

# REPAIR STATION FORMS MANUAL

---



**JETWORX**

**16700C Roscoe Blvd.  
Van Nuys, California 91406**

**FAA Repair Station Certificate Number:  
X6KR220M**

**REVISION:**

2 – Reissue 2/15/2018
--------------------------

**COPY ASSIGNED TO:**

JetWorx Server
-------------------

**TABLE OF CONTENTS**

<b>TABLE OF CONTENTS .....</b>	<b>2</b>
RECORD OF REVISIONS.....	3
LIST OF EFFECTIVE PAGES .....	4
<b>RSM/QCM FORMS .....</b>	<b>5</b>
Intentionally Left Blank .....	6
RS01 List of Controlled Forms.....	7
RS02 Manual Distribution List .....	9
RS03 Revision Notice/Acknowledgement Form .....	11
RS04 Server Audit Record .....	12
RS05 Repair Station Roster .....	15
RS06 Employee Summary .....	17
RS07 Daily Shift Turnover .....	18
RS08 Temporary Inspector Authorization.....	21
RS09 FAA Approved Maintenance Functions .....	23
RS10 Vendor Audit .....	25
RS11 Master Document List .....	29
RS12 Incoming Walk Around Inspection .....	31
RS13 Post Maintenance Walk Around Inspection .....	33
RS14 Parts Identification Tag .....	35
RS15 Mx Convenience Removal Tag .....	35
RS16 Aircraft Panel Removal Record.....	37
RS17 Component Removal and Installation Record .....	39
RS18 Corrective Action Report .....	41
FAA Form 8010-4 - Malfunction and Defect Report .....	44
FAA Form 8070-1 - Service Difficulty Report .....	46
FAA Form 8120-11 - Suspected Unapproved Parts Report.....	48
FAA Form 8130-3 – Authorized Release Certificate.....	50
<b>TRAINING PROGRAM FORMS .....</b>	<b>52</b>
TP01 Employee Orientation Checklist.....	53
TP02 Overall Needs Assessment.....	55
TP03 Training Course Record .....	57
TP04 Training Vendor Audit Checklist.....	59
TP05 Instructor Qualification Record .....	61
TP06/TP07/TP08 Individual Needs Assessment – Mechanic/Inspector, Materials Coordinator, Line Service Technician .....	63

See section 2 of the RSM/QCM for a description of the procedures for distributing, entering, and recording revisions to this manual. If a controlled paper copy of the manual has been assigned to an individual, it shall have its revisions properly entered and recorded. Record of the entered revisions will be documented on the Revision Notice/Acknowledgement Form (Form RS03) found in the Forms Manual.

[illegible]

## LIST OF EFFECTIVE PAGES

Page Number	Revision Number	Revision Date	Page Number	Revision Number	Revision Date
Cover	2	2/1/2018	34	2	2/1/2018
2	2	2/1/2018	35	2	2/1/2018
3	2	2/1/2018	36	2	2/1/2018
4	2	2/1/2018	37	2	2/1/2018
5	2	2/1/2018	38	2	2/1/2018
6	2	2/1/2018	39	2	2/1/2018
7	2	2/1/2018	40	2	2/1/2018
8	2	2/1/2018	41	2	2/1/2018
9	2	2/1/2018	42	2	2/1/2018
10	2	2/1/2018	43	2	2/1/2018
11	2	2/1/2018	44	2	2/1/2018
12	2	2/1/2018	45	2	2/1/2018
13	2	2/1/2018	46	2	2/1/2018
14	2	2/1/2018	47	2	2/1/2018
15	2	2/1/2018	48	2	2/1/2018
16	2	2/1/2018	49	2	2/1/2018
17	2	2/1/2018	50	2	2/1/2018
18	2	2/1/2018	51	2	2/1/2018
19	2	2/1/2018	52	2	2/1/2018
20	2	2/1/2018	53	2	2/1/2018
21	2	2/1/2018	54	2	2/1/2018
22	2	2/1/2018	55	2	2/1/2018
23	2	2/1/2018	56	2	2/1/2018
24	2	2/1/2018	57	2	2/1/2018
25	2	2/1/2018	58	2	2/1/2018
26	2	2/1/2018	59	2	2/1/2018
27	2	2/1/2018	60	2	2/1/2018
28	2	2/1/2018	61	2	2/1/2018
29	2	2/1/2018	62	2	2/1/2018
30	2	2/1/2018	63	2	2/1/2018
31	2	2/1/2018	64	2	2/1/2018
32	2	2/1/2018	65	2	2/1/2018
33	2	2/1/2018	66	2	2/1/2018

Accountable Manager:

  
 Print/Sign

**Louis M DeLorio**

Date: 2/15/2018

FAA CHDO:

Print/Sign

Date: \_\_\_\_\_

## RSM/QCM FORMS

Intentionally Left Blank

***RS01 List of Controlled Forms***

The List of Controlled Forms will state the revision status of all currently available controlled forms along with their revision dates. This form will be stored on JetWorx online server.

**RS01 List of Controlled Forms**

JETWORX

FAA CRS# X6KR220M

**List of Controlled Forms**

Form #	Title	Revision	Date
RS01	List of Controlled Forms	Original	2/15/2018
RS02	Manual Distribution List	Original	2/15/2018
RS03	Revision Notice/Acknowledgement Form	Original	2/15/2018
RS04	Server Audit Record	Original	2/15/2018
RS05	Repair Station Roster	Original	2/15/2018
RS06	Employee Summary	Original	2/15/2018
RS07	Daily Shift Turnover	Original	2/15/2018
RS08	Temporary Inspector Authorization	Original	2/15/2018
RS09	FAA Approved Maintenance Functions	Original	2/15/2018
RS10	Vendor Audit	Original	2/15/2018
RS11	Master Document List	Original	2/15/2018
RS12	Incoming Walk Around Inspection	Original	2/15/2018
RS13	Post Maintenance Walk Around Inspection	Original	2/15/2018
RS14	Parts Identification Tag	Original	2/15/2018
RS15	Mx Convenience Removal Tag	Original	2/15/2018
RS16	Aircraft Panel Removal Record	Original	2/15/2018
RS17	Component Removal and Installation Record	Original	2/15/2018
RS18	Corrective Action Report	Original	2/15/2018
TP01	Employee Orientation Checklist	Original	2/15/2018
TP02	Overall Needs Assessment	Original	2/15/2018
TP03	Training Course Record	Original	2/15/2018
TP04	Training Vendor Audit Checklist	Original	2/15/2018
TP05	Instructor Qualification Record	Original	2/15/2018
TP06	Individual Needs Assessment – Mechanic/Inspector	Original	2/15/2018
TP07	Individual Needs Assessment – Materials Coordinator	Original	2/15/2018
TP08	Individual Needs Assessment – Line Service	Original	2/15/2018

Revision: Original

Revision Date: 2/15/2018

Form#: RS01



***RS02 Manual Distribution List***

Distribution of all Jetworx manuals will be by electronic means and tracked on the Manual Distribution List (Form RS02). The form will be stored on JetWorx online server. Each manual will be made available to each individual listed on the Manual Distribution List by email and distributed and updated by the Accountable Manager or Chief Inspector as needed.



## RS02 Manual Distribution List

Page 10 of 66  
Revision Number: 2 - Reissue

***RS03 Revision Notice/Acknowledgement Form***

When a new revision is uploaded to OneDrive the previous version will no longer be available. This will ensure each employee has access to the current manual. All individuals that have access to the manual will be notified of the revision via email and will be responsible for confirming receipt of the revision by completing the Revision Notice/Acknowledgment Form (Form RS03) and returning it to the Accountable Manager.

The following will be recorded prior to sending to manual holders:

Document title affected, Current revision status, revision date, effected pages, and summary of changes.

**RS03 Revision Notice/Acknowledgement Form**

JETWORX

FAA CRS# X6KR220M

**Revision Notice/Acknowledgement Form**

Date:

Dear Team Member,

Please note that a revision has been made to the document(s) outlined in the summary below. These revised documents are now available on the server for your review and immediate use. Please sign and date the acknowledgement below upon review of these changes within 5 days of the date of this notification and return this form to the Accountable Manager.

Document	Revision Status	Revision Date	Effected Page	Summary

I hereby acknowledge that I have reviewed and understand the revisions listed above.

