection: scheduled <input type="checkbox"/> unscheduled <input type="checkbox"/>		Doc. №:		
Inspection method:				
visual <input type="checkbox"/>	close visual <input type="checkbox"/>	x-ray <input type="checkbox"/>	ultrasonic <input type="checkbox"/>	
eddy current(MF) <input type="checkbox"/>	eddy current(LF) <input type="checkbox"/>	others <input type="checkbox"/>		
Type of defect/damage:				
crack <input type="checkbox"/>	hole <input type="checkbox"/>	scratch <input type="checkbox"/>	dent <input type="checkbox"/>	
corrosion blended out <input type="checkbox"/>	delamination <input type="checkbox"/>	debonding <input type="checkbox"/>	corrosion <input type="checkbox"/>	
Size of defect/damage:				
Length:	Width:	Depth:	Unit:	Loc. of deepest point:
Direction:				
Location:				
inside <input type="checkbox"/>		outside <input type="checkbox"/>		distance from:
Suspected cause of defect/damage:				
Type of materials affected:				
Details of any unusual event:				
Details of any secondary damage:				
Details of existing adjacent repairs:				
Operators requirements:				
Temporary repair for specified number of flights:				
Permission to defer final action for specified number of flights:				
Permanent repair:				
Urgency with specified dates:				
Additional information:				
Sketch: see pages:				



FORMS MANUAL

3.100 Form 08.200-100 - Internal Investigation Report

	AVIACOMPANY "AVIASTAR-TU"	
	INTERNAL INVESTIGATION REPORT	
	Form 08.200-100 Revision 00	

Advised by:
Quality Assurance Manager

Accepted by:
Technical Director

Approved by:
Accountable Manager

Date

Sign

Date

Sign

Date

Sign

Board Members:

Name

Position

Name

Position

Name

Position

Reason for Investigation:

Date of Event:

A/C:

Description of Event:

Investigation findings:

Proposed corrective actions:


Witnessed on the participation and proposed actions (appointed responsible persons):

Name


Date and Sign


Name

Date and Sign


	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.101 Form 08.200-101 - Shift task handover book

			AVIACOMPANY "AVIASTAR-TU" SHIFT/TASK HANDOVER BOOK		Form 08.200-101
					Revision 00
					Page ___ of ___
Date	Aircraft	Status or Scope of work	REPORT (Aircraft Information)		Action & Remarks
			Outgoing shift manager/CS:	Incoming shift manager/CS:	
			Outgoing shift manager/CS:	Incoming shift manager/CS:	

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.102 Form 08.200-102 - Receiving Inspection Check-List

	AVIACOMPANY "AVIASTAR-TU"	
	RECEIVING INSPECTION CHECK-LIST	
	Form 08.200-102 Revision 00	

Within Receiving Inspection the following data shall be checked (iaw MOE 2.2, 2.4):

Package condition
Vendor is listed in Approved Supplier List
Item description
Item P/N
Item S/N, Lot/Batch #
Quantity according to Invoice from Vendor
*Physical condition of the item.
Classification of the item (component, material, standard part, tool, equipment)
Type of accompanying documents (Form1 or equivalent, CofC, Conformity statement, calibration certificat
Condition (new, modified, overhauled)
AD status (if applicable)
Storage limits (Shelf life/calibration periods)
Special storage conditions (temperature, ESD protection)
MSDS for chemicals (if available)
The Receiving Inspectors stamp and signature on serviceable tag means that all abovementioned items were checked and considered to be acceptable

- Doubts of applicability/serviceability, suspect unapproved part: Rejected Tag, place to Quarantine Area, inform QAD.
- Fail of applicability: Unserviceable Tag, place to Unserviceable Zone.



