

STAPLES

|   |    |  |  |                                    |
|---|----|--|--|------------------------------------|
| 1. Approving Civil Aviation Authority/Country:<br>FAA/UNITED STATES | 2. | <b>AUTHORIZED RELEASE CERTIFICATE</b><br>FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG |  | 3. Form Tracking Number:<br>16-210 |
|---|----|--|--|------------------------------------|

|  |  |
|--|--|
| 4. Organization Name and Address:<br><b>Precise Flight, Inc., 63354 Powell Butte Road, Bend, Oregon, 97701</b> | 5. Work Order/Contract/Invoice Number: 93165 |
|--|--|

| 6. Item: | 7. Description:                        | 8. Part Number: | 9. Quantity: | 10. Serial/Batch Number: | 11. Status/Work: |
|----------|--|-----------------|--------------|--------------------------|------------------|
| 1        | 77 cf Regulator & Bottle Assembly      | 102N0100-1      | 1            | HPR101260/1808           | Overhauled       |
| 2        | Model A-5 In-Line Dual Scale Flowmeter | 027N0003-1      | 4            | N/A                      |                  |

12. Remarks:  
102N0100-1 IS A COMPONENT OF 102N0000 and 027N0003-1 IS A COMPONENT OF 027N0000 AS CALLED OUT ON THE PRECISE FLIGHT CAPABILITIES LIST AND OVERHAULED TO ORIGINAL PRECISE FLIGHT, INC. SPECIFICATIONS, WORK COMPLETED ON WO# 93165 AND TESTED TO PROCEDURE 099NOSP0025 REV. A.  
  
REFER TO WORK ORDER FOR PARTS USED.

|   |  |
|---|--|
| 13a. Certifies the items identified above were manufactured in conformity to:<br><br><input type="checkbox"/> Approved design data and are in a condition for safe operation.<br><input type="checkbox"/> Non-approved design data specified in Block 12. | 14a. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 12<br><br>Certifies that unless otherwise specified in block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service. |
|---|--|

|                            |                                  |                            |  |
|----------------------------|----------------------------------|----------------------------|--|
| 13b. Authorized Signature: | 13c. Approval/Authorization No.: | 14b. Authorized Signature: | 14c. Approval/Certificate No.:<br>6PCR620B |
|----------------------------|----------------------------------|----------------------------|--|

|                               |                         |  |  |
|-------------------------------|-------------------------|--|--|
| 13d. Name (Typed or Printed): | 13e. Date (dd/mm/yyyy): | 14d. Name (Typed or Printed):<br>Aja Lillibridge<br><i>Aja Lillibridge</i> | 14e. Date (dd/mm/yyyy):<br>09/MAR/2016 |
|-------------------------------|-------------------------|--|--|

**User/Installer Responsibilities**

It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article.  
  
Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/ propeller(s)/ article(s) from the airworthiness authority of the country specified in Block 1.

Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.

# Cylinder Requalification Report

DOT/TC Registration # C419

## Norco Inc.

898 West Gowen Rd  
Boise, ID 83705

**Code Has Five Letters:** 1st Letter: Visual Test, 2nd Letter: % Perm Exp Test, 3rd Letter: REE Test, 4th Letter: Total Exp Test, 5th Letter: Proof Pressure Test  
**Letter Code:** P=Passed, F=Failed, N=Not Applicable, A=Aborted **Example:** PPPNP=Passed Visual, Passed % Prm, Passed REE, Total Exp N/A, Passed Proof Pressure

Operator Signature: *Tyler Mitchell* Date Signed: 2-23-16

Supervisor Signature: *[Signature]* Date Signed: 2-23-16

I hereby certify that all the following tests were made under my supervision and in accordance with DOT/CTC regulations.

| #  | Test Date<br>Test Time | Operator | Serial Number<br>Cyl Owner | Size<br>Service            | Cyl MFG.<br>MFG. Date | REE<br>Source | Rating<br>Unit      | Specified<br>Actual | Test<br>Time | Total<br>Elastic | Perm<br>Percen | +*<br>VE | VE Date<br>Ref Ring | Disposition<br>Remark |
|----|------------------------|----------|----------------------------|----------------------------|-----------------------|---------------|---------------------|---------------------|--------------|------------------|----------------|----------|---------------------|-----------------------|
| 26 | 2/23/2016<br>14:17     | TYLER    | 6268-1808<br>BEND          | 7.625 X 29.25<br>O2 AVFW77 | M4927<br>4-10         | 208<br>cyl    | E-11194-1850<br>PSI | 3090<br>3090        | 60           | 185.9<br>184.9   | 1.0<br>0.5     |          |                     | PNP                   |

23733 1 INCH BLK  
Manufactured for  
Staples the Office Super  
Staples 700 Staples Dr

SCBA CYLINDER VISUAL INSPECTION FORM

Cylinder Owner: BEND Date: 2-23-16

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I GENERAL

Receipt: with accessories N/A  
Under Pressure / Any Leaks? \_\_\_\_\_

II CYLINDER INFORMATION

Cyl. Number: 6268-1808 DOT Specification: SP11194 Service Pressure: 1850

Manufacture Date: 4-10 Last Retest: \_\_\_\_\_

Visible Conditions / Reason for Inspection: OUT OF DATE

Inside Contaminants / Materials Found / Odor: NO

III EXTERIOR

|  |                              |  |            |                              |  |
|--|------------------------------|--|------------|------------------------------|--|
| Bulges or Bows Noted?                    | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Corrosion? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Dents, Cuts, Digs, Gouges, or Scratches? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |            |                              |  |

