



Civil Aviation Department (Barbados)

AIRCRAFT STATUS REPORT

(C of A Renewals only)

Note: Use back of form if additional space required.

Aircraft

Manuals

Manual	Reference No.	Rev No.	Date		
			yyyy	mm	dd
Maintenance Schedule			/	/	/
Flight Manual			/	/	/
MEL			/	/	/

Scheduled Inspections accomplished in past 12 months

Inspection Type	A/C Hours	Date				Inspection Type	A/C Hours	Date		
		yyyy	mm	dd	yyyy			mm	dd	
1)		/		/		9)		/		/
2)		/		/		10)		/		/
3)		/		/		11)		/		/
4)		/		/		12)		/		/
5)						13)				
6)						14)				
7)						15)				
8)						16)				

For Additional Inspections, See Attached DCA AW-036

Significant Repairs, Replacements and Modifications accomplished in past 12 months

Description	A/C Hours	Date		
		yyyy	mm	dd
		/		/
		/		/
		/		/
		/		/

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Airframe/Engine/Prop – AD’s (or equivalent notices) accomplished in past 12 months

AIRFRAME							
AD/SB	Rev. No.	Description	Method of Compliance	One Time	Repetitive		
					Last Compl Cycs/Hrs/Ldg	Frequency Cycs/Hrs Ldgs	Next Due

ENGINE							
AD/SB	Rev. No.	Description	Method of Compliance	One Time	Repetitive		
					Last Compl Cycs/Hrs/Ldg	Frequency Cycs/Hrs Ldgs	Next Due

PROPELLER							
AD/SB	Rev. No.	Description	Method of Compliance	One Time	Repetitive		
					Last Compl Cycs/Hrs/Ldg	Frequency Cycs/Hrs Ldgs	Next Due

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Engine(s)

	1	2	3	4
Manufacturer				
Model/Part #				
Serial #				
Rec. TBO				
TSN				
TSO				

Propeller(s)

	1	2	3	4
Manufacturer				
Model/Part #				
Serial #				
Rec. TBO				
TSN				
TSO				

APU

Manufacturer	
Model/Part #	
Serial #	
Rec. TBO	
TSN	
TSO	

Documents (on board)

	Yes	No
Original C of R	<input type="checkbox"/>	<input type="checkbox"/>
Original C of A	<input type="checkbox"/>	<input type="checkbox"/>
Flight Manual	<input type="checkbox"/>	<input type="checkbox"/>
Operations Manual (AOC holders)	<input type="checkbox"/>	<input type="checkbox"/>
Technical Log	<input type="checkbox"/>	<input type="checkbox"/>
Minimum Equipment list	<input type="checkbox"/>	<input type="checkbox"/>
Current Weight and Balance Schedule	<input type="checkbox"/>	<input type="checkbox"/>
Radio Licence	<input type="checkbox"/>	<input type="checkbox"/>
Compass Correction Card	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Maintenance Review	<input type="checkbox"/>	<input type="checkbox"/>

Safety Equipment and Placards (installed)

	Yes	No
First Aid Kit(s) / locations	<input type="checkbox"/>	<input type="checkbox"/>
Life Jackets / locations	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher(s) / locations	<input type="checkbox"/>	<input type="checkbox"/>
Required Placards	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Briefing cards	<input type="checkbox"/>	<input type="checkbox"/>

Maintenance Certification
(complete one only)

If AMO used (Commercial & Private Aircraft)

I hereby certify that such inspections and other work necessary to ensure the continued airworthiness of this aircraft have been carried out, recorded, certified and that the aircraft conforms to its Type Certificate Data Sheet No. _____ and the aircraft is serviceable and considered satisfactory for the renewal of the Certificate of Airworthiness.

AMO Name / No. (print)

AMO Authorized Inspector / No. (print)

Signature / No.

Date _____ / _____ / _____
 yyyy mm dd

If AME used (Private Aircraft only)

I hereby certify that such inspections and other work necessary to ensure the continued airworthiness of this aircraft have been carried out, recorded, certified, the aircraft conforms to its Type Certificate Data Sheet No. _____ and that the aircraft is serviceable and considered satisfactory for the renewal of the Certificate of Airworthiness.

AME Name & Licence No. (print)

Signature

Date _____ / _____ / _____
 yyyy mm dd

Notes: All required aircraft documents and manuals must be made available for assessment at the time of the BCAD aircraft survey.

The aircraft should be under cover and should have sufficient cowlings and panels removed / open to facilitate the survey.

Comments (BCAD use only):

Inspector's Signature / No.

Date _____ / _____ / _____
 yyyy mm dd