FORMS MANUAL

Date:01.05.2019


Issue 01

Revision 00


Doc. No: M08.200-03

3.103 Form 08.200-103 - Maintenance Preparation Sheet

ATU AviaStar-TU AIRLINES		MAINTENANCE PREPARATION SHEET			Form 08.200-103 Revision 00
Maintenance event: Scheduled Maintenance <input type="checkbox"/> ; AD <input type="checkbox"/> ; SB <input type="checkbox"/> ; STC <input type="checkbox"/> ; EO <input type="checkbox"/> ; Other <input type="checkbox"/>					
Customer	Work order	A/C Type	A/C reg. №	A/C S/N	
PMR: <input type="checkbox"/> Yes <input type="checkbox"/> No	EO:	Dead Line:			
Scope of Work: _____ _____ _____ _____ _____					
Prepared by:	Signature		Date		
Continued Airworthiness Department					
Signature certifies that all necessary technical documentations is available in last revision, corresponding revisions are introduced, working task cards are evaluated and transmitted to PPCD.					
Name:	Signature:		Date:		
Store Department					
Signature certifies that all necessary parts, materials, tooling and equipment for WP is available.					
Name:	Signature:		Date:		
Line Maintenance Department					
Signature certifies that all necessary personal are properly trained and available.					
Name:	Signature:		Date:		
Production Manager Approval					
Name:	Signature:		Date:		

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00


3.104 Form 08.200-104 - Audit application

	AVIACOMPANY "AVIASTAR-TU"
	AUDIT APPLICATION
	Form 08.200-104 Revision 00

ЗАЯВКА

на проведение аудита по открытию/ расширению сферы деятельности/ изменение производственных мощностей ЛСТО


Причина подачи Заявки:	<input type="checkbox"/> новая ЛСТО	<input type="checkbox"/> расширение сферы деятельности	<input type="checkbox"/> изменение производственных мощностей
Местоположение ЛСТО:			
Телефон:		Е-мэйл:	
Контактное лицо (руководитель ЛСТО):			
Контактный телефон:		Е-мэйл:	
Планируемые виды деятельности			
Тип ВС:		Планируемый объем работ:	
Boeing 757-200		<input type="checkbox"/> до А-чека	<input type="checkbox"/> до А-чека (включительно)
Планируемый срок деятельности ЛСТО:	<input type="checkbox"/> до 3-х месяцев		<input type="checkbox"/> более 3-х месяцев
<p>ЛСТО подготовлена к проведению внутреннего аудита в соответствии Планом подготовки (Приложение1).</p> <p>Прошу ООК провести внутренний аудит ЛСТО в рамках сертификационной деятельности.</p> <p>Технический директор _____ (подпись) _____ (ФИО)</p> <p style="text-align: center;">_____ (дата)</p>			

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.105 Form 08.200-105 - Aircraft Operating Time Reference

	AVIACOMPANY "AVIASTAR-TU"	
	AIRCRAFT OPERATING TIME REFERENCE	
	Form 08.200-105 Revision 00	

A/C TYPE:		REG.No:		S/N:	
DATE:	FLIGHT №:	ROUTE:	A/C TOTAL FH & CYC		
			hours	min	cycles
ENG 1	S/N:		ENG 2	S/N:	
hours	min	cycles	hours	min	cycles
	Prepared by: PPCD				
	Name:				

	LLC AVIACOMPANY "AVIASTAR-TU"		
	FORMS MANUAL		
	Date:01.05.2019	Issue 01	Revision 00

3.110 Form 08.200-106 - Internal Investigation Report

	AVIACOMPANY "AVIASTAR-TU"
	INTERNAL INVESTIGATION REPORT
	Form 08.200-106 Revision 00

Advised by:
Quality Assurance Manager

Accepted by:
Technical Director

Approved by:
Accountable Manager

Date

Sign

Date

Sign

Date

Sign

Board Members:

Name

Position

Name

Position

Name

Position

Reason for Investigation:

Date of Event:

A/C:

Description of Event:

Investigation findings:

Proposed corrective actions:

Witnessed on the participation and proposed actions (appointed responsible persons):

Name

Date and Sign

Name

Date and Sign