If Yes to any of the above, describe: \_\_\_\_\_

IV THREADS

|                           |                              |  |                              |                              |  |
|---------------------------|------------------------------|--|------------------------------|------------------------------|--|
| Gall?                     | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | O-Ring Gland / Face Damaged? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Known Leaks?              | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Cracks?                      | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Thread Count Insuficient? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Valleys into Treads?         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If Yes to any of the above, describe: \_\_\_\_\_

V INTERIOR

|                             |                              |  |            |                              |  |
|-----------------------------|------------------------------|--|------------|------------------------------|--|
| Dirty Interior?             | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Corrosion? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Crown Cracks / Folds Found? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |            |                              |  |

If Yes to any of the above, describe: \_\_\_\_\_

VI CYLINDER STATUS

Accept / Condemn: ACCEPT Explain: \_\_\_\_\_

Condemn How? \_\_\_\_\_

Inspector's Signature: [Signature] Date: 2-23-16 Location: CNF

**REPAIR STATION WORK ORDER**

REPAIR STATION # 6PCR620B

PRECISE FLIGHT, INC.  
63354 POWELL BUTTE ROAD  
BEND, OR 97701

WWW.PRECISEFLIGHT.COM

800-547-2558

RMA#: 16-210

SALES ORDER#: 93165

DATE IN: 2/7/2016

CUSTOMER REF. #: 1242

MODEL/PART NO.: 102N0100-1

Customer Phone: 941-575-8605

CUSTOMER: APG Aviation

DESCRIPTION: (1) Cylinder, (1) Reg Assy  
(4) Flowmeters

RECEIVING INSP.: dnv

SERIAL NO.: HPR101260/2008  
*\* See notes*

SPECIAL CUSTOMER INFO. REQ'D NO  YES

AIR CARRIER:  NO  YES

DISCREPANCY FOUND DURING:  USE

EQUIPMENT WITHIN CALIBRATION:  YES

INSTALLATION

**A. DISCREPANCY: (Preliminary inspection/test)**

TECH.: MM

REPORTED: Overhaul Regulator & cyl. Exchange for Hydro cyl. Overhaul (4)  
A-5 Flowmeters

FOUND: Same

**B. HIDDEN DAMAGE INSPECTION:**

SHIPPING DAMAGE: SEE NOTES

FOUND: NONE

**C. CORRECTIVE ACTION TAKEN:**  REPAIR  REMOVE FROM SERVICE  OVERHAUL

TECH: MM

Overhauled (4) A-5 Flowmeters & (1) Regulator.  
Exchanged cyl. w/ Hydro cyl. Test & Cert.

INSP: *[Signature]*

DONE IN ACCORDANCE WITH TEST PROCEDURE: 099N05P0025

REVISION: A

| QTY | PART NUMBER   | DESCRIPTION        | QTY | PART NUMBER | DESCRIPTION |
|-----|---------------|--------------------|-----|-------------|-------------|
| 1   | 100N0000RB    | Regulator O.H. Kit |     |             |             |
| 1   | RC 026N2003-3 | Hydro. 77cuft cyl. |     |             |             |
| 1   | OX 020201     | O-Ring             |     |             |             |
| 2   | HD 06121      | Screws             |     |             |             |
| 2   | OX M1174      | O-Rings            |     |             |             |
| 192 | OX M1112      | Trigon Tube        |     |             |             |
| 96  | OX M1116      | Trigon Tube        |     |             |             |
| 4   | OX 020210     | O-Rings            |     |             |             |

# REPAIR STATION WORK ORDER

REPAIR STATION # 6PCR620B

## D. FINAL INSPECTION:

FINAL ACCEPTANCE:  
REMOVE FROM SERVICE:

EASA: YES  NO  / 8130: YES  NO

TECH: mm  
TECH: \_\_\_\_\_

INSP: AR  
INSP: \_\_\_\_\_

DATE: 3/9/16  
DATE: \_\_\_\_\_

## E. DISCREPANCY CAUSED BY:

- COMPONENT FAILURE
- DAMAGED IN SHIPPING
- IMPROPER INSTALLATION
- UNKNOWN
- OTHER:

5 year per. I.C.A.

## F. CORRECTIVE ACTION TO PREVENT RECURRENCE:

- REPLACE WITH RECONDITIONED
- REPLACE WITH NEW
- REPAIR (AS OUTLINED IN C.)
- ADVISE CUSTOMER OF PROPER INSTALL PRACTICE
- REMOVE FROM SERVICE
- OTHER

DATE OUT: 3/9/16

SHIP VIA: ups ground

## MAINTENANCE RELEASE STATEMENT

The aircraft component identified above was disassembled, cleaned, inspected, repaired as necessary, and tested in accordance with Federal Aviation Regulations and has been determined to be in airworthy condition with respect to the work performed. The signature below authorizes this article for "RETURN TO SERVICE."

AUTHORIZED SIGNATURE: Aya Lillibridge

REPAIR STATION# 6PCR620B

Print Name: Aya Lillibridge

NOTES: (add additional sheets as necessary):

"One of the best taken care of Regulators I've seen."

New Hydro cyl. 1808