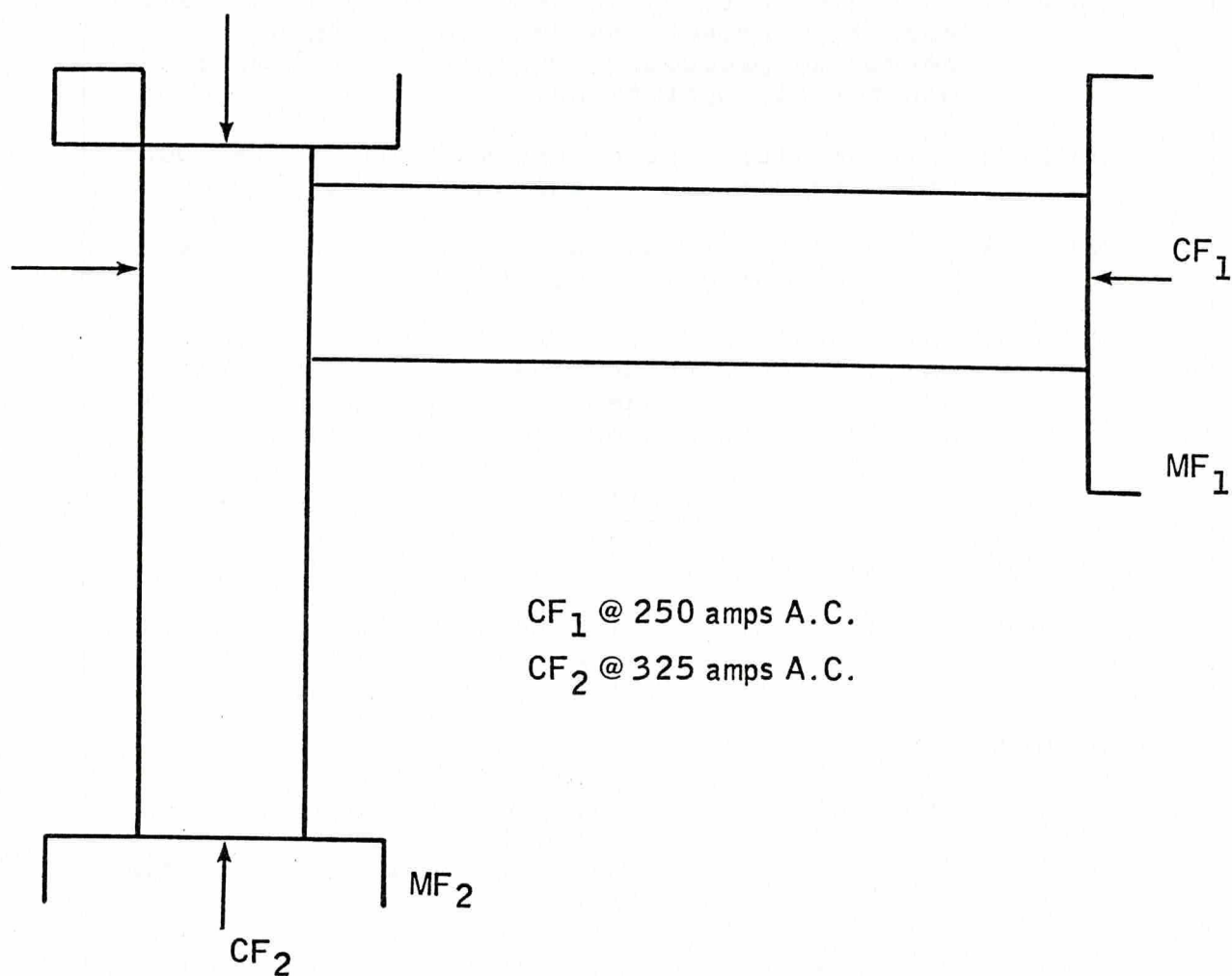


CHAP 2 AIRFRAME SP 155 AL 4 SHEET 1 OF 3	SERVICING PROCEDURE F53 T55	BAC F53 & T55 (SA) 5A3A Section 1 2nd Edition
Aileron Hinge Pins - Crack Test	AFSC 53650	TIME EST
Safety and Servicing Notes are to be complied with throughout the work detailed on this card.		
<p>SPECIAL TOOLS AND EQUIPMENT</p> <p>Magnetic flaw detector (Rodalloyd 29). Magnetic ink (4X/4269). Magnet (4X/4428).</p> <p>NOTE 1: In addition to an inspector carrying out any specific inspections detailed in this servicing procedure, quality control must monitor all operations.</p> <p>NOTE 2: This servicing procedure must be carried out prior to fitment of all aileron hinge pins.</p> <p>NOTE 3: The magnetic field is very weak, therefore no de-gaussing is necessary.</p> <p>NOTE 4: This servicing procedure must be read in conjunction with BAC F53 and T55 (SA) book 5A3G, Section 2 (See general notes on magnetic particles techniques and AP119A-0101-1).</p> <p style="text-align: center;"><u>53650</u></p> <p>1. METHOD 1 - PREPARATION</p> <p>1.1 Aileron hinge pin. Thoroughly degrease, paying particular attention to the lubrication holes.</p> <p>2. EXAMINATION</p> <p>2.1 Aileron hinge pin. Carry out magnetising shots using Rodalloyd 29 magnetic flaw detector (See Fig.1).</p> <p>NOTE: Cracked aileron hinge pins must be scrapped.</p> <p>3. COMPLETION</p> <p>3.1 Aileron hinge pin. (i) Remove all traces of ink solution. (ii) Lubricate (Grease XG287).</p> <p>4. METHOD 2 - PREPARATION (REF CSI/LTG/58).</p> <p>4.1 Aileron hinge pin. Thoroughly degrease, paying particular attention to the lubrication holes.</p>		ASSOCIATED PROCEDURES
		Continued Overleaf
SERVICING PROCEDURE INSPECTION STAGES DO NOT EXCLUDE ADDITIONAL INSPECTION STAGES INCORPORATED AS NECESSARY IN MAINTENANCE CERTIFICATION DOCUMENTS		

CHAP. 2 AIRFRAME	SERVICING PROCEDURE	BAC F53 & T55 (SA)
S.P. 155 A.L. 4	F53 T55	5A3A Section 1
SHEET 2 OF 3		2nd Edition

Safety and Servicing Notes are to be complied with throughout the work detailed on this card.



MAGNETIC CRACK TEST
FIGURE 1

Continued

SERVICING PROCEDURE INSPECTION STAGES DO NOT EXCLUDE ADDITIONAL INSPECTION STAGES INCORPORATED AS NECESSARY IN MAINTENANCE CERTIFICATION DOCUMENTS

CHAP	2	AIRFRAME		SERVICING PROCEDURE		BAC F53 & T55 (SA)
