

OFFICE OF AIRCRAFT SERVICES (OAS) PRE-INSPECTION WORKSHEET HELICOPTER

To expedite approval , complete both sides of this form and: Hold for inspection team (or) Return to OAS sender

COMPANY NAME: _____
BASE OF OPERATION: _____
A/C MAKE, MODEL, SERIES: _____
A/C REGISTRATION NUMBER: _____
MFR. SERIAL NUMBER: _____
YEAR MFR: _____
HOBBS READING: _____

NOTE: Aircraft offered must be on Company's current 135 list.

COMPLETED BY: _____ **TITLE:** _____ **DATE:** _____

AIRCRAFT INFORMATION:

AIRCRAFT TOTAL TIME: _____
 ENGINE MAKE & MODEL: _____
 #1-TSN: _____ TSO: _____ TURB/TSHI: _____
 #2-TSN: _____ TSO: _____ TURB/TSHI: _____
 DATE OF LAST A/C ANNUAL INSP / AAIP: _____
 A/C TIME-LAST 100 HR / PHASE: _____
 DATE OF LAST ACTUAL WEIGHING: _____
 MAX. GROSS WEIGHT INTERNAL: _____
 OPERATIONAL EQUIPPED WEIGHT: _____
 USEFUL LOAD: _____
 WEIGHING CONFIG. (SKIDS/FLOATS): _____
 NO. OF INSURED PASS. SEATS (EXCLUDE CREW): _____
 FLIGHT MANUAL REVISION NO. & DATE: _____
 135 CERTIFICATE NUMBER: _____

I. MANDATORY EQUIPMENT:

YES **NO**

AIRWORTHINESS/REGISTRATION IN A/C	_____	_____
SHOULDER HARNESS W/REELS (FRONT)	_____	_____
SEAT BELTS / CONDITION:	_____	_____
FIRE EXTINGUISHER (S) MIN 2BC RATING	_____	_____
HOBBS METER INSTALLATION	_____	_____
FLIGHT MANUAL IN A/C	_____	_____
REG. NO. VISIBLE DOORS OFF/ON	_____	_____

MANDATORY EQUIPMENT CONT: **YES** **NO**

VHF COM. 720 CHANNEL RADIO	_____	_____
ELT BATT (DATE DUE: _____)	_____	_____
AVIONICS INSTALL/MAINT STDS	_____	_____
CONTRACT IN A/C	_____	_____
HAZ. MAT. HANDBOOK & EXEMPTION	_____	_____

II. SPECIAL USE (LOW-LEVEL):

NOTE: REQUIREMENTS INCLUDE

ALL PREVIOUS SECTIONS.

ICS – PILOT & OBSERVER	_____	_____
U-92A/U JACK (OBS)	_____	_____
PUSH TO TALK/VOX (PILOT & OBS)	_____	_____
STROBE (WHITE OR RED/WHITE)	_____	_____
FIRST AID KIT PER OAS SPECIFICATIONS.	_____	_____
SURVIVAL KIT PER OAS SPECIFICATIONS	_____	_____

III. EXTERNAL LOAD:

NOTE: REQUIREMENTS INCLUDE

ALL PREVIOUS SECTIONS.

133 CERT. NO.:	_____	_____
CLASS: _____ EXP. DATE: _____	_____	_____
137 CERT. NO. (IF APPLIC.):	_____	_____
CARGO HOOK-LAST O/H DATE: _____	_____	_____
CARGO RACKS (IF APPLIC.)	_____	_____
CONVEX MIRROR (IF APPLIC.)	_____	_____
LONG LINE (S)	_____	_____

IV. LOCAL FIRE: **YES** **NO**

NOTE: INCLUDE ALL PREVIOUS SECTIONS.

AIRWORTHINESS DIRECTIVES LIST _____ _____

135 OPERATIONAL MANDATORY S./ B. LIST _____ _____

COMPONENT TIME CHANGE ITEMS LIST _____ _____

HIGH VISIBILITY MARKINGS-M/R BLADE _____ _____

EXTENDED HEIGHT GEAR _____ _____

PERSONNEL STEPS _____ _____

WATER BUCKET TYPE: _____ GALS: _____ _____ _____

WATER BUCKET LEVEL MARKINGS _____ _____

LIGHTING – NIGHT OPERATIONS _____ _____

VHF-FM RADIO OR AUX-FM PROVISIONS _____ _____

V. INTERAGENCY FIRE:

NOTE: INCLUDE ALL PREVIOUS SECTIONS, PLUS APPROVED SERVICE VEHICLE.

