

Name of Assessed Person:

Registration:

**UNIT MEA209: Remove and Install Aircraft Oxygen System Components**

1. Remove Oxygen System Components		No. of Entries	1	2	3
		a. Oxygen Pressure Cylinders, Valves, Gauges	Tail / Job No.		
LAME Sign.					
Date					
Simulated	Yes No		Yes No	Yes No	
No. of Entries	1		2	3	
b. Regulators, Masks (including other Integrated Systems), Pipes, Hoses and Fittings	Tail / Job No.				
	LAME Sign.				
	Date				
	Simulated	Yes No	Yes No	Yes No	
	No. of Entries	1	2	3	
c. Chemical Generators <b>(may be omitted where not applicable to the enterprise)</b>	Tail / Job No.				
	LAME Sign.				
	Date				
	Simulated	Yes No	Yes No	Yes No	
	No. of Entries	1	2	3	
d. Liquid Dry Breathing Oxygen (LDBO) <b>(may be omitted where not applicable to the enterprise)</b>	Tail / Job No.				
	LAME Sign.				
	Date				
	Simulated	Yes No	Yes No	Yes No	
	No. of Entries	1	2	3	

**Performance Criteria:**

- 1.1 Oxygen system is rendered safe and prepared in accordance with the applicable maintenance manual and isolation tags are fitted where necessary, to ensure personnel safety.
- 1.2 Removal of **oxygen system components** is carried out in accordance with the applicable maintenance manual while observing all relevant work health and safety (WHS) requirements.
- 1.3 Required maintenance documentation is completed and processed in accordance with standard enterprise procedures.
- 1.4 Removed components are tagged, packaged or discarded in accordance with specified procedures.

Name of Assessed Person:

Registration:

UNIT MEA209: Remove and Install Aircraft Oxygen System Components						
<b>2. Install Aircraft Oxygen System Components</b>	a. Oxygen Pressure Cylinders, Valves, Gauges	No. of Entries	1	2	3	
		Tail / Job No.				
		LAME Sign.				
		Date				
		Simulated	Yes No	Yes No	Yes No	
	b. Regulators, Masks (including other Integrated Systems), Pipes, Hoses and Fittings	No. of Entries	1	2	3	
		Tail / Job No.				
		LAME Sign.				
		Date				
		Simulated	Yes No	Yes No	Yes No	
	c. Chemical Generators <b>(may be omitted where not applicable to the enterprise)</b>	No. of Entries	1	2	3	
		Tail / Job No.				
		LAME Sign.				
		Date				
		Simulated	Yes No	Yes No	Yes No	
	d. Liquid Dry Breathing Oxygen (LDBO) <b>(may be omitted where not applicable to the enterprise)</b>	No. of Entries	1	2	3	
Tail / Job No.						
LAME Sign.						
Date						
Simulated		Yes No	Yes No	Yes No		
<p><b>Performance Criteria:</b></p> <p>2.1 Oxygen system components to be installed are checked to confirm correct part numbers, modification status, serviceability and shelf life.</p> <p>2.2 Oxygen system components to be installed are free from contamination and inspected for damaged flair ends and fittings.</p> <p>2.3 Component installation is physically carried out in accordance with the applicable maintenance manual while observing all relevant WHS requirements.</p> <p>2.4 System is reinstated to correct physical condition in preparation for testing, as necessary.</p> <p>2.5 Required maintenance documentation is completed and processed in accordance with standard enterprise procedures.</p>						

Name of Assessed Person:

Registration:

**Confirmation of Underpinning Knowledge and Skills to Remove and Install Aircraft Oxygen System Components**

A person cannot be assessed as competent until it can be demonstrated to the satisfaction of the workplace assessor that the relevant elements and performance criteria of the unit of competency are being achieved under routine supervision on at least one (1) from each of the Groups a) and b) (**Groups c and d may be omitted where they are not applicable to the enterprise**). This shall be established via the records in the Log of Industrial Experience and Achievement or, where appropriate, an equivalent Industry Evidence Guide (for details refer to the Companion Volume Implementation Guide).

UNIT MEA209: Remove and Install Aircraft Oxygen System Components	Date / MTO Stamp
Evidence has been confirmed of the attainment of the following pre-requisite units of competency (as they are related to attainment of the elements of competency specified in this unit).  <p style="text-align: center;"><b>107, 154, 155, 156, 157, 158</b></p>	
Evidence has been confirmed of the knowledge requirements for this unit as delivered by a CASR 147 Approved Organisation.  <p style="text-align: center;"><b>OR</b></p> Assessment has been conducted to determine that the underpinning knowledge and skills have been achieved in accordance with the Competency Unit.	

**Certification of Unit Completion**

I certify that I have reviewed the certification of the elements for this competency unit and that all of the competency unit requirements have been met.

Signed: \_\_\_\_\_ Assessor No. \_\_\_\_\_ MTO: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of Assessed Person:**

**Registration:**

This Page Intentionally Left Blank