Signature

Date

Printed Name

Title

Revision: Original

Revision Date: 2/15/2018

Form#: RS02

***RS04 Server Audit Record***

Repair station personnel will audit the system every 90 days using the Server Audit Record (RS04) to ensure that all documents that are accessed are at the most current revision level at the time of usage. JetWorx generated data, i.e. manuals, DER repair specifications, forms and drawings will be at the latest revision. When updates are made to these documents, the Accountable Manager or his/her designee will purge the obsolete versions.

Include the following information in the appropriate boxes:

- Audit Date: Date that the audit was performed
- Performed by: The full name of the individual conducting the audit
- Title: Title of the individual performing the audit
- Document Audited: Title of the document
- Document Location: Indicate the location in which the document is kept (specify folder on server, web location, One Drive folder, or an actual physical location)
- Current Revision: The most current revision per the publisher of the document
- Revision Posted: The revision that was actually found in our “library”
- Correction Required: “Yes” if an update is required, “No” if the revision found matches that which the publisher states is most current
- Discrepancy Corrected: Indicate “Yes” If you have updated the document and “No” if you have not.
  - IF you indicate “No”, it should be brought to the accountable manager’s attention as to why you were unable to update it.



## RS04 Server Audit Record

Page 14 of 66  
Revision Number: 2 - Reissue

***RS05 Repair Station Roster***

The Repair Station Roster (Form RS05) shall list management personnel, supervisors, repair station inspection personnel, and those individuals authorized to perform final inspection and/or approve an article for return to service.

The Repair Station Roster (RS05) shall include the following:

- Name
- Title
- FAA Certification type and number
- Authorizations

The repair station roster must be revised to reflect the termination, reassignment, change in duties or scope of assignment, or addition of any personnel. Changes to the repair station roster will be incorporated within 5 working days by the Accountable Manager and include the removal or addition of names, certificate type and number, and authorization. A revised copy of the roster will also be forwarded to the CHDO with a letter stating the details of the changes by US Mail, Email or Fax within that 5-day period.

**RS05 Repair Station Roster**

JETWORX

FAA CRS# X6KR220M

**Repair Station Roster**

Ref.	Employee Name	Title	FAA Certificate	Authorizations
1	John Smith	Technician	A&P 123456	Inspector / RTS
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Reference form RS06, Employee Summary, for detailed information including signature and stamp assignments.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Title

Revision: Original

Revision Date: 2/15/2018

Form#: RS05



### ***RS06 Employee Summary***

The Employee Summary (RS06) shall serve as supporting documentation for the roster information and include the following:

- Date Revised
- Name and title
- Employment start and end dates
- FAA Certification type and number
- Photo copy of FAA certificates shall be attached
- Signature and initials
- Copy of Resume shall be attached
- Record of authorizations
  - Shall be “approved” as the relevant requirements are met for each authority. These approvals may only be given by the Accountable Manager or Chief Inspector
  - Upon approval and acceptance, the Accountable Manager or Chief Inspector shall make the relevant changes to the Repair Station Roster (RS05).
  - That authority shall be “accepted” by the employee
  - If the Accountable Manager or Chief Inspector feel that the individual is no longer fit to perform these duties they may “revoke” them and make the relevant changes to the Repair Station Roster (RS05).

**RS06 Employee Summary**

JETWORX

FAA CRS# X6KR220M

**Employee Summary**

Date Revised: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Certificate Type: \_\_\_\_\_ Certificate #: \_\_\_\_\_

☐ See Attached Copies of Certificates

Signature	Initials
-----------	----------

**Employment History:**☐ See Attached Resume**Authorizations**

This individual has been authorized to perform the following inspection duties on behalf of JetWorx and has agreed to adhere to the Repair Station/Quality Control Manual and all FAA regulations.

Authority: <u>Receiving Inspection Approval</u>	Approved By: _____ <small>Accountable Manager or Chief Inspector</small>	Date: _____
	Accepted By: _____ <small>Employee</small>	Date: _____
	Revoked by: _____ <small>Accountable Manager or Chief Inspector</small>	Date: _____
Authority: <u>Inspection Approval</u>	Approved By: _____ <small>Accountable Manager or Chief Inspector</small>	Date: _____
	Accepted By: _____ <small>Employee</small>	Date: _____
	Revoked by: _____ <small>Accountable Manager or Chief Inspector</small>	Date: _____
Authority: <u>RTS Approval</u>	Approved By: _____ <small>Accountable Manager or Chief Inspector</small>	Date: _____
	Accepted By: _____ <small>Employee</small>	Date: _____
	Revoked by: _____ <small>Accountable Manager or Chief Inspector</small>	Date: _____

Revision: Original

Revision Date: 2/15/2018

Form#: RS06

### ***RS07 Daily Shift Turnover***

The Daily Shift Turnover format (Form RS07) will be sent by the Lead Technician. The turnover email will be used at shift change whenever face to face briefing and discussion is not possible in order to brief the incoming shift regarding the status of inspection tasks currently in work. The vacating Lead Technician completes the turnover email at the end of the shift and sends it to the [Team@JetWorx.com](mailto:Team@JetWorx.com) email group. The information entered will include the following:

- Aircraft Registration (Tail) Number
- Current estimated RTS Date/Time (Formatted as MM/DD/HH:MM)
- Indicate if additional discrepancies have been added to EBis so that the customer may be updated
- In Work MX Status
  - Include the details of specific inspection tasks that have been started but not completed.
  - Include any items that require follow up by the next shift.
  - Note any pacing items that should be addressed immediately
- Parts Status: Leave any notes that the parts department may need such as:
  - Parts required to be ordered
  - Parts ordered or received after hours by someone other than a Materials Coordinator

This email shall be reviewed at the beginning of the next shift by the incoming Lead Technician and Inspectors.

**RS07 Daily Shift Turnover**

JETWORX

FAA CR5# X6KR220M

**Daily Shift Turnover**

JETWORX Daily Mx Status			
Tail #	ERTS	In Work Mx Status (Pacing Item)	Parts Status
Discrepancies Sheet Updated? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Discrepancies added to EBis? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
Discrepancies Sheet Updated? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Discrepancies added to EBis? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
Discrepancies Sheet Updated? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Discrepancies added to EBis? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
Discrepancies Sheet Updated? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Discrepancies added to EBis? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
Discrepancies Sheet Updated? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Discrepancies added to EBis? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			

Revision: Original

Revision Date: 2/15/2018

Form#: RS07

### ***RS08 Temporary Inspector Authorization***

The Chief Inspector or Accountable Manager may issue a Temporary Inspector Authorization (Form RS08) to an individual in certain circumstances. The Chief Inspector or Accountable Manager will review the qualifications of the personnel assigned to the project and designate that individual to perform the required inspection tasks for a specific project. The individual temporarily assigned inspection authority must be experienced and qualified for those particular tasks and shall receive training necessary to perform those inspections. The following information shall be completed prior to the individual exercising any authority as an inspector:

- Technician Name
- Certificate #
- Date that the authority is granted
- The work order on which the Technician will have the authority to perform inspection tasks
- The aircraft model and registration number that the work order is opened to
- The scope of work that the technician is authorized to inspect.
- Signature of the Chief Inspector or Accountable Manager approving the authorization, title, and date
- Signature of the Technician accepting the responsibility, printed name, and date

A copy of the authorization will be filed in the repair station's copy of the work record.

**RS08 Temporary Inspector Authorization**

JETWORX

FAA CR5# X6KR220M

**Temporary Inspector Authorization**

This document authorizes the individual listed below to temporarily perform the duties of Inspector for the task(s) detailed within this document. This authorization is temporary and expires upon completion of this event.

Technician:		Certificate:	
Date:		Work Order:	
AC Model		Reg. #	
Scope:			

*The above listed individual is approved to perform the duties of Inspector for the work scope outlined on this form. I have verified that they are certificated under CFR Part 65 and that their knowledge and experience qualifies them to perform these tasks.*

--	--	--

Signature

Title (Accountable Mgr. or Chief Insp. Only)

Date

*I accept the responsibilities of temporary Inspector and understand that this approval expires upon completion of this work scope.*

--	--	--

Signature

Print Name

Date

**Note:** Additional authorizations may be required by the customer in accordance with their GMM.

Revision: Original

Revision Date: 2/15/2018

Form#: RS08

***RS09 FAA Approved Maintenance Functions***

The Accountable Manager is responsible for the contract maintenance program and for maintaining approved contracted facilities. Contract maintenance functions will be approved by the FAA by means of the List of Approved Maintenance Functions (Form RS09).

The list will specify the type of maintenance function that JetWorx may contract outside maintenance providers to perform.

