

Name of Assessed Person:

Registration:

**UNIT MEA345: Perform scheduled line maintenance activities on gas turbine engine fixed wing aircraft**

<b>1. Prepare for flight</b>	a. Preparation for flight following maintenance where applicable to the enterprise operating and maintenance system	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	b. Before flight servicing where applicable to the enterprise operating and maintenance system.	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	c. After flight servicing where applicable to the enterprise operating and maintenance system	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	d. Turn around servicing where applicable to the enterprise operating and maintenance system	No. of Entries	1	2	3
Tail / Job No.					
LAME Sign.					
Date					
Simulated		Yes No	Yes No	Yes No	

**Performance Criteria:**

- 1.1 Aircraft is positioned as required.
- 1.2 Ground locks, aircraft support and safety devices and covers are removed and stowed in accordance with maintenance documentation.
- 1.3 Aircraft tie-down devices are removed and stowed/stored.

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2. Inspect aircraft and systems		No. of Entries	1	2	3		
		a. Preparation for flight following maintenance where applicable to the enterprise operating and maintenance system	Tail / Job No.				
			LAME Sign.				
			Date				
			Simulated	Yes No	Yes No	Yes No	Yes No
b. Before flight servicing where applicable to the enterprise operating and maintenance system.	No. of Entries		1	2	3		
	Tail / Job No.						
	LAME Sign.						
	Date						
	Simulated	Yes No	Yes No	Yes No	Yes No		
c. After flight servicing where applicable to the enterprise operating and maintenance system	No. of Entries	1	2	3			
	Tail / Job No.						
	LAME Sign.						
	Date						
	Simulated	Yes No	Yes No	Yes No	Yes No		
d. Turn around servicing where applicable to the enterprise operating and maintenance system	No. of Entries	1	2	3			
	Tail / Job No.						
	LAME Sign.						
	Date						
	Simulated	Yes No	Yes No	Yes No	Yes No		

**Performance Criteria:**

- 2.1 Preparation of the aircraft and systems is appropriate to allow for proper inspection.
- 2.2 Aircraft and systems are visually or physically checked for external signs of defects in accordance with applicable maintenance documentation while observing all relevant work health and safety (WHS) requirements, including the use of material safety data sheets (MSDS) and items of personal protective equipment (PPE).

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<b>3. Replenish aircraft systems</b>	a. Preparation for flight following maintenance where applicable to the enterprise operating and maintenance system	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	b. Before flight servicing where applicable to the enterprise operating and maintenance system.	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	c. After flight servicing where applicable to the enterprise operating and maintenance system	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	d. Turn around servicing where applicable to the enterprise operating and maintenance system	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No

**Performance Criteria:**

- 3.1 Fluid level checks and replenishments are carried out in accordance with maintenance documentation requirements.
- 3.2 Maintenance of gaseous levels (oxygen, nitrogen and compressed air) is carried out in accordance with maintenance documentation requirements while observing all relevant WHS requirements, including the use of MSDS and items of PPE.
- 3.3 Role equipment/components requiring pre-flight replacement are changed as required by maintenance documentation.
- 3.4 Required maintenance documentation is completed and processed in accordance with standard enterprise procedures.

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<b>4. Perform scheduled line maintenance checks</b>	a. Scheduled line maintenance activities up to the level of a Weekly Check or specified equivalent.	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No

**Performance Criteria**

- 4.1 Inspection requirements are determined from maintenance documentation.
- 4.2 Aircraft structure and systems are visually inspected for external signs of defects in accordance with applicable maintenance documentation while observing all relevant WHS requirements, including the use of MSDS and items of PPE.
- 4.3 Defects are recorded and reported in accordance with standard enterprise procedures.

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**Certification of Underpinning Knowledge and Skills to Perform scheduled line maintenance activities on gas turbine engine fixed wing aircraft.**

A person cannot be assessed as competent until it can be demonstrated to the satisfaction of the workplace assessor that the relevant elements of this unit of competency are being achieved under routine supervision on each type of system and on at least one (1) component of each group listed in the assessment conditions a) to d) that are 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 MEA345: Perform scheduled line maintenance activities on gas turbine engine fixed wing aircraft	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: \_\_\_\_\_

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