## Aircraft Control Systems Multiple Independent Inspection for Correct Assembly Certificate

| *  ;    | SNO  | OW  Air  |    | craft    | Day   | /   M | Vith  ` | Yr | r |           | be used with MC                  |                  |                            |  |  |           |                                    |            |  |
|---------|------|--|----|----------|-------|-------|---------|----|---|-----------|----------------------------------|------------------|----------------------------|--|--|-----------|------------------------------------|------------|--|
|         |      |  |    |          |       |       | ĺ       |    |   |           | 'Instructions for l              | Jse are given on | the MOD I                  | Form 799 (Ind  | ).                                     | She       | et No:                             |            |  |
| Fie     | ld   | 1  |    |          |       |       |         |    |   |           | Instructions                     |                  |                            | Cortificate  | of Agreement                           | Multi     | i_trado la                         | ndanandant |  |
|         |      | A Independent Inspection for correct assembly and functional test            |    |          |       |       |         |    |   |           |                                  | Time             |                            | Certificate of Agreement - Multi-trade Independen  I certify that the functional test detailed at Field 3 of Block B |  |           |                                    |            |  |
| No<br>1 | ). [ | required on  |    |          |       |       |         |    |   |           |                                  | Date             |                            |  |  |           |                                    |            |  |
| •       |      | control system   |    |          |       |       |         |    |   |           |                                  | Signature        |                            |  |  |           | ade aspects of functional testing. |            |  |
|         |      | In resp  | pe | ct of wo | ork a | at    |         |    |   |           |                                  | _                |                            | Rank/Name  |  | Signature |                                    |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  | Rank/Name        |                            |  |  |           |                                    |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  | Talik/Name       |                            | Time/Date  |  |           |                                    |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  |  |           | -                                  |            |  |
|         |      | <b>B</b> Independent Inspection for correct assembly and functional test rec |    |          |       |       |         |    |   |           | assembly and functional test req | uired on         |                            | 2 Trade  | 3 Work Undertaker                      |           | 4 Certificate                      |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  | The Independent In         |  |  | Working   | Time                               |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  | control system   |                            |  | required for correct assembly has been |           | Hours                              |            |  |
|         |      | C Inspection for correct assembly is to be for                               |    |          |       |       |         |    |   | is t      | to be for                        |                  |                            | correctly specified a <b>B &amp; C.</b> The function   |  |           |                                    | Date       |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  |  |           |                                    |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            | has been correctly spec<br>at <b>Block D</b> on  |  |           | d Signature                        |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  | MOD Form 707C - M3                     |           |                                    |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  | SNOW:Sheet No:                         |           | Rank/Name                          |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  |  |           |                                    |            |  |
|         |      | From   |    |          |       |       |         |    |   |           |                                  |                  |                            |  |  | _         |                                    |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  |  |           | Working                            | Time       |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            | * Certified Inspe  |  | Hours     |                                    |            |  |
|         | -    |  |    |          |       |       |         |    |   |           |                                  |                  | satisfactoril<br>completed | -  |  | Date      |                                    |            |  |
|         | -    |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  |  |           |                                    |            |  |
|         | -    | То   |    |          |       |       |         |    |   |           |                                  |                  |                            |  | * Inspection for correct               |           | - Signature                        |            |  |
|         | -    |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  | assembly FAILE                         |           |                                    |            |  |
|         | -    |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  | Transferred to:                        |           | Rank/Name                          |            |  |
|         | -    |  |    |          |       |       |         |    |   | Sheet No: |                                  | _                |                            |  |  |           |                                    |            |  |
|         |      |  |    |          |       |       |         |    |   |           |                                  |                  |                            |  | Line No:                               |           |                                    |            |  |

<sup>\*</sup> Army use only \* Delete as appropriate

| Field             | 1 Instructions   | _              | Certificate | of Agreement - I   | Multi. | -Trade li  | ndependent |  |
|-------------------|--|----------------|-------------|--|--------|--|------------|--|
| Entry<br>No.<br>2 | A Independent Inspection for correct assembly and functional test            | Time           |             | _  |        |  |            |  |
|                   | required on  | Date           |             |  |        | the functional test detailed at Field 3 of Block B |            |  |
|                   | control system   | Signature      |             | trade aspects of functional to   |        | ictional testing.                                  |            |  |
|                   | In respect of work at  |                | Rank/Name   | Signati  |        | ure  |            |  |
|                   |  | Rank/Name      |             |  |        |  |            |  |
|                   |  | Rank/Name      | Time/Date   |  |        |  |            |  |
|                   | <b>B</b> Independent Inspection for correct assembly and functional test req | uired on       | 2 Trade     | 3 Work Undertaken  |        | 4 Certificate                                      |            |  |
|                   |  |                |             | The Independent Inspe  |        | Working Ti<br>Hours                                | Time       |  |
|                   |  | control system |             | required for correct assembly has been                                     |        | Hours  |            |  |
|                   | C Inspection for correct assembly is to be for                               |                |             | correctly specified at BI B & C. The functional                            | locks  |  | Date       |  |
|                   |  |                |             | has been correctly specified<br>at <b>Block D</b> on<br>MOD Form 707C - M3 |        | Signature  |            |  |
|                   |  |                | SNOW:       |  |        |  |            |  |
|                   |  |                |             | Sheet No:  |        | Rank/Name  |            |  |
|                   | From   |                |             | Lines:   |        |  |            |  |
|                   |  |                |             | * Certified Inspec   |        | Working<br>Hours                                   | Time       |  |
|                   |  |                |             | satisfactorily completed   |        |  | Date       |  |
|                   | То   |                |             | * Inspection for corre   | ect    | Signature  |            |  |
|                   |  |                |             | Transferred to:<br>Sheet No:   |        | Rank/Name  |            |  |
|                   |  |                | Line No:    |  |        |  |            |  |

<sup>\*</sup> Delete as appropriate