In the event that the List of Approved Maintenance Functions is updated, it is the responsibility of the Chief Inspector to provide an updated list to the CHDO

Current revisions of Form RS09 will be uploaded to the server for reference by JetWorx personnel. The vendors that are approved by JetWorx to perform these functions will be monitored and maintained within the vendor module of EBis



### ***RS09 FAA Approved Maintenance Functions***



FAA CRS# X6KR220M

### FAA Approved Maintenance Functions

Jetworx may contract outside maintenance providers for the functions listed below. Prior to using any vendor, JetWorx will require all vendors to complete a vendor audit using Form RS10 and will require the vendor to renew their approval every 24 months at minimum in order to maintain qualification as an "Approved Vendor" in accordance with our Repair Station Manual and Federal Regulations 14CFR §145.211 (c)(1)(vi), §145.217 & §145.223.

[illegible]

**JetWorx Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: Accountable Manager

**FAA Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Revision: Original

Revision Date: 2/15/2018

Form#: RS09



## ***RS10 Vendor Audit***

Prior to using an outside vendor, the Accountable Manager or his designee will qualify and audit FAA certificated and non-certificated entities using the Vendor Audit form (Form RS10) found in the forms manual. Only “Approved Maintenance Functions” which are approved by the FAA on form RS09 may be performed by these vendors. The Accountable Manager or Chief Inspector will perform either the on-site or postal audit to initially qualify and reevaluate any vendor. Reevaluation is to be accomplished at least every 24 months.

The following information shall be completed by either the JetWorx designee that is assigned to perform the on-site audit or by a representative of the vendor in the case of an audit by mail (postal or electronic):

- General Information: Vendor name, address and contact information
- Key Personnel: Name and contact information for the applicable individuals as pertinent to the vendor
- Business Information: Specify the business type, years in business, facility, and personnel information
- A description of the types of services to be provided. These services must be indicated in the Approved Maintenance Functions” list (RS09)
- All questions shall be answered as applicable to the vendor. N/A may be selected if the question does not apply
- Any questions that are answered as “NO” shall be explained in the provided section below the questionnaire
- The audit will be signed by the individual completing the document (Vendor or JetWorx representative)

Upon receipt of the completed audit, the Accountable Manager or Chief Inspector will review the document and determine if the vendor is acceptable by completing the last section of the form titled “For JetWorx Use Only”.

- Audit type
- Method of audit/Auditor
- Whether the vendor is approved or not and the next audit date
- Who is approving the vendor
- Indicate that EBis has been updated to indicate that the vendor may be used

Once JetWorx finds a vendor to be acceptable, it develops an appropriate contract defining the scope of work, the standards to be followed, and any required special skills.

## RS10 Vendor Audit



JETWORX

FAA CRS# X6KR220M

## Vendor Audit

JetWorx will require all vendors to complete the following audit every 24 months at minimum in order to maintain qualification as an "Approved Vendor" in accordance with our Repair Station Manual and Federal Regulations 14CFR §145.211 (c)(1)(vi), §145.217 & §145.223. JetWorx will accept Vendor pre-filled audits if the content of the audit satisfies all questions contained within this document. If you require assistance with the completion of this audit, please contact our Quality Department at 818-933-6509 Ext. 9014. Return the completed form and required documents to QA@jetworx.com.

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ AOG #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Key Personnel

Department	Name	Title	Phone	Email
Management				
Quality				
Customer Service				
Accounting/Billing				
Other				

### Business Information

Type of Business: ☐ FAA Repair Station ☐ FAA Airframe ☐ FAA Powerplant Certificate #: \_\_\_\_\_

☐ Manufacturer – 14CFR Part 21? ☐ Yes ☐ No ☐ Other: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Facility Size: \_\_\_\_\_ Sq. ft.

Number of Employees: \_\_\_\_\_ Production Personnel: \_\_\_\_\_ Quality/Inspection Personnel: \_\_\_\_\_ FAA Certified Personnel: \_\_\_\_\_

Brief description of services provided to JetWorx:

--

Revision: Original

Revision Date: 2/15/2018

Form#: RS10

**RS10 Vendor Audit**

JETWORX

FAA CR5# X6KR220M

**Vendor Audit**

A. Certification & Training		Yes	No	N/A
1	Are you an FAA Part 145 certified repair station? (Attach copy of certificate and Ops Specs)			
2	Do you have an FAA approved anti-drug and alcohol misuse program? (Attach copy of FAA acceptance letter)			
3	Do you have a current capabilities list that has been accepted by the FAA? (Attach copy) (Part 145 Only)			
4	Do you have the tools, training, personnel and approval to return RVSM equipment to service?			
5	If you use subcontractors, Do you ensure that your subcontractors are under an FAA approved anti-drug and alcohol misuse program?			
6	Do you have an FAA approved training program? (Part 145 Only)			

B. Quality Control Procedures		Yes	No	N/A
1	Do you have a current revision of the Repair Station/Quality Control manual readily available for employee's reference?			
2	Is there proper separation of production and inspection responsibilities?			
3	Are all parts and materials subject to an incoming inspection?			
4	Are customer's purchase orders reviewed to ensure that the facility has the capability to perform the requested work prior to starting maintenance?			
5	Are there procedures for segregation of repairable from non-repairable articles?			
6	Are there procedures for tagging or identifying articles, including repairable and non-repairable articles?			
7	Are all inspections and tests documented?			
8	Are inspection and test records supplied to the customer when the part is returned to service?			
9	Are personnel that are returning the parts to service properly trained and certificated?			

C. Technical Data		Yes	No	N/A
1	Do you have the current technical data required to perform repairs/overhauls on all items on your capabilities list?			
2	Is there a procedure to control revisions and ensure that technical data is current?			
3	Are controlled copies of the technical data readily available to the production personnel?			

D. Calibrated Tools and Equipment		Yes	No	N/A
1	Are inspections gauges, measuring devices and test equipment inspected and calibrated at specified intervals?			
2	Is Inspection equipment labeled in some way to indicate current calibration status?			
3	Do the procedures ensure that calibration is traceable to NIST?			

Revision: Original

Revision Date: 2/15/2018

Form#: RS10

**RS10 Vendor Audit**

JETWORX

FAA CR5# X6KR220M

**Vendor Audit**

E. Material Control		Yes	No	N/A
1	Are parts and materials purchased for use on aircraft parts subject to a receiving inspection?			
2	Is proper traceability and certification maintained for all parts, materials, and hardware?			
3	Are Receiving Inspectors trained to detect and report Suspected Unapproved Parts?			
4	Are life limited parts and materials identified, tracked and removed from inventory upon expiration?			
5	Are non-conforming and unairworthy parts and materials segregated and secured?			
6	Are life limited scrap parts returned to the customer or mutilated to prevent return to service?			

F. Recordkeeping		Yes	No	N/A
1	Are maintenance, repair and overhaul records maintained for a minimum of 2 years?			

Please explain any items above that were answered as "NO"

Item	Explanation

By signing this document, I certify that the information provided above is true and complete to the best of my knowledge. I also agree to allow the Federal Aviation Administration to perform inspections of the work being performed (Non-Certificated Vendor's Only).

Audit Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For JetWorx Use Only		
Audit Type:	<input type="checkbox"/> Initial	<input type="checkbox"/> Recurrent <input type="checkbox"/> Special
Audit Conducted by:	<input type="checkbox"/> Mail <input type="checkbox"/> In-Person	Auditor: _____
Vendor Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Next Audit Due: _____
Approved By: _____	Date: _____	
Vendor List Updated: <input type="checkbox"/>	Tracking System Updated: <input type="checkbox"/>	
Notes:		

Revision: Original

Revision Date: 2/15/2018

Form#: RS10

***RS11 Master Document List***

The Accountable Manager will ensure the Master Document List (Form RS11) is on JetWorx server and easily accessible to all personnel at all locations. The master document list will be used to verify that the current revision is being used by the repair station personnel.

The following information shall be recorded on the form:

- Document Title
- Current Revision
- Document Location – Website, Server, MX Office, etc.
- Login for web based
- Password for web based

Every 6 months (Six) the Accountable Manager must ensure the repair station has the current revision for all documents the repair station is required to have. After the verification is complete it must be documented on the Master Document List and uploaded to the server.



Revision Date: 2/15/2018  
Original Issue Date: 4/2/2014

### ***RS12 Incoming Walk Around Inspection***

A Lead Technician or Inspector will perform the preliminary inspections as required utilizing the Incoming Walk Around Inspection (Form RS12).

