Action Required - Following Daily Inspection Problem (Tick □ Appropriate Boxes for Action):

<table>
<thead>
<tr>
<th>FUEL (1)</th>
<th>Static Line (2)</th>
<th>Fire Truck (3)</th>
<th>Runway Checks (4)</th>
<th>Runway Lighting (5)</th>
<th>Crash Alarm (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVGAS</td>
<td>Static Line (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pump 1</td>
<td>Pump 1</td>
<td></td>
<td></td>
<td></td>
<td>F/School</td>
</tr>
<tr>
<td>Pump 2</td>
<td>Pump 2</td>
<td></td>
<td></td>
<td></td>
<td>Tower</td>
</tr>
<tr>
<td>Pump 1</td>
<td>Pump 1</td>
<td></td>
<td></td>
<td></td>
<td>F/School</td>
</tr>
<tr>
<td>Pump 2</td>
<td>Pump 2</td>
<td></td>
<td></td>
<td></td>
<td>Tower</td>
</tr>
<tr>
<td>Jet A1</td>
<td>Jet A1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1). FOLLOW UP ACTION REQUIRED:

Date: ___________________________  Print Name: ___________________________  Sign: ______________________

Passed To The Following Person For Action:

Flight Safety: □  Fuel Safety: □  Very Urgent: □  Routine: □

(2). ACTION TAKEN TO REPAIR / CORRECT REPORTED PROBLEM:

Date: ___________________________  Print Name: ___________________________  Sign: ______________________

(3). Repaired Fault / Corrected By:

Date: ___________________________  Print Name: ___________________________  Sign: ______________________