

Trade Unit Certification Sheets

AA TT PRO 01a

Name of Assessed Person: Registration:

| UNIT MEA319: Inspect gas turbine engine systems and components | | | | | | | | | |
|--|---|--|----------------|-----|----|-----|----------|-----|----|
| 1. Inspect gas turbine engine systems and components. | a. E | Engine change unit, main components and accessories/drives | No. of Entries | 1 | | 2 | <u>)</u> | : | 3 |
| | | | Tail / Job No. | | | | | | |
| | | | LAME Sign. | | | | | | |
| | | | Date | | | | | | |
| | | | Simulated | Yes | No | Yes | No | Yes | No |
| | b. (| b. Control system and major system components | No. of Entries | 1 | | 2 | 2 | | 3 |
| | | | Tail / Job No. | | | | | | |
| | | | LAME Sign. | | | | | | |
| | | | Date | | | | | | |
| | | | Simulated | Yes | No | Yes | No | Yes | No |
| | | | No. of Entries | 1 | | 2 | 2 | | 3 |
| | c. | Ignition and starter systems and major system components | Tail / Job No. | | | | | | |
| | | | LAME Sign. | | | | | | |
| | | | Date | | | | | | |
| | | | Simulated | Yes | No | Yes | No | Yes | No |
| | d. Engine fuel system and major system components | No. of Entries | 1 | | 2 | | 3 | | |
| | | | Tail / Job No. | | | | | | |
| | | Engine fuel system and major system components | LAME Sign. | | | | | | |
| | | | Date | | | | | | |
| | | | Simulated | Yes | No | Yes | No | Yes | No |

Performance Criteria:

- 1.1 Isolation tags already attached to the system or related systems are checked and aircraft configured for safe system inspection and operation in accordance with applicable maintenance manual.
- 1.2 Gas turbine engine and/or components are visually or physically checked for external signs of defects in accordance with the applicable maintenance manual 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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Name of Assessed Person: Registration:

| UNIT MEA319: Inspect gas turbine engine systems and components | | | | | | | | |
|--|----|---|----------------|--------|--------|-----|----|--|
| 1. Cont'd Inspect gas turbine engine systems and components. | e. | e. Oil system and major system components | No. of Entries | 1 | 2 | 3 | | |
| | | | Tail / Job No. | | | | | |
| | | | LAME Sign. | | | | | |
| | | | Date | | | | | |
| | | | Simulated | Yes No | Yes No | Yes | No | |
| | | f. Air system and major system components | No. of Entries | 1 | 2 | 3 | | |
| | f. | | Tail / Job No. | | | | | |
| | | | LAME Sign. | | | | | |
| | | | Date | | | | | |
| | | | Simulated | Yes No | Yes No | Yes | No | |

Performance Criteria:

- 1.1 Isolation tags already attached to the system or related systems are checked and aircraft configured for safe system inspection and operation in accordance with applicable maintenance manual.
- 1.2 Gas turbine engine and/or components are visually or physically checked for external signs of defects in accordance with the applicable maintenance manual 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



UNIT MFA319:

Trade Unit Certification Sheets

AA TT PRO 01a

Date/ MTO Stamp

Name of Assessed Person: Registration:

Inspect gas turbine engine systems and components

Certification of Underpinning Knowledge and Skills to Inspect gas turbine engine systems and components

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 f) 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).

| and the same of th | |
|--|----------------------------------|
| Evidence has been confirmed of the attainment of the following pre-requisite units of competency (as they are relate to attainment of the elements of competency specified in this unit). | |
| 306 | |
| Evidence has been confirmed of the knowledge requirements for this unit as delivered by a CASR 147 Approved Organisation. | |
| OR | |
| 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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