

Name of Assessed Person:

Registration:

**UNIT MEA224: Inspect Aircraft Instrument Systems and Components**

<b>1. Inspect Instrument Systems and Components</b>	a. Flight Instruments Including Pitot/Static Systems, Airspeed Indicators (ASIS), Vertical Speed Indicators (VSIS), Altimeters, Altitude Alerting and Reporting, Turn and Bank and Slip/Turn Coordinators, Directional Gyros (DGS), Artificial Horizons (AHS) (Air and Electrically Driven)	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	b. Machmeters, Air Data Systems, Angle of Attack, Stall Warning and Avoidance Systems	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	c. Flight Data Recorders (FDRs)	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	d. Engine Indication Systems	No. of Entries	1	2	3
Tail / Job No.					
LAME Sign.					
Date					
Simulated		Yes No	Yes No	Yes No	

**Performance Criteria:**

- 1.1 Isolation tags are checked and aircraft configured for safe system inspection and operation in accordance with the applicable maintenance manual.
- 1.2 **Instrument System Components** are visually or physically checked for external signs of defects in accordance with applicable maintenance manual while observing all relevant work health and safety (WHS) requirements.
- 1.3 Defects are correctly identified and recorded in accordance with standard enterprise procedures.

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<b>1. Cont'd Inspect Instrument Systems and Components</b>	e. Magnetic Compasses and Attitude and Heading Reference Systems (AHRS)	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	f. Miscellaneous Instrument Systems Including Pressure Measurement, Fuel Quantity, Fuel Flow, Position Indication, Voltage and Frequency, Current and Power	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No
	g. Ground Proximity Warning Systems (GPWS)	No. of Entries	1	2	3
		Tail / Job No.			
		LAME Sign.			
		Date			
		Simulated	Yes No	Yes No	Yes No

**Performance Criteria:**

- 1.1 Isolation tags are checked and aircraft configured for safe system inspection and operation in accordance with the applicable maintenance manual.
- 1.2 **Instrument System Components** are visually or physically checked for external signs of defects in accordance with applicable maintenance manual while observing all relevant work health and safety (WHS) requirements.
- 1.3 Defects are correctly identified and recorded in accordance with standard enterprise procedures.

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**Confirmation of Underpinning Knowledge and Skills to Inspect Aircraft Electrical 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 and performance criteria of the unit of competency are being achieved under routine supervision on a system and at least (1) one major system component/line replacement unit (LRU) from each of groups a) and g) in the range statement. 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 MEA224: Inspect Aircraft Instrument Systems and 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>246 292</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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