

HEAT EXCHANGER REPLACEMENT AND PACK HEALTH CHECK

A/C NUMBER:

CHECK BEING PERFORMED: Cust

W/C NUMBER: 215R2101 (continued)

MECH: INSP:

_____ B LEFT SECONDARY HEAT EXCHANGER

_____ C RIGHT PRIMARY HEAT EXCHANGER

_____ D RIGHT SECONDARY HEAT EXCHANGER

_____ 3 ACCOMPLISH THE PACK/ZONE SYSTEM HEALTH CHECK PER
AMM 21-51-00/501.

NOTE: IF WORKCARD 215R2102 IS ASSIGNED TO THIS WORK PACKAGE,
ENSURE IT HAS BEEN COMPLETED BEFORE PROCEEDING WITH THE
PACK/ZONE SYSTEM HEALTH CHECK.

_____ XXXXX 4 NOTIFY TECHNICAL SERVICES WITH THE RESULTS OF THE HEALTH
CHECK. NOTE ANY DISCREPANCIES AND STEPS THAT FAILED TO MEET
THE SPECIFICATIONS CALLED OUT IN THE CHECK, IF ANY. TECHNICAL
SERVICES MAY BE REACHED AT 317-282-5168, FAX 317-282-5961.

*****END OF WORKCARD*****