



**Taskcard No:** 250000-01-1-SDM / ITEM ONE, EMERGENCY EQUIPMENT CHECK

**A/C Area:** 200 (UPPER HALF OF 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: 01/16.Nov.2016

MPD Issue/Revision: 05/-

Type Codes: DET

Special Codes:

**ITEM ONE - EMERGENCY EQUIPMENT CHECK**

Zones: 200

References: JIC: A320-25-00-00 (-)

**PERF. TASKCARD 250000-01-1-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.

PROPERTY OF "ROSSIYA AIRLINES" JSC

Job Description	Mech:	Insp:
<p>EMERGENCY EQUIPMENT CHECK</p> <p>CHECK EMERGENCY EQUIPMENT IN ACCORDANCE WITH EMERGENCY EQUIPMENT (EEL) LAYOUT FOR:</p> <ul style="list-style-type: none"> <li>- PRESENCE, QUANTITY AND LOCATION IAW EEL</li> <li>- CORRECT INSTALLATION (NO FREEPLAY) AND ACCESS (LOCKED AND MAY BE OPENED)</li> <li>- PRESENCE AND CONDITION OF SEALANT WHERE IT IS REQUIRED (FIRE EXT, FIRST KITS AND MEDICAL KITS, PBE)</li> <li>- PRESENCE AND CONDITION OF IDENTIFICATION TAGS AND OTHER INFORMATION. OPERATOR'S IDENTIFICATION STICKERS WITH SERIALNUMBER AND AIRCRAFT REG REQUIRED</li> <li>- EXPIRATION DATE IF MARKED</li> <li>- OXYGEN BOTTLES AND MASKS COMPATIBILITY</li> </ul>		
Time used to perform above Step [HRS:MIN]	_____ : _____	
<p>IF INTERRUPTED: TASKCARD PERFORMED UP TO</p> <p>PAGE ___ PARAGRAPH ___ STEP ___</p> <p>REMARKS: _____</p>	<p>TASKCARD FINDING (Tick applicable Box): [ ] YES [ ] NO</p> <p>WORKORDER REFERENCE: _____</p> <p>(PLEASE ENTER TASKCARD REFERENCE ALSO ON WORKORDER!)</p>	