



**Taskcard No:** 256000-01-5-SDM / ITEM 1, FIRST AID KIT

**A/C Area:** UPR FUSELAGE (UPPER FUSELAGE)

**Check:** A (750FH)

**Interval/Threshold:** 4 MT/

**A/C Registration:** BIS

**Workorder No:**

**A/C Type:** A319

**Check Package No:**

**A/C Description:** AIRBUS 319

**Project No:**

**Operator Revision:** 04/04.Mar.2016

**MPD Issue/Revision:** 05/-

**Type Codes:** VCK

**Special Codes:**

**ITEM 1 - FIRST AID KIT**

**Zones:** 260

**References:** JIC: A320-25-60-00 (-), SOURCE: SPECI (-)

**PERF. TASKCARD 256000-01-5-SDM, Rev. 04 MP TASK - Maintenance program 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:
FIRST AID KIT		
CHECK FIRST AID KIT AND DOCTORS KIT FOR EXPIRATION DATE		
Time used to perform above Step [HRS:MIN]	_____ : _____	
IF INTERRUPTED: TASKCARD PERFORMED UP TO PAGE ___ PARAGRAPH ___ STEP ___	TASKCARD FINDING (Tick applicable Box): <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS: _____	WORKORDER REFERENCE: _____ (PLEASE ENTER TASKCARD REFERENCE ALSO ON WORKORDER!)	

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