



補充型別檢查報告
SUPPLEMENTAL TYPE INSPECTION REPORT (STIR)

型別檢查授權書編號 TIA No.	日期 Date
產品 Product	
製造商 Make	
型號 Model	
國籍編號與序號 Identification and Serial No.	
適用序號 Serial Nos. Eligible	
產品規範或型別數據規範表 Product Specification or TC Data Sheet	版別 Rev. No.
檢定基礎 Certification Basis (Part and Amendments)	
申請人 Applicant 地址 Address	
改裝人 Modifier 地址 Address	
改裝描述 Description of Modification	
附件 Attachments	
檢查執行者 Inspection Conducted By	
報告撰寫人 Report Prepared By	日期 Date
審查 Report Reviewed By	日期 Date
核准 Report Approved By	日期 Date

CAA Form 8110-26

補充型別検査報告

Supplemental Type Inspection Report

一般性説明 General Instructions

This form provides a means whereby inspectors may record the results of inspections and/or tests, on modified products presented for supplemental type certificates, accomplished in accordance with instructions contained in the Type Inspection Authorization (TIA).

- A. Answer each question on this form by placing an "X" in the appropriate "YES", "NO", or "NA" (Not Applicable) block, or by filling in the answer, as appropriate. When an answer requires an explanation, record the explanation under "REMARKS" or on page 4, (TIA comments).
- B. The applicant's weight and balance report may be used in lieu of the weight and dimensional page of this form, provided it contains all the information requested. Weight and balance should be included in attachment section of report, when required.
- C. Original CAA Form 8130-9 (317) and CAA Form 8100-1 should be part of the attachments section of this report.

法規表 Table of Regulations *

FAR		CAR								SUBJECT
	Balloon	Cert'n	N.U.A.	T-Cat	Glider	N-Rotor	T-Rotor	Eng.	Prop	-----
21.31			3.14 ²	4b.14 ²		6.14 ²	7.14 ²			Type Design
21.33		1.15(a)	3.15	4b.15	5.15	6.15	7.15	13.15	14.15	Insp. & Tests
21.35			3.16(b)	4b.16	5.16	6.16	7.16			Flight Tests
.29			3.73 ²	4b.104		6.104	7.104			Empty Wt. & C. G.
.31	31.51		3.72	4b.105		6.105	7.105			Removable Ballast
.605	31.35		3.293	4b.302		6.302	7.302			Fabrication Method
.871			3.401	4b.391		6.390	7.390			Leveling Means
.1301(a)(4)			3.652							Equip - Label
.1301(b)				4b.601(b)		6.601(b)	7.601(b)			Equip - Label
.1301(c)				4b.601(c)		6.601(c)	7.601(c)			Equip Install.
.1351(b)(1)			3.681			6.617				Elec - Haz & Prot'n
.1351(b)