SP	155	AL	4	F53	T55	5A3A Section 1
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Safety and Servicing Notes are to be complied with throughout the work detailed on this card.

53650

5. EXAMINATION

5.1 Aileron hinge pin.

- (i) Place magnet (4X/4428) astride and at 90° to the lubrication holes with poles in line with longitudinal axis of shank.
- (ii) Immerse in solution of agitated magnetic ink (4X/4269).
- (iii) Remove and examine for cracks (See Note). Cracks appear as black lines.
- (iv) Remove all traces of ink solution.

5.2 Aileron hinge pin.

- (i) Place magnet on shank near the shoulder, with poles disposed along longitudinal axis and at 90 degrees to square leg.
- (ii) Immerse in solution of agitated magnetic ink (4X/4269).
- (iii) Remove and examine for cracks (See Note).
- (iv) Repeat (i), (ii) and (iii) at regular intervals along shank.
- (v) Remove all traces of ink solution.

NOTE: Cracked aileron hinge pins must be scrapped.

6. COMPLETION

6.1 Aileron hinge pins.

- (i) Ensure all traces of ink solution are removed.
- (ii) Lubricate (Grease XG-287).

DATE	10/10/54	TIME	10:00 AM	LOCATION	1000
NAME	JOHN DOE	AGE	35	SEX	M
STATUS	Single	EDUCATION	High School	RELIGION	Protestant

History and present condition of the patient as given by the patient and family.

The patient is a 35-year-old male, single, with a high school education, Protestant, and a history of chronic alcoholism.

He has been drinking alcohol for the past 15 years, averaging about 4-6 glasses of whiskey per day. He has no other significant medical history.

He was admitted to the hospital on 10/10/54, complaining of severe abdominal pain, nausea, and vomiting.

On admission, he was found to have a blood alcohol level of 0.15% and a blood sugar level of 70 mg/dl.

He was treated with 50 cc of 50% dextrose and 100 cc of 10% calcium chloride, with some improvement in his symptoms.

He was then transferred to the medical ward for further observation and treatment.

He is now stable and is being treated with 100 cc of 10% calcium chloride daily.

He is being discharged on 10/15/54, with instructions to abstain from alcohol.

He is being referred to the outpatient clinic for further follow-up.

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