

CIVIL AIR PATROL
Headquarters
Maryland Wing
P.O. Box 18341
Baltimore, MD 21240-8341

MDWG Supplement 1
CAPM 66 -1
3 February 02

Maintenance of CAP Aircraft

CIVIL AIR PATROL AIRCRAFT MAINTENANCE MANAGEMENT

CAPR 66-1, 1 February 00, is supplemented as follows:

2c. When an aircraft or its associated equipment requires repair or replacement parts, or when the aircraft or equipment is in a higher echelon shop for maintenance or repair, the wing commander, wing director of operations, or the wing maintenance officer are the **ONLY** personnel authorized to make purchasing transactions or check on the repair status progress of an aircraft or its associated equipment.

4a. Added. Squadrons are responsible for notifying the wing maintenance officer if any aircraft is REDLINED (out of service). This notification will include the cause, date and time of redline, and will be accomplished within 12 hours.

5a. Added. Pilots are reminded that all PREVENTATIVE MAINTENANCE is required by FAA REGULATION to be entered in the airframe logbook or the engine logbook. All entries should be as brief as possible but include all facts. VOR monthly checks will also be recorded on MDF 6, Aircraft Status & VOR Check Sheet. Aircraft discrepancies will be logged on MDF 8, SQUAWK SHEET, located

in the aircraft flight log. When the discrepancies have been

repaired or completed and signed off on the squawk sheet, this sheet will be submitted to wing along with the MDF 4.

8a(1). Added. Aircraft will have a monthly or 50 hour inspection performed by the squadron maintenance officer, recorded on MDF 4, and submitted to the wing maintenance officer by the 10th of the following month, or the aircraft will be REDLINED. Periodic, unannounced inspections will be performed by wing/group personnel to ensure no improper maintenance or other aircraft operating procedures are being violated. If a violation is noted, the violator and aircraft commander will appear before the wing commander, director of operations and the wing maintenance officer to justify the reason for the violation.

8b(1) Added. Annual or 100 Hour Inspections. The aircraft commander of the aircraft requiring an annual or 100 hour inspection will furnish personnel to help in performing the owner-assisted inspection. The CESSNA 182 requires

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OPR: LGM

Distribution: In accordance with CAPR 5-4

24 man-hours and will need a crew of three to perform. The CESSNA 172 requires 16 man-hours and a crew of two. Aircraft commanders who fail to furnish the required crew will be charged \$24.00 per hour. Crew members assisting in the inspection will receive one hour flying in the aircraft as compensation. This time will be logged in the MDF 91 as a maintenance flight and the individuals reimbursed for the fuel. The actual flight to the maintenance shop and back will be logged as a maintenance flight on the MDF 91 and Maryland Wing will reimburse the crew for the fuel used for this flight.

14. The wing finance officer will maintain a system of subaccounts to record all funds received and disbursed for each aircraft. All disbursements will be covered by purchase orders, identifying aircraft by tail number, and will be signed by the wing commander.

14b(1). Added. The following maintenance rates are established for corporate aircraft assigned to Maryland Wing. These rates are effective as of 1 February 2002.

(1) Cessna 172: \$15.00 per Hobbs hour

(2) Cessna 182: \$17.00 per Hobbs hour

The "Wet" rental rate will be determined by the squadron the aircraft is assigned to, based on local gas cost and squadron level maintenance. All Civil Air Patrol members will be charged the same established "wet" rate, regardless of unit assignment. No member can be charged more or less than any other member.

14d. Added. All costs associated with aircraft hangar and/or tie-down facilities are the responsibility of the assigned squadron. Each unit operating a Corporate Aircraft is required to pay into the Aircraft Maintenance Fund, at the end of each month, a sum of money equal to all of the chargeable flying time for that month times the assigned maintenance rate. Payment will be made when filing the monthly MDF 3.

JOHN F. REUTEMANN III, C/Lt Col., CAP
Administrative Officer

LAWRENCE L. TRICK, Col, CAP
Commander

3 Attachments:

- 1. MDWGF 4
- 2. MDWGF 6
- 3. MDWGF 8

Mag drops should be 125/50 and should be 2250 or higher

MD WG FORM 4 (MAY 96)
EQUIPMENT

STATUS

OPERATIONAL CHECK: (continued)

- Check that key cannot be removed in any position but off
- Check engine idle speed (no more than 750 rpm, no less than 550 rpm.)
- Check throttle, mixture, and carb heat/alternate air
- Check control movement
- Post flight aircraft. Use aircraft manual. Be sure to check for oil leaks.
- Reinstall cowling

LOGBOOKS:

- Check due dates of the following and record:

Annual Inspection	Due Date:	<hr/>
100 Hour Inspection	Due Date:	<hr/>
Pitot/Static System	Due Date:	<hr/>
Altimeter	Due Date:	<hr/>
Transponder/Encoder	Due Date:	<hr/>
ELT	Due Date:	<hr/>

OTHER: Note any other discrepancies or potential hazards here. (If more space is needed, continue on back of inspection form.)

Corrective action taken. (Note: The entire month of Squawk forms are to be submitted with this monthly inspection form. If squawks still exists, record such on new monthly Squawk form.)

Signature of person performing Maintenance Inspection and Date

MD WG FORM 4 (MAY 96)

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MD WG FORM 6 (MAY 96)

SQUAWK SHEET

1. Record here all problems encountered with the aircraft and its equipment. Be as specific as you can. Enter your name and telephone number so that you can be contacted for further information.

2. If you believe that the problem makes the aircraft not airworthy and that it should be grounded, place the "GROUNDED" placard located in the front pocket of this notebook out in the cockpit in clear view of other pilots.

3. Contact the WING maintenance officer and squadron AIRCRAFT COMMANDER to make them aware of the problem. This is particularly important if you have grounded the aircraft.

DATE:	PROBLEM:	NAME:
		TELEPHONE:
CORRECTIVE ACTION TAKEN:		
SIGNATURE OF PERSON TAKING ACTION:		DATE:
DATE:	PROBLEM:	NAME:
		TELEPHONE:
CORRECTIVE ACTION TAKEN:		
SIGNATURE OF PERSON TAKING ACTION:		DATE:
DATE:	PROBLEM:	NAME:
		TELEPHONE:
CORRECTIVE ACTION TAKEN:		
SIGNATURE OF PERSON TAKING ACTION:		DATE:

MD WG FORM 8 (SEPT 96)