


**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.

Job Description	Mech:	Insp:
EMERGENCY EQUIPMENT CHECK  CHECK EMERGENCY EQUIPMENT IN ACCORDANCE WITH EMERGENCY EQUIPMENT (EEL) LAYOUT FOR: - PRESENCE, QUANTITY AND LOCATION IAW EEL - CORRECT INSTALLATION (NO FREEPLAY) AND ACCESS (LOCKED AND MAY BE OPENED) - PRESENCE AND CONDITION OF SEALANT WHERE IT IS REQUIRED (FIRE EXT, FIRST KITS AND MEDICAL KITS, PBE) - PRESENCE AND CONDITION OF IDENTIFICATION TAGS AND OTHER INFORMATION. OPERATOR'S IDENTIFICATION STICKERS WITH SERIALNUMBER AND AIRCRAFT REG REQUIRED - EXPIRATION DATE IF MARKED - OXYGEN BOTTLES AND MASKS COMPATIBILITY		
Time used to perform above Step [HRS:MIN]	_____ : _____	
IF INTERRUPTED: TASKCARD PERFORMED UP TO PAGE ____ PARAGRAPH ____ STEP ____	TASKCARD FINDING (Tick applicable Box): [ ] YES [ ] NO WORKORDER REFERENCE: _____ (PLEASE ENTER TASKCARD REFERENCE ALSO ON WORKORDER!)	
REMARKS: _____		

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