- Indicate the applicable Work Order, Tail #, and date that the inspection is being performed
- Perform the complete inspection as indicated on the check list and initial each line item
- Answer the specific questions regarding tires, fluid and gas servicing by checking the appropriate boxes
- Note any discrepancies found during the walk around
- ***Any damage will be brought to the attention of management before proceeding with any work***

Any discrepancies noted as a result of the inspection will be added to the work order. The preliminary inspection will be signed off in the form of a corrective action in the work order (Item 1 of all work orders).



**RS12 Incoming Walk Around Inspection**

JETWORX

FAA CRS# X6KR220M

**Incoming Walk Around Inspection**

<b>Work Order:</b>	<b>Tail #:</b>	<b>Date:</b>
The following inspection is required to be accomplished prior to beginning work on any aircraft. The interior and exterior (as visible from the ground) of the aircraft shall be inspected for overall condition. Any abnormalities should be recorded in the comments below and added to the work order as required. Any damage to the aircraft should be immediately be reported to management prior to proceeding with any work.		
<b>EXTERIOR</b>		<b>Initial</b>
All access panels that are opened or removed must be Tagged/identified and entered on open/close log.		
MED: Check for normal operation when opening and closing.		
Protective Covers – Remove and enter in Open/Close Form		
Lower Flaps and Gear Doors – To allow for inspection		
Exterior Lighting – Check for proper operation.		
Pitot Tubes/Static Ports: Inspect for security/obstructions.		
Nose Section – Check for damage, security and evidence of leaks. Security pins installed (for towing) Tires: <input type="checkbox"/> Airworthy		
Nitrogen/Oxygen – Check for proper levels and squawk as required. Requires Servicing: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Right Fuselage – General condition, check for windows, emergency exit and placards for security and condition.		
Right Wheel Well – Check for leaks and general condition. Security pins installed Tires: <input type="checkbox"/> Airworthy		
Right Wing – Inspect leading edges (Boots if applicable), winglets, fuel panels for leaks, rear beam for security and leaks, Flap tracks are clear. All vents are clear.		
Right Engine – Inspect exterior for security and condition, evidence of FOD (inspect fan blades) or fluid leaks.		
Lower Fuselage – Check for leaks, security and condition of antennas, and all vents clear.		
Tail Section – General condition, Static wicks attached.		
Aft Equipment Bay – Check for leaks, DPF's, Servicing as visible		
Left Engine – Inspect exterior for security and condition, evidence of FOD (inspect fan blades) or fluid leaks.		
Left Wing – Inspect leading edges (Boots if applicable), winglets, fuel panels for leaks, rear beam for security and leaks, Flap tracks are clear. All vents are clear.		
Left Wheel Well – Check for leaks and general condition. Security pins installed Tires: <input type="checkbox"/> Airworthy		
Left Fuselage – General condition, check for windows, emergency exit and placards for security and condition.		
<b>INTERIOR</b>		<b>Initial</b>
All Items Removed from aircraft must be Tagged/identified and entered on open/close log.		
Vestibule – Inspect for damage, cleanliness and general condition. Pay special attention to woodwork, carpet and leather.		
Cockpit – Inspect for damage, cleanliness and general condition.		
Cabin – Inspect for damage, cleanliness and general condition. Pay special attention to woodwork, carpet and leather. Check operation of lighting, seats, tables, windows shades, and sidewalls.		
Galley – Inspect for damage, cleanliness and general condition. Pay special attention to woodwork, carpet and leather. Check lighting and all doors/drawers for proper operation. Ensure that now trash or perishables have been left behind.		
Lavatories – Inspect for damage, cleanliness and general condition. Pay special attention to woodwork, carpet and leather. Check lighting and all doors/drawers for proper operation.		
Lav Requires Servicing: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Baggage Area – Inspect for damage, cleanliness and general condition.		
Loose Equipment – Remove, identify and store as needed to protect property during maintenance.		
Protection – Install protective material as required based on the maintenance to be performed. Pay special attention to entry, woodwork, carpet and leather.		
Notes:		
Inspected By: _____		Date: _____
Sign and Print		

Revision: Original

Revision Date: 2/15/2018

Form#: RS12



***RS13 Post Maintenance Walk Around Inspection***

The Chief Inspector or his/her designee will perform the final inspection. The Inspector will perform the final inspection as required utilizing the Post Maintenance Walk Around Inspection (Form RS13).

- Indicate the applicable Work Order, Tail #, and date that the inspection is being performed
- Perform the complete inspection as indicated on the check list and initial each line item

Any discrepancies noted as a result of the inspection will be added to the work order. The final inspection will be signed off in the form of a squawk in the work order (Item 3 of all work orders).

**RS13 Post Maintenance Walk Around Inspection**

JETWORX

FAA CRS# X6KR220M

**Final Walk Around Inspection**

Work Order:		Tail#:		Date:	
<b>Final Walk Around Inspection:</b> The following inspection is required to be accomplished as part of the aircraft return to service process, once all work is complete. The interior and exterior (as visible from the ground) of the aircraft shall be inspected for overall condition. Any abnormalities should be recorded in the comments below and added to the work order. Any damage to the aircraft should be immediately be reported to management prior to proceeding with any work.					
<b>EXTERIOR</b>					
<b>FUSELAGE</b>	<b>LH</b>	<b>RH</b>	<b>WINGS</b>	<b>LH</b>	<b>RH</b>
Nose cone: security & condition			Skin for dents, damage, Static wicks/bases and vortex generators		
Skin for dents, damage, exposed base material			Leading edges (Boots if applicable) for damage		
Cockpit Windows/Wipers: condition & cleanliness			Fuel panels for security / leaks		
Pitot Tubes/Static Ports/ TAT Probes/ AOA: condition & obstructions			Rear beam structure and components for security and leaks		
Antennas: security & condition			Flap tracks clear of foreign objects		
Pax Windows: security, condition, & placards			Flap and Ailerons for condition and security		
Vents and drains for obstructions			Vents and drains for obstruction		
Nose Wheel Well and Gear Assy/Tires: check lines, cables, cannon plugs, and components for security. Area is free of leaks. Uplocks are open.			Main Wheel Well and Gear Assy/Tires: check lines, cables, cannon plugs, and components for security. Area is free of leaks. Uplocks are open		
<b>ENGINE</b>	<b>LH</b>	<b>RH</b>	<b>TAIL SECTION</b>	<b>LH</b>	<b>RH</b>
Check oil servicing and cap for security			Skin for dents, damage, exposed base material		
Cowls for security, condition, and fluid leaks.			Panels for security and leaks		
Inlet fan blades for damage and FOD			Elevator and trim for condition and security		
Inlet cowl leading edge for damage			Rudder and trim for condition and security		
Exhaust for damage and FOD			Static wicks/bases and vortex generators for condition and security		
Pylon (top/bottom) panels for security and condition			Aft Equipment Bay: check panels, lines, cables, cannon plugs, and components for security. Check DPI's. Proper fluid servicing. Area is free of leaks.		
Vents and drains for obstruction			Vents and drains for obstruction		
Check Oxygen and all Nitrogen servicing including Tires, Brake accumulators and emergency gear accumulators					
<b>INTERIOR</b>					
Vestibule - Inspect for damage, cleanliness and general condition. Pay special attention to woodwork, carpet and leather.					
Cockpit - Inspect for damage, cleanliness and general condition. Circuit breakers are depressed. No fault codes are displayed on CAS. Flaps fully retracted. Parking brake is off. Gust lock is on. Area is free of rags and tools.					
Cabin - Inspect for damage, cleanliness and general condition. Pay special attention to woodwork, carpet and leather. Check operation of cabin lighting, seats, tables, doors/drawers, and windows shades.					
Galley - Inspect for damage, cleanliness and general condition. Pay special attention to woodwork, carpet and leather. Check doors/drawers for proper operation. Ensure that no trash or perishables have been left behind.					
Lavatories - Inspect for damage, cleanliness and general condition. Pay special attention to woodwork, carpet and leather. Check doors/drawers for proper operation.					
Baggage Area - Inspect for damage, cleanliness and general condition.					
<b>FINAL STEPS</b>					
Review open/close log.			Remove aircraft protection		
Close gear doors and stow away gear pins			Install exterior protective covers		
Return Aircraft Flight Log to Cockpit			Close MED		
Disconnect Battery (As applicable)			Close/lock all applicable exterior service doors		
Inspected By: _____			Date: _____		
Sign and Print					

Revision: Original

Revision Date: 2/15/2018

Form#: RS13

## RS14 Parts Identification Tag

All aircraft parts, components, accessories, engines, appliances received by this repair station must have a JetWorx Parts Tag (Form RS14) attached that is applicable to the status of the item. This tag is designed as a multi-use tag and the appropriate box should be clearly checked as follows:


**Part Identification “White Tag”:** This tag may be used to identify replacement parts during receiving process or parts, components, and assemblies removed from an aircraft, airframe, engine, appliance, component, or assembly during maintenance. This tag may also be used when removing a known serviceable part from an aircraft to provide traceability if being installed on a different aircraft.

