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|---------------------------|--|----------------------------|--------|
| <b>Taskcard No:</b>       | 291100-01-1-SDM / ITEM ONE, CHAFING OF HYDRAULIC LINES IN THE MID PYLON AREA |                            |        |
| <b>A/C Area:</b>          | 0  |                            |        |
| <b>Check:</b>             | C1 (7500FH)  | <b>Interval/Threshold:</b> | 24 MT/ |
| <b>A/C Registration:</b>  | BIS  | <b>Workorder No:</b>       |        |
| <b>A/C Type:</b>          | A319   | <b>Check Package No:</b>   |        |
| <b>A/C Description:</b>   | AIRBUS 319   | <b>Project No:</b>         |        |
| <b>Operator Revision:</b> | 01/08.Jan.2018   | <b>MPD Issue/Revision:</b> | 05/-   |
| <b>Type Codes:</b>        | DET  | <b>Special Codes:</b>      |        |

## ITEM ONE - CHAFING OF HYDRAULIC LINES IN THE MID PYLON AREA

|                    |  |
|--------------------|--|
| <b>Zones:</b>      | 410, 420   |
| <b>Panels:</b>     | 413AL (PYLON AND NACELLE - PANEL 1 - LEFT SIDE)<br>423AL (PYLON AND NACELLE - PANEL 1 - LEFT SIDE)<br>437AL (PYLON AND NACELLE - PANEL 1 - LEFT SIDE)<br>438AR (PYLON AND NACELLE - PANEL 1 - RIGHT SIDE)<br>447AL (PYLON AND NACELLE - PANEL 1 - LEFT SIDE)<br>448AR (PYLON AND NACELLE - PANEL 1 - RIGHT SIDE)<br>451AL (PYLON AND NACELLE - PANEL 1 - LEFT SIDE)<br>452AR (PYLON AND NACELLE - PANEL 1 - RIGHT SIDE)<br>461AL (PYLON AND NACELLE - PANEL 1 - LEFT SIDE)<br>462AR (PYLON AND NACELLE - PANEL 1 - RIGHT SIDE) |
| <b>References:</b> | JIC: A320-29-11-00 (-), SOURCE: ISI 29.11.00001 (-), SOURCE: SDM REQ (-)   |

## PERF. TASKCARD 291100-01-1-SDM, Rev. 01 MP TASK -

I HEREBY CERTIFY THAT ALL CAUTIONS AND WARNINGS HAVE BEEN READ AND THE WORK HAS BEEN CARRIED OUT IN ACCORDANCE WITH ALL LAID DOWN PROCEDURES AND ATTACHED NOTES AND INFORMATION.

| Job Description   | Mech:  | Insp: |
|---|--|-------|
| CHAFING OF HYDRAULIC LINES IN THE MID PYLON AREA<br><br>DETAILED INSPECTION OF MID PYLON CLAMP-BLOCKS FOR CHAFING<br><br>NOTE: TASK TO BE PERFORMED IMMEDIATELY AFTER PERFORMANCE OF TASK ZL-471-01 (IF APPLICABLE) |  |       |
| Time used to perform above Step [HRS:MIN]   | _____ : _____  |       |
| IF INTERRUPTED: TASKCARD PERFORMED UP TO<br>PAGE ____ PARAGRAPH ____ STEP ____  | TASKCARD FINDING (Tick applicable Box): [ ] YES [ ] NO<br>WORKORDER REFERENCE: _____<br>(PLEASE ENTER TASKCARD REFERENCE ALSO ON WORKORDER!) |       |
| REMARKS: _____  |  |       |

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