

Avionics Discrepancy Report



Equipment Information:

Equipment Type (Select One)	Hardware Part Number (Record Below)	Serial Number (Record Below)	Reported By: (Select One)
<input type="checkbox"/> PFD			<input type="checkbox"/> OEM Production
<input type="checkbox"/> MFD			<input type="checkbox"/> Service Center
<input type="checkbox"/> MAG			<input type="checkbox"/> Customer Service
<input type="checkbox"/> SIU/DAU			<input type="checkbox"/> Customer

Customer Information:

Company/Customer Name	Contact Information (Person that reported the original Squawk)
Name:	Name:
Phone Number:	Phone Number:

Aircraft Information:

A/C Registration # (Record Below)	A/C Serial Number (Record Below)	Hobbs Indication (Record Below)	OAT Indication (Record Below)

Fault and Flight Condition Information:

Describe Fault:

Fault Occurred During:

<input type="checkbox"/> Initial Power Up			
<input type="checkbox"/> Ground operation ⇨	<input type="checkbox"/> Stationary	<input type="checkbox"/> Taxi	Record RPM:
<input type="checkbox"/> During Calibration ⇨	<input type="checkbox"/> IRU	<input type="checkbox"/> MAG	<input type="checkbox"/> A/P Heading Cal
<input type="checkbox"/> Flight Operations ⇨	<input type="checkbox"/> Production	<input type="checkbox"/> Customer Delivery	<input type="checkbox"/> Training
Flight Ops (Select One)	<input type="checkbox"/> Take Off	<input type="checkbox"/> Approach	RPM: (Record)
	<input type="checkbox"/> Accent	<input type="checkbox"/> Landing	
	<input type="checkbox"/> Cruise	<input type="checkbox"/> Taxi	

<input type="checkbox"/> Diagnostic Codes : (from PFD System Setup Page)	Record Diagnostic Code 1	Record Diagnostic Code 2	Record Diagnostic Code 3
<input type="checkbox"/> Did replacement unit Solve Problem? ⇨	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Replaced
<input type="checkbox"/> Was unit Configured Correctly? ⇨	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Was Any Other Equipment Removed at the Same Time? ⇨	<input type="checkbox"/> Yes	Please List:	
	<input type="checkbox"/> No		

Respondent Information:

Name of Person Providing this Report:	Position/Title:	Phone Number:	Date:

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