**Repairable “Green Tag”:** This tag will be used to identify parts, components, accessories, or assemblies that require repairs by outside vendors. The receiving inspector, technician, or inspector must fill out this tag and attach it to the item. This tag must also include a description of the work to be performed. JetWorx may also use this tag for core exchanges.

**Unserviceable “Red Tag”:** This tag is used to identify Unserviceable items pending their final disposition. This tag will be attached to the item or to the container holding the items. The receiving inspector, technician, or inspector must fill out this tag for all rejected items (including unsalvageable).

All completed tags should be completed as follows:

- Registration and Serial Number (For items removed from an aircraft only)
- Part number and description of the item
- Serial number or lot number of the part
- Total Time, Total Cycles, Time Since Overhaul/Repair, and Cycles Since Overhaul/Repair of the received or removed part.
- Remarks: May include reason for removal, whether a functional test was performed prior to removal or any other information pertinent to the part
- Work order and item number (of which part was installed)
- Purchase order on which part was purchased (for Receiving Inspector)
- Quantity of parts
- Indication as to whether a core is due or not


<b>Parts Tag</b> Form: RS14 Rev. 0 2/15/2018		 <b>JETWORX</b> CRS # X6KR220M	
REMOVED FROM: <b>Reg No.</b>	<b>P/N</b>	<b>Part S/N or Lot #</b>	
<b>S/N</b>	<b>Description</b>		
<b>TT:</b>	<b>TC:</b>	<b>TSO/TSR:</b>	<b>CSO/CSR:</b>
Remarks / Condition (more space on back):			
<b>WO #:</b>	<b>Item #:</b>	<b>PO #:</b>	<b>QTY:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Core Due?</b>		<b>Y</b>	<b>N</b>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Part Identification</b>		<b>Repairable</b>	<b>Unserviceable</b>
Signature:		Date:	

### ***RS15 Mx Convenience Removal Tag***

This tag may be used to identify panels or components that are removed for the purpose of maintenance or inspection in conjunction with the Aircraft Panel Removal Record (RS16) or Component Removal and Installation Record (RS17). If multiple parts identification is required, only one (1) MX Convenience Removal Tag is required for the identification of like parts, i.e. access panels in a common area, ceiling panels etc. The technician will remove the parts and place them in a container or in a clearly identified work area. The MX Convenience Removal Tag will be filled out showing the total number of items being removed. The tag will be securely attached to the container, work table or bench.

Each tag shall include the following information:

- Aircraft Registration Number
- Work Order Number
- Item # as indicated on the corresponding form (RS16 or RS17)
- Part Number
- Serial Number
- Quantity
- Part ID/Location – Panel number or specific location on the aircraft
- Technician name and date removed

 <b>JETWORX</b> <small>Form RS15 Rev. 0</small>		<b>Mx Convenience Removal Tag</b> <b>CRS # X6KR220M</b>	
<b>AC Reg:</b>	<b>WO:</b>	<b>Item:</b>	
<b>PN:</b>	<b>SN:</b>	<b>Qty:</b>	
<b>Part ID/Loc:</b>			
<b>Tech/Date:</b>			

***RS16 Aircraft Panel Removal Record***

The Aircraft Panel Removal Record (RS16) shall be used anytime a panel on an aircraft is opened or removed for any period of time. This form will be included in every work order package.

The aircraft model, Tail #, work order and page numbers shall be recorded on the header

The individual that removes the panel shall indicate the squawk number associated to the reason for the panel removal, the panel number, the date opened, the initials of the individual that removed the panel, and the description of the panel and reason removed.

An inspector must inspect the area and initial the “OK to Close” prior to panel installation

The installer will then initial after the installation is complete and an inspector will follow behind and verify proper installation, initial the “Instl Insp” block and record the date completed.

## RS16 Aircraft Panel Removal Record

[illegible]

***RS17 Component Removal and Installation Record***

The Component Removal and Installation Record (RS17) shall be used anytime a component is removed from an aircraft. This form will be included in every work order package.

The aircraft model, Tail #, work order and page numbers shall be recorded on the header

The individual that removes the panel shall indicate a sequential item number, the part description, the position, the initials of the individual that removed the component, the date removed, and the part number and serial number off.

An inspector must inspect the area and initial the “OK to install” prior to panel installation

The installer will then initial after the installation is complete and indicate the serial number installed.

The tech and inspector will then sign off the operational and leak checks as applicable. If no leak check or ops checks are required, a line may be drawn through the box or “N/A” may be indicated.

**RS17 Component Removal and Installation Record**

JETWORX

FAA CRS# X6KR220M

**Component Removal and Installation Record**

A/C Model: \_\_\_\_\_ Tail No. \_\_\_\_\_ W/O: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

COMPONENT DESCRIPTION		POSITION	REMOVED BY	OK TO INSTALL	INSTALLED BY	OPS CHECK		LEAK CHECK	
ITEM						TECH	INSP	TECH	INSP
			Date	Date	Date	Date	Date	Date	Date
P/N:		S/N OFF:			S/N ON:				
COMPONENT DESCRIPTION		POSITION	REMOVED BY	OK TO INSTALL	INSTALLED BY	OPS CHECK		LEAK CHECK	
ITEM			Date	Date	Date	TECH	INSP	TECH	INSP
			Date	Date	Date	Date	Date	Date	Date
P/N:		S/N OFF:			S/N ON:				
COMPONENT DESCRIPTION		POSITION	REMOVED BY	OK TO INSTALL	INSTALLED BY	OPS CHECK		LEAK CHECK	
ITEM			Date	Date	Date	TECH	INSP	TECH	INSP
			Date	Date	Date	Date	Date	Date	Date
P/N:		S/N OFF:			S/N ON:				
COMPONENT DESCRIPTION		POSITION	REMOVED BY	OK TO INSTALL	INSTALLED BY	OPS CHECK		LEAK CHECK	
ITEM			Date	Date	Date	TECH	INSP	TECH	INSP
			Date	Date	Date	Date	Date	Date	Date
P/N:		S/N OFF:			S/N ON:				
COMPONENT DESCRIPTION		POSITION	REMOVED BY	OK TO INSTALL	INSTALLED BY	OPS CHECK		LEAK CHECK	
ITEM			Date	Date	Date	TECH	INSP	TECH	INSP
			Date	Date	Date	Date	Date	Date	Date
P/N:		S/N OFF:			S/N ON:				
COMPONENT DESCRIPTION		POSITION	REMOVED BY	OK TO INSTALL	INSTALLED BY	OPS CHECK		LEAK CHECK	
ITEM			Date	Date	Date	TECH	INSP	TECH	INSP
			Date	Date	Date	Date	Date	Date	Date
P/N:		S/N OFF:			S/N ON:				

Revision: Original

Revision Date: 2/15/2018

Form#: RS17



***RS18 Corrective Action Report***

Whenever an inspection or determines that a maintenance step or function has been accomplished incorrectly, the task found to be deficient will be reviewed to ensure that the improper work was not the result of a deficiency in the instructions(s), facilities, equipment, tooling or material.

A Corrective Action Report (CAR) (RS18) shall be completed in its entirety.

All questions in the first section by the Accountable Manager, Chief Inspector or their designee.

A root cause analysis shall be accomplished and recorded in the designated section.

The individuals involved in the root cause analysis shall also propose a corrective action(s) and determine if any manuals or procedures will require revision to correct the discrepancy. The implementation shall also be assigned to an individual or group to see the correction through. A deadline should be set to ensure implementation within a reasonable timeframe.

The implementation shall than be documented and a follow up to confirm effectiveness of the corrective action within 30 days of the implementation.

