



# Monthly Operation Report Extensive Maintenance INS-4.022a

To be sent monthly to Eng. Ch. G. Dammers, PMI DCA Aruba, Fax: (2978)-23038

**Month/Year:** .....

<b>GENERAL INFORMATION</b>	
Holder/operator: .....	Station: .....
Aircraft type: .....	Registration: .....
Aircraft s/n: .....	Base of Operation: .....
Aircraft TSN: .....	Monthly flight hours: .....
Aircraft CSN: .....	Monthly cycles: .....
Aircraft TSO: .....	
Aircraft CSO: .....	

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

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

Name: ..... Position: ..... Signature: .....

