

C.A.S.E.
AIR CARRIER SECTION
Guidance Checklists

Engine Test Cell
Guidance Checklist

Audit Date: _____ Vendor Allocation #: _____

C.A.S.E. Member #: _____ Auditor: _____

Vendor Name: _____

U.S./Canadian Certificate #: _____ EASA Certificate #: _____

Expiration Date: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Country: _____ Zip code: _____

Website: _____

Accountable Manager: _____

Personnel Contact:

	Name	Title
1.	_____	_____

2.	_____	_____
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Phone #: 1. _____ Phone #: 2. _____

E-mail: 1. _____

E-mail: 2. _____

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NOTE: Sections of this supplement that are not applicable to the specific facility audited shall be marked as N/A.

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General

YES **NO** **N/A**

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| 1. | Is there a documented test cell operating and maintenance program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Rev: _____ Date: _____ | | | |
| 2. | Does the program have procedures and forms for engine preparation, engine run, performance data collection, and post run? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Are any repairs or modifications that have been accomplished to the test cell, dress kit, testing adapters and instrumentation documented and recorrelated, if required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Is there an established FOD prevention procedure including pre-engine run FOD checks and tool control accountability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Has the test cell been correlated as necessary for each authorized engine type, and is supporting documentation on file for confirmation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has there been any Test Cell Engine rejections in the past 12 months contributable to a maintenance or process issue and has corrective and preventative action(s) been documented in the CAPA or accepted process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Technical Data Program

- | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|
| 7. | Does the test cell contain the required shop manuals and specifications to perform the engine test in accordance with customer requirements and are they current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Is there confirmation of operating limits per the customer workscope/build specification for performance, vibration, oil consumption? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Does a check of in-process documentation show part/serial numbers correspond to engine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Is the most current data acquisition software installed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Record revision date and number

Rev: _____ Date: _____

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Tool Calibration, Control, and Equivalency

YES **NO** **N/A**

- | | | | | |
|-----|---|-------|-------|-------|
| 12. | Is Engine Test Cell specific equipment identified, controlled, and calibrated, if required? (i.e. painted a different color, etched, labeled) | _____ | _____ | _____ |
| 13. | Does the vendor periodically inspect test cell equipment per test cell operating and maintenance program, which may include flex plates, supporting structure, intake and exhaust, electrical cables, handcuffs and harnesses, hoist, cone bolts, engine saddle cables, oil and fuel lines, test stands, test cell inlets, augmenters, and exhaust areas? | _____ | _____ | _____ |
| 14. | Where an Engine Test Cell uses non-OEM specified tooling/test equipment, is it properly substantiated as equivalent? | _____ | _____ | _____ |

Housing and Facilities/Safety/Security/Fire Protection

- | | | | | |
|-----|--|-------|-------|-------|
| 15. | Is a fire suppression system installed and in serviceable condition? | _____ | _____ | _____ |
| 16. | Are engine preservation fluids properly identified and stored? | _____ | _____ | _____ |

Training Program

- | | | | | |
|-----|---|-------|-------|-------|
| 17. | Are personnel trained for Engine Test Cell operations per the vendors Training Program? | _____ | _____ | _____ |
|-----|---|-------|-------|-------|

Fuel Quality

- | | | | | |
|-----|--|-------|-------|-------|
| 18. | Is there a standard (ATA 103, JIG, etc.) to monitor fuel used in the test cell? | _____ | _____ | _____ |
| 19. | Upon receiving fuel into the test cell, does the bill of lading contain corrected API specific gravity, destination, document number, fuel grade, quantity shipped, and is the truck allowed 10 minutes of settling time prior to unloading? [ATA 103 2.3, JIG2 4.6.2] | _____ | _____ | _____ |
| 20. | During receipt, are grounding, Differential Pressure Indicator (DPI), tank fill level, and Appearance Test (White Bucket) checks performed to include fuel leak inspections? [ATA 103 2.3, JIG2 4.6.3] | _____ | _____ | _____ |
| 21. | Are “NO SMOKING”, “FLAMMABLE”, “EMERGENCY SHUT-OFF” placards and product identification (“JET A”) signs prominently displayed? [ATA 103 2.4.8] | _____ | _____ | _____ |

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
22. Are fuel daily, monthly, quarterly, and yearly inspections accomplished and retained per the vendors program? [ATA 103 2.5]	_____	_____	_____
23. Is the condition of the yard acceptable, clean, no weeds, etc? [ATA 103 2.5.3.1]	_____	_____	_____
24. Are tanks, distribution systems, filter vessels, hoses, valves, pumps, and connections free of leaks, clean, properly labeled, and in good condition? [ATA 103 2.5.3.2]	_____	_____	_____
25. Are the fuel filters inspected/replaced as required per the vendors program? [ATA 103 2.5.8.3]	_____	_____	_____