

HARTZELL PROPELLER INC.

ALERT SERVICE BULLETIN APPENDIX

HC-ASBA-30-358

Anti-ice - Travel Tube Bracket Weldment Replacement

Inspection Report/Compliance Form	
Warranty Claim Number:	
Owner Information:	
Name:	Phone:
Address:	Fax:
	E-mail:
City:	Zip/Postal Code:
State:	Country:
Repair Station:	
Company:	Phone:
Contact Name:	Fax:
Address:	Email:
City:	Zip/Postal Code:
State:	Country:
Signature:	
Propeller Information: (TSN = time since new TSO = time since overhaul)	
Propeller Model:	Propeller S/N:
Propeller TSN:	Propeller TSO:
Inspection/Compliance Information:	
Bracket Weldment Inspection: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Date:
Bracket Replacement Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Dynamic Balance Performed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
<p>Send this completed and signed form to Hartzell Propeller Inc. Product Support Department: Fax: (001) 937.778.4215 or E-mail: techsupport@hartzellprop.com</p> <p>DO NOT WRITE BELOW THIS LINE - FOR HARTZELL PROPELLER INC. USE ONLY</p>	
Warranty Claim Number:	Authorized By:

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