**RS18 Corrective Action Report**

JETWORX

FAA CRS# X6KR220M

**Corrective Action Report**

Report Title:			
Date:			Written By:
	YES	NO	
MX Procedure Deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Parts/Materials Deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Quality Assurance Deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Tool/Equipment Deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Safety Deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Summary of Deficiency:			
Aircraft/Equipment Involved:			
	YES	NO	
Injury Sustained:	<input type="checkbox"/>	<input type="checkbox"/>	
Nature of Injury:			
Sent for medical care?	<input type="checkbox"/>	<input type="checkbox"/>	Where:
Who was sent?			
Results of visit:			
Damage to Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Description:
Description of damage:			
Police/Fire Notified?	<input type="checkbox"/>	<input type="checkbox"/>	Details:

Root Cause:

Proposed Corrective Action:

	YES	NO	
Requires Revision to RSM/QCM:	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Requires Revision to Form:	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Requires Revision to Training Manual:	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Requires Revision to SOP Manual:	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Requires Training Event:	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Assigned To:		Due Date:	

Signed:

Print:

Date:

Revision: Original

Revision Date: 2/15/2018

Form#: RS18

**RS18 Corrective Action Report**

<b>JETWORX</b>		FAA CRS# X6KR220M							
<b>Corrective Action Report</b>									
<b>Implementation of Corrective Action:</b>									
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 5px;">YES</td><td style="padding: 2px 5px;">NO</td></tr></table>		YES	NO						
YES	NO								
Manual Revised:	<input type="checkbox"/>	Details:							
Training Accomplished:	<input type="checkbox"/>	When:							
Implemented By:		Date:							
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px 5px;">Effectiveness of corrective action due within 30 days of implementation</td><td style="text-align: right; padding: 2px 5px; color: red;"><b>Due Date:</b></td></tr><tr><td colspan="2" style="height: 50px; vertical-align: top; padding: 5px;"><b>Verification of Effectiveness:</b></td></tr><tr><td colspan="2" style="padding: 2px 5px;">Verified By:</td><td style="padding: 2px 5px;">Date:</td></tr></table>			Effectiveness of corrective action due within 30 days of implementation	<b>Due Date:</b>	<b>Verification of Effectiveness:</b>		Verified By:		Date:
Effectiveness of corrective action due within 30 days of implementation	<b>Due Date:</b>								
<b>Verification of Effectiveness:</b>									
Verified By:		Date:							

Revision: Original

Revision Date: 2/15/2018

Form#: RS18

***FAA Form 8010-4 - Malfunction and Defect Report***

The Chief Inspector will fill out the Malfunction and Defect Report within 96 hours after any serious defect is discovered. Reference the most current version of AC 20-109 for specific instructions on completing this document.

## FAA Form 8010-4 Malfunction and Defect Report

OMB No. 2120-0003  
08/15/2008

DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION		OPER. Control No.		8. Comments (describe the malfunction or defect and the circumstances under which it occurred. Also provide cause and recommendations to prevent recurrence.)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">REPORTING OFFICE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TIME</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">LOCATION</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">PILOT</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Crew</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">FLIGHT NO.</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">FLIGHT TYPE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">FLIGHT NUMBER</div> </div>
		ATA Code			
MALFUNCTION OR DEFECT REPORT		1. A/C Reg. No.			
		2. SERIAL NUMBER			
Enter pertinent data	MANUFACTURER	MODEL/SERIES	SERIAL NUMBER		
1. AIRCRAFT					
2. POWERPLANT					
3. PROPELLER					
9. SPECIFIC PART (or component) CAUSING TROUBLE					
Part Name	MPN, Model or Part No.	Serial No.	Part/Manufacturer		
10. APPROPRIATE COMPONENT (assembly) that includes part					
Component Name	Manufacturer	Model or Part No.	Serial Number		
Optional information:				Check a box below, if this report is related to an aircraft	
Part TT	Part TSD	Part Condition	1. Date Sub.	<input type="checkbox"/> Accident; Date _____ <input type="checkbox"/> Incident; Date _____	

FAA FORM 8010-4 (10-4-1) SUPERSEDES PREVIOUS EDITIONS

Use this space for continuation of Block 8 (if required).

**PAPERWORK REDUCTION ACT STATEMENT:** The information collected on this form is used to evaluate certification standards, maintenance programs, and regulatory requirements. The information is required to ensure safety in air transportation. It is estimated that it will take approximately 9 minutes to complete the form. Providing this information is mandatory. No assurance of confidentiality is given. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0003. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.

***FAA Form 8070-1 - Service Difficulty Report***

The Chief Inspector will fill out the Malfunction and Defect Report within 96 hours after any serious defect is discovered. Reference the most current version of Form 8070-1 for specific instructions on completing this document.

**FAA Form 8070-1 - Service Difficulty Report**

Paperwork Reduction Act Statement: This form reports occurrence or detection of each failure, malfunction, or defect in an aircraft. A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0063. Public reporting for this collection of information is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required per 16 CFR Part 106. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at 800 Independence Ave SW, Washington, DC 20591, NRC Information Collection Clearance Office, A03-200.

U.S. Department of  
Transportation  
Federal Aviation  
Administration

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

Service Difficulty Report  
AERONAUTICAL EQUIPMENT

FORM APPROVED  
OMB No. 2120-0063 Exp. 04/30/2017

RIS- WS 8070-1	
Control No.	
ATA	Code

MAJOR EQUIPMENT IDENTITY

Enter pertinent data	MANUFACTURER	MODEL/SERIES	SERIAL NUMBER	N-
AIRCRAFT				
POWERPLANT				
PROPELLER				

PROBLEM DESCRIPTION

DATE	STATUS	CARRIER	ATA	AIRCRAFT TYPE	N-	CONTROL NO.
TEXT						
SPECIFIC PART CAUSING PROBLEM						
PART NAME		MFG. PART NUMBER		PART CONDITION		PART/DEFECT LOCATION
COMPONENT/APPL. ABOVE PART INSTALLED ON				Report whole hours	PART TT	PART TSO
COMP/APPL. NAME		MANUFACTURER		MFG. MODEL NUMBER		SERIAL NO.

SUBMITTED BY

SUBMITTER (Check one)		A	B	C	D	E	F	G	H	I	P. S. L.	ALERT	OPER/D.O.
CORPORATE		REP. A/C	OPER.	MAINT.	MR. JRM	WFO	FLG	OTHER					
PRINC. PROD.		NATURE		STAGE	STAT	ROLL	Fuels		SYS.				
ADDITIONAL COMMENTS													

FAA Form 8070-1 (11-84) SUPERSEDES PREVIOUS EDITION

Shaded Areas are for FAA USE ONLY

***FAA Form 8120-11 - Suspected Unapproved Parts Report***

If the Chief Inspector determines that a suspected unapproved parts report will be filed, he/she will fill out FAA Form 8120-11 in accordance with its instructions and notify the local FAA CHDO.



**FAA Form 8120-11 - Suspected Unapproved Parts Report**

U.S. Department of Transportation Federal Aviation Administration		<b>SUSPECTED UNAPPROVED PARTS REPORT</b>		OMB Approved 2120-0682 Expires 03/31/2016	
1. Date the Part was Discovered: _____		2. Part Name: _____			
3. Part Number _____		4. Part Serial Number _____			
5. Quantity _____		6. Assembly Name and Number: _____			
		7. Aircraft Make and Model: _____			
		Name: _____ Make: _____			
		Number _____ Model _____			
8. Name, Address, and Description of the Company or Person Who Supplied or Repaired the Part:					
Name: _____ Street Address: _____					
City: _____ State: _____ Zip Code: _____					
Country: _____ Phone Number: _____					
Check one of the following applicable to the Company or Person who supplied or repaired the part:					
<input type="checkbox"/> Air Carrier Certificate Number: _____ <input type="checkbox"/> Supplier					
<input type="checkbox"/> Mechanic Certificate Number: _____ <input type="checkbox"/> Production Approval Holder					
<input type="checkbox"/> Repair Station Certificate Number: _____ <input type="checkbox"/> Manufacturer					
<input type="checkbox"/> Distributor <input type="checkbox"/> Other					
<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Unknown					
9. Description of the Issue: (attach additional sheet if necessary)					
10. Name and Address of (the Company or Person) Where the Part Was Discovered:					
Name: _____ Street Address: _____					
City: _____ State: _____ Zip Code: _____					
Country: _____ Phone Number: _____					
Check One of the Following Applicable to the Company or Person Who Discovered the Part:					
<input type="checkbox"/> Air Carrier Certificate Number: _____ <input type="checkbox"/> FAA Inspector					
<input type="checkbox"/> Mechanic Certificate Number: _____ <input type="checkbox"/> DOT/Office of Inspector General					
<input type="checkbox"/> Repair Station Certificate Number: _____ <input type="checkbox"/> Defense Criminal Investigation Service					
<input type="checkbox"/> Distributor <input type="checkbox"/> Other Government Agency					
<input type="checkbox"/> Supplier <input type="checkbox"/> Foreign Civil Aviation Authority					
<input type="checkbox"/> Production Approval Holder <input type="checkbox"/> Owner/Operator					
<input type="checkbox"/> Unknown <input type="checkbox"/> Other					
11. Date of this report: _____					
12. <input type="checkbox"/> Check this box if you request anonymity - Do not complete block 13.					
13. Name and Address of Reporter:					
Name: _____ Street Address: _____					
City: _____ State: _____ Zip Code: _____					
Country: _____ Phone Number: _____					
14. <input type="checkbox"/> Check this box if you request confidentiality					
15. <input type="checkbox"/> Check this box if you have attached additional information.					
FAA Form 8120-11 (5/2016)		Supersedes Previous Edition		Local Reproduction Authorized	

