



Monthly Operation Report

INS-4.022

To be sent monthly to Eng. Ch. G. Dammers, PMI DCA Aruba, Fax: 2975-823038

GENERAL INFORMATION		
Holder/operator:	Station:	Month/Year:
Aircraft type:	Registration:	s/n:
Aircraft TSN:.....	Monthly flight hours:	
Aircraft CSN:.....	Monthly cycles:	
Aircraft TSO:.....		
Aircraft CSO:.....		

ENGINES						
Nomenclature	Model no.	s/n	TSN:	CSN	TSO	CSO
Engine #1						
Engine #2						
Engine #3						
Engine #4						
Propeller #1						
Propeller #2						

INSPECTION INFORMATION (Note the latest inspection of each inspection category)			
Type of inspection:	Date acc.:	Hours (TSN):	Method of Compliance:

COMPONENTS REPLACED			
Component	s/n removed	s/n installed	Reason for removal

DISCREPANCIES/DEFICIENCIES/IRREGULARITIES/INCIDENTS
Please note any technical discrepancy/deficiency/irregularity/incident occurred during the last month:

Name:.....

Position:.....

Signature:.....