NINE PIN CONNECTOR / HELITORCH WIRING _____ _____

THREE PIN CONNECTOR (Aux-Power) _____ _____

WATER BUCKET SWITCH ON COLLECTIVE _____ _____

BAGGAGE COMPARTMENT MOD / CARGO RACKS _____ _____

V.a. INTERAGENCY FIRE AVIONICS:

VHF-FM RADIO TYPE: _____ _____ _____

GUARD FREQUENCY: 168.625 MHz _____ _____

32-TONE ENCODER _____ _____

AUX-FM PROVISIONS _____ _____

GPS MAKE & MODEL: _____ _____ _____

2 AUDIO CONTROL SYSTEMS (PILOT & OBS) _____ _____

TRANSMITTER SIDETONE _____ _____

CROSS MONITOR AUDIO _____ _____

PAX MONITOR OBS RCV AUDIO _____ _____

ICS W / PTT, VOL.CONTROL, AFT EXIT _____ _____

HOT MIC/VOX (PILOT & OBS) _____ _____

14 CFR 91.411 DUE: _____ _____ _____

14 CFR 91.413 DUE: _____ _____ _____

VI. OTHER AVIONICS:

GPS DATAPORT _____ _____

VHF - NAV _____ _____

ADF _____ _____

DME _____ _____

ICS W / PTT, U-92A/U, VOL.CONTROL, ALL PAX _____ _____

RADIO XMIT – AFT- # POSITIONS: _____ _____ _____

HOT MIC/VOX – AFT - # POSITIONS: _____ _____ _____

VHF-FM IN FSV- TYPE: _____ _____ _____

P.A. / SIREN _____ _____

OTHER AVIONICS (SPECIFY): _____

VII. OTHER EQUIPMENT: **YES** **NO**

FIXED RETARDANT TANK: _____

TYPE: _____ GALS: _____ _____ _____

RANGE EXTENDER / AUX FUEL TANKS _____ _____

LOCKING FUEL CAP _____ _____

PARTICLE SEPARATOR / FILTER _____ _____

CABIN HEATER / DEFOGGER _____ _____

MAIN ROTOR BRAKE _____ _____

REMOTE HOOK _____ _____

TUNDRA / SNOW PADS _____ _____

DUAL CONTROLS _____ _____

NAVIGATION CHARTS _____ _____

ENGINE POWER CHECK FORMS _____ _____

WIRE STRIKE PROTECTION _____ _____

LEFT HAND SEAT APPROVAL _____ _____

RIGHT HAND SEAT APPROVAL _____ _____

FLOTATION GEAR – POPOUT _____ _____

LIFE VEST – EACH OCCUPANT _____ _____

EXT. OVERWATER KIT (PART 135) _____ _____

OTHER EQUIPMENT (SPECIFY): _____

FUEL SERVICE VEHICLE: **YES** **NO**

TYPE VEHICLE: _____

LICENSE NO.: _____

GROSS VEHICLE WEIGHT: _____

VEHICLE CONDITION: _____

TANK CAPACITY GALLONS: _____

FUEL TANK (S) SUMP DRAIN _____ _____

PLACARDED – 49 CFR 172 _____ _____

NO SMOKING SIGNS – 3 INCH LETTERS _____ _____

MARKED WITH TYPE OF FUEL – 3 INCH LETTERS _____ _____

VEHICLE BONDING CABLE _____ _____

AVIATION FUEL HOSES – CONDITION: _____ _____ _____

FUEL NOZZLE (100 MESH) SCREEN _____ _____

FUEL NOZZLE DUST CAP _____ _____

FUEL NOZZLE BONDING CABLE _____ _____

FUEL QUANTITY FLOW METER _____ _____

FUEL FILTERING SYSTEM _____ _____

DATE FILTER CHANGED / PLACARDED: _____ _____ _____

FUEL FILTER DRAIN _____ _____

FILTER MANUFACTURER’S MANUAL IN VEHICLE _____ _____

DIFFERENTIAL PRESS GAUGES (IF REQUIRED) _____ _____

SPARE FILTERS & GASKETS IN VEHICLE _____ _____

GAS ENGINE PROTECTION (IF APPLICABLE) _____ _____

SPILL CONTAINMENT KIT _____ _____

FIRE EXTINGUISHER MIN. 20 BC (2 EACH) _____ _____