***FAA Form 8130-3 – Authorized Release Certificate***

In the event that Form 8130-3 will be generated, the Inspector will refer to the most current version of FAA Order 8130.21H - Procedures for Completion and Use of the Authorized Release Certificate, FAA Form 8130-3, Airworthiness Approval Tag

**FAA Form 8130-3 – Authorized Release Certificate**

1. Approving Civil Aviation Authority/Country: FAA/United States		2. <b>AUTHORIZED RELEASE CERTIFICATE</b> FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG			3. Form Tracking Number:	
4. Organization Name and Address:					5. Work Order/Contract/Invoice Number:	
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:	
12. Remarks:						
13a. Certifies the items identified above were manufactured in conformity to:  <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.			14a. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
13b. Authorized Signature:		13c. Approval/Authorization No.:		14b. Authorized Signature:		14c. Approval/Certificate No.:
13d. Name (Typed or Printed):		13e. Date (dd/mm/yyyy):		14d. Name (Typed or Printed):		14e. Date (dd/mm/yyyy):
<b>User/Installer Responsibilities</b>						
It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1. Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.						

FAA Form 8130-3 (02-14)

NSN: 0052-00-012-9005

## TRAINING PROGRAM FORMS

***TP01 Employee Orientation Checklist***

All personnel authorized to perform maintenance, preventive maintenance, alteration tasks, and inspections will be required to complete company orientation, which will include instruction on company policies and procedures as well detailed review of the policies and procedures established in this manual. This initial training will be completed within a period of 90 days for all employees and formal acknowledgment will be maintained in the employee's training file. The initial hire training shall be recorded on the Employee Orientation Checklist form (TP01).

**TP01 Employee Orientation Checklist**

JETWORX

FAA CRS# X6KR220M

**Employee Orientation Checklist**

First Name		
Last Name		
User ID		
Password		
Course	Date of Completion	Verified by;
Computer Based Training - <a href="http://www.bluetunadocs.com">www.bluetunadocs.com</a> / Login & Train button		
HUMAN FACTORS INTRODUCTION		
HazMat/DOT/OSHA/EPA		
CFR's (AS APPLICABLE TO POSITION)		
FACILITY SECURITY		
ALCOHOL IN THE WORKPLACE		
DRUG ABUSE IN THE WORKPLACE		
SEXUAL HARASSMENT		
LOCKOUT - TAGOUT		
BACK SAFETY		
BLOODBORNE PATHOGENS		
EYE PROTECTION		
FIRE EXTINGUISHERS		
Classroom Training		
COMPUTER SYSTEMS & SOFTWARE		
REPAIR STATION MANUALS TRAINING (AS REQUIRED)		
STANDARD OPERATING PROCEDURES		

Revision: Original

Revision Date: 2/15/2018

Form#: TP01



## ***TP02 Overall Needs Assessment***

To determine the overall training requirements, the Accountable Manager or designee will conduct an annual review of the types of work being planned and performed, and identify and update the types of knowledge and skills that the repair station needs.

- “Date” - Insert the date the form was completed
- “Reason” – Describe the reason for the assessment. (i.e., changes of Repair Station ratings/capabilities, major changes to facilities, significant changes to regulations, new complex tooling or equipment, annual training program review, etc.)
- “Required Function” - Describe the changes required or the needs identified from the assessment.
- “Required Training” - Describe the changes required or the needs identified from the assessment.
- “Required Certification” - Describe the changes required or the needs identified from the assessment.
- “Required Skill Set” - Describe the changes required or the needs identified from the assessment.
- “Affected Department(s)/Position(s)” - List the departments or positions of the repair station that are affected by the change.
- “Notes” - List any additional notes or comments.
- “Assessment Administrator” - The individual that completed the assessment will sign here.



## TP02 Overall Needs Assessment

	JETWORX	FAA CRSM X6KR220M
<b>Overall Needs Assessment</b>		
Date: _____		
	Reason for Assessment: _____ _____ _____ <input type="checkbox"/>	
Required Function: _____ _____		
Required Training: _____ _____		
Required Certification: _____ _____		
Required Skill Set: _____ _____		
Affected Department(s)/Position(s): _____ _____ _____		
Notes: _____ _____ _____ _____ _____		
Assessment Administrator _____ (Print Name)		
Signature: _____		Date: _____
Revision: Original      Revision Date: 2/15/2018      Form#: TP02		



***TP03 Training Course Record***

Most the training provided by this repair station will be Computer Based Training (CBT) and on-the-job training (OJT). All CBT and OJT training will be documented on the Training Course Record (Form TP03) and stored on the JetWorx Server for a minimum of two years or until superseded.

- Name: Enter the individuals name to receive training.
- Signature: A signature of the individual attending the training is required in this block.
- Classification: Enter the classification of the individual.
- Initial: Enter an "X" or check mark if the training is initial training.
- Recurrent: Enter an "X" or check mark if the training is recurrent training.
- Remedial: Enter an "X" or check mark if the training is remedial training.
- Date: Find the subject area appropriate to the training and enter the date of the training
- Instructor's initials: The initials of the training instructor are required in this field. He or she will initial the block after the training is completed.

**TP03 Training Course Record**

JETWORX

FAA CRS# X6KR220M

**Training Course Record**

Name (Print)	Signature	Classification - (Tech, Insp., or Other)	Initial Training	Recurrent Training	Remedial Training

**TRAINING SEGMENTS**

Training Subject	Date	Instructor's Initial's	Training Subject	Date	Instructor's Initials
FAR's applicable to Repair Stations	/ /		Tagging / Shelf Life	/ /	
Repair Station Manual Policies and Procedures	/ /		Required Inspection Items (RII) for FAR 135 Operators	/ /	
Quality Control Manual Policies and Procedures	/ /		Suspected Unapproved Parts (SUPs)	/ /	
Technical Publications and Currency	/ /		Ramp Handling / Security	/ /	
Calibrated Tools and Test Equipment	/ /		Computer Systems and Software	/ /	
Materials and Parts	/ /		Shop Safety	/ /	
Test and Ground Support Equipment	/ /		Remedial Training (if <u>required</u> )	/ /	
Hazmat, OSHA, MSDS, and EPA	/ /		Other _____	/ /	
Facility Security	/ /		Other _____	/ /	
Human Factors (situational awareness, workload, other)	/ /		Other _____	/ /	
Sign-off Procedures	/ /		Other _____	/ /	
Maintenance Release	/ /		Other _____	/ /	
Approval for Return to Service	/ /		Other _____	/ /	

Revision: Original

Revision Date: 2/15/2018


Form#: TP03

***TP04 Training Vendor Audit Checklist***

If the training will be conducted by an outside vendor, an audit will be conducted using the Training Vendor Audit Checklist (TP04) to ensure they provide the appropriate information. The audit may include an observation of training, a review of instructor qualifications, and experience. The extent of the audit will be based on an informal risk assessment related to the critical nature of the training and the ability of the repair station to assess the information taught.

