

TCM TopCare™ Health Checklist Form

Inspecting Agency: _____ Date: _____
 Inspecting Mechanic: _____ Aviator Services Member # _____
 Aircraft Owner: _____
 Aircraft Make/Model: _____ Aircraft Serial # _____
 Aircraft Year: _____ Registration # _____
 Engine Model: _____ Engine Serial # _____
 Engine Hours: Time Since Major OH: _____ Time Since Top O/H: _____

1. Differential Compression Check Record Readings

1a. Master Orifice Reading _____

1b. Record Differential Compression Values for Each Cylinder

	#1
	#2
	#3
	#4
	#5
	#6

2. Cylinder Bore Inspection. Check each item to indicate Inspection Results for Each Cylinder

	2a Normal Wear	2b-Light Rust	2c Heavy Rust	2d-Heavy Wear	2e-Scoring
Cylinder #1	_____	_____	_____	_____	_____
Cylinder #2	_____	_____	_____	_____	_____
Cylinder #3	_____	_____	_____	_____	_____
Cylinder #4	_____	_____	_____	_____	_____
Cylinder #5	_____	_____	_____	_____	_____
Cylinder #6	_____	_____	_____	_____	_____

3. Oil Consumption Trend Monitoring Record Information

3a. Record Oil Consumption – One (1) Quart Every _____ Hours

3b. Type of Oil Used _____

3c. Record the Number of Quarts Added _____

3d. Record Oil Change Interval _____ Hours

3e. Sump Oil Strained and Filter Contents examined and Found to be _____ (Clean)
 _____ (Light Material)
 _____ (Heavy Material)

4. Oil Analysis Trend Monitoring Check each Item as Applicable

4a. Oil Analysis Profile Established _____ Yes _____ No

4b. Latest Oil Analysis Indicates _____ Normal Trend
 _____ Abnormal Trend

4c. Oil Analysis Sampling Initiated _____ Yes _____ No

Oil Analysis Lab Used _____

5. Baffle Condition Inspection Check each Item as Applicable

5a. Baffles in Good Condition, Correct Position and Proper Contact _____

5b. Replaced or Repaired Baffles _____

5c. Inter-Cylinder Baffles Installed Properly _____

5d. Holes and Cracks Sealed _____

5e. Cooling/Heating Duct Condition Correct or Repair _____

6. Induction System Examination Check each Item as Applicable
 6a. Air Filter Clean and Properly Installed _____
 6b. Air Box Inspected and Repaired as Required _____
 6c. Alternate Air Door Sealing and Functioning Properly _____
7. Cowling Inspection and Cowl Flap Operation Check each Item as Applicable
 7a. No Restriction in Cowling Inlet, Outlet or Cooling Fins _____
 7b. Proper Cowl Flap Rigging and Operation Verified _____
8. Ignition System Inspection Check each Item as Applicable
 8a. Magneto to Engine Timing Set at _____ Left and _____ Right Degrees BTDC
 8b. Spark Plugs Cleaned, Gapped, Tested and Replaced as Necessary _____
 8c. Ignition Harness Inspected for Damage and Leads Replaced as Necessary _____
9. Fuel System Setup Check each Item as Applicable
 9a. Idle Unmetered Fuel Pump Pressure Set at _____ PSI at _____ RPM
 Idle Fuel Mixture RPM Rise at Idle Cutoff = 25/50 RPM _____
 Full Throttle Metered Fuel Set at _____ GPS/LBS-HR at _____ RPM
10. Aircraft Engine Gage Verification Check each Item as Applicable
 10a. Verified Accuracy of Tach, MP, Fuel Flow, CHT and EGT Gages _____
11. Flight Test Check each Item as Applicable
 Flight Test Performed and all parameters within spec _____

If Cylinder Repair or Replacement was Required Due to Results of the Preceding Inspections, Indicate below:

	Low Compression	Rust	Scored	Oil Consumption	Other
Cylinder #1	—	—	—	—	—
Cylinder #2	—	—	—	—	—
Cylinder #3	—	—	—	—	—
Cylinder #4	—	—	—	—	—
Cylinder #5	—	—	—	—	—
Cylinder #6	—	—	—	—	—

Comments: _____

I hereby certify that I have performed the TopCare Health Check and any of the items identified above that required repair, replacement or verification have been repaired, replaced or verified. I also understand that TCM requires submission of this form for purposes of proof of accomplishment for warranty and that TCM bears no responsibility for the review or action on the actual details of this checklist form.

Mechanic's Signature: _____ Date: _____

ISSUED			REVISED			 CONTINENTAL MOTORS <small>A Teledyne Technologies Company</small>	PAGE NO	REVISION
MO	DAY	YEAR	MO	DAY	YEAR		27 OF 28	
02	17	97				Po Box 90, Mobile, AL 36601 334-438-3411 SID 97-2		