- **COMPANY NAME:** Insert the name of the company being audited.
- **MAILING ADDRESS:** Insert the address of the company being audited. This will be where the audit is taking place.
- **TELEPHONE NUMBER:** Insert the main telephone number for the company.
- **TRAINING FACILITY CERTIFICATE NUMBER:** Insert the certificate number for the company.
- **COURSE NAME:** Insert the name of the course as found on the training facility brochure.
- **INSTRUCTOR NAME:** Insert the name of the instructor conducting the training.
- Questions 1 thru 10 and items to forwarded 1 thru 3 are self-explanatory and do not require instruction.
- **AUTHORIZED SIGNATURE:** The individual that completed the form will sign here.
- **TITLE:** The person that signed this form will print their company title as it is found on the company business card.
- **DATE:** Insert the date the form was completed.

**TP04 Training Vendor Audit Checklist**

 JETWORX		FAA CRS# X6KR220M
<b>Training Vendor Audit Checklist</b>		
Company Name: _____		
Mailing Address: _____		
Telephone Number: _____ Fax: _____		
Training Facility Certificate Number: _____		
Course Name: _____		
Instructor Name: _____		
	Yes	No
1) Does the training center have a sufficient number of instructors for each curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
2) Does each management representative, and all personnel who conduct direct student training, understand, read, write, and fluently speak English?	<input type="checkbox"/>	<input type="checkbox"/>
3) Is the training center certificate prominently displayed in a place accessible to the public in the principal business office?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has the training center been properly issued training specifications?	<input type="checkbox"/>	<input type="checkbox"/>
5) Does the training center conduct, or advertise to conduct, any training, testing, or checking that is designed to satisfy part 142 requirements that is not approved by the FAA?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do lesson plans adequately describe lesson objectives, training elements, schedule, equipment, student and instructor action, and completion standards?	<input type="checkbox"/>	<input type="checkbox"/>
7) Are all records maintained in adequate facilities, as described or referenced in the training specifications?	<input type="checkbox"/>	<input type="checkbox"/>
8) Does the Training Center have approval for an electronic recordkeeping system?	<input type="checkbox"/>	<input type="checkbox"/>
9) Does the center have an approved Quality Control Program?	<input type="checkbox"/>	<input type="checkbox"/>
10) Is each core curriculum supported by an advanced flight training device or a full flight simulator appropriate to the aircraft type, model, and series?	<input type="checkbox"/>	<input type="checkbox"/>
Copies to be forwarded with this form		
1) Training Facility Certificate	Attached <input type="checkbox"/>	
2) Course Syllabus	<input type="checkbox"/>	
Authorized Signature: _____		
Title: _____ Date: _____		
Revision: Original	Revision Date: 2/15/2018	Form#: TP04

### ***TP05 Instructor Qualification Record***

Instructors shall be qualified based upon subject matter knowledge and teaching ability. Subject matter expertise may be established by experience, demonstrated knowledge, and/or certification. The ability to impart information can be determined by observation, demonstration, or experience. The evaluation of in-house instructors shall be documented on the Instructor Qualification Record form (TP05).

- INSTRUCTOR'S NAME: Enter the name of the instructor to be trained.
- TITLE: Enter the title of the instructor to be trained.
- ACCOUNTABLE MGR/ CHIEF INSP: The signature of the General Manager or Chief Inspector is required for approval to instruct on each subject.
- DATE: The General Manager or Chief Inspector shall date each approved Training Subject.
- OTHER: Enter a subject area not listed on this form when necessary.

**TP05 Instructor Qualification Record**

JETWORX

FAA CRS# X6KR220M

**Instructor Qualification Record**

Instructor's Name:		Title:	
--------------------	--	--------	--

Training Subject	Accountable Mgr/ Chief Insp.	Date
FAR's applicable to Repair Stations		/ /
Repair Station Manual Policies and Procedures		/ /
Quality Control Manual Policies and Procedures		/ /
Technical Publications and Currency		/ /
Calibrated Tools and Test Equipment		/ /
Materials and Parts		/ /
Test and Ground Support Equipment		/ /
Hazmat, OSHA, MSDS, and EPA		/ /
Facility Security		/ /
Human Factors (sit. awareness, workload, other)		/ /
Sign-Off Procedures		/ /
Maintenance Release		/ /
Approval for Return to Service (RTS)		/ /
Tagging / Shelf Life		/ /
Required Inspection Items (RII) FAR 135		/ /
Suspected Unapproved Parts (SUPs)		/ /
Ramp Handling / Security		/ /
Computer Systems and Software		/ /
Other: _____		/ /
Other: _____		/ /

Revision: Original

Revision Date: 2/15/2017

Form#: TP05

***TP06/TP07/TP08 Individual Needs Assessment – Mechanic/Inspector,  
Materials Coordinator, Line Service Technician***

JetWorx may supplement its workforce with interim (contract) maintenance employees. Before these individuals begin work they must undergo a needs assessment using the Individual Needs Assessment Form (TP06, TP07, TP08). The form shown is typical for all forms with only the course requirements being different based on the position.

- **CANDIDATES NAME:** Enter the name of the individual being assessed.
- **POSITION:** Enter the position the individual is being considered for.
- **DEPARTMENT:** Enter the name of the department the individual is being considered for.
- **ASSIGNMENT REQUIREMENTS:** Keeping the individuals hired position in mind, place a check mark (✓) in each box that is required of the individual. This will be the base line for the assessment.
- **ADDITIONAL ASSIGNMENT REQUIREMENTS:** Place a check mark (✓) in each box that is or may be an additional requirement for the individuals position.
- **POSSESSES THE KNOWLEDGE/SKILL:** The evaluator will enter a reference to the supporting record and/or date of the accomplished training.
- **REQUIRES TRAINING BEFORE ASSIGNMENT:** The evaluator will enter the recommended training and date planned.
- **DATE OF LAST TRAINING:** The evaluator will enter the date the candidate last had training in the subject area.
- **REMARKS:** Insert any remarks, comments or notes here.

**TP06 Individual Needs Assessment – Mechanic/Inspector**

JETWORX

FAA CRS# X6KR220M

**Individual Needs Assessment – Mechanic/Inspector**

	Assignment Requirements	Additional Assignment Requirements	Possesses the Knowledge/Skill	Requires Training Before Assignment		
Candidates Name:	Position:	✓	Evaluator enters a reference to the supporting record and date accomplished	Evaluator enters the recommended training and date planned	Date of Last Training	Remarks
Department:						
Years of Experience						
RS Return to Service Authority						
RS Inspector Authority						
Air Carrier Signature Authority						
Air Carrier RII Authority						
Part 65 Certification						
Human Factors in Aviation Maintenance						
Basic Computer Skills						
Technical Library Mgt.						
Repair Station Ops						
RS Quality Control						
RS Training Program						
Technical Data						
FAR's Applicable to RS						
Maintenance/Alteration Recordkeeping						
Ops Specs						

Revision: Original

Revision Date: 2/15/2018

Form#: TP06



**TP06 Individual Needs Assessment – Mechanic/Inspector**

JETWORX

FAA CRS# X6KR220M

**Individual Needs Assessment – Mechanic/Inspector**

	Assignment Requirements	Additional Assignment Requirements	Possesses the Knowledge/Skill	Requires Training Before Assignment		
Candidates Name:	Position:	✓	Evaluator enters a reference to the supporting record and date accomplished	Evaluator enters the recommended training and date planned	Date of Last Training	Remarks
Weight and Balance						
Basic Aircraft Structures						
Training Recordkeeping						
OJT Procedures						
Personal Protection Equipment						
Aircraft Taxi						
Engine Run						
§130						
Avionics/Electrical/Instrument						
NDT						
ESD						
Aircraft Alteration Approvals						
Aircraft Wiring Diagrams						
Receiving Parts Inspection						
Tagging / Shelf Life						
Facility Security						
Lockout/Tagout						

Revision: Original

Revision Date: 2/15/2018

Form#: TP06

**TP06 Individual Needs Assessment – Mechanic/Inspector**

JETWORX

FAA CRS# X6KR220M

**Individual Needs Assessment – Mechanic/Inspector**

	Assignment Requirements	Additional Assignment Requirements	Possesses the Knowledge/Skill	Requires Training Before Assignment		
Candidates Name:	Position:	✓	Evaluator enters a reference to the supporting record and date accomplished	Evaluator enters the recommended training and date planned	Date of Last Training	Remarks
Suspected Unapproved Parts (SUPs)						
Equipment Calibration Control						
Equipment Control Systems						
Parts and Materials Management						
HAZMAT General						
Fall Protection						
Fire Extinguishers						
FOD						
Forklift Operators Training						
Scissor Lift Operators Training						
Hazardous Communication						
Other:						
Other:						
Other:						

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revision: Original

Revision Date: 2/15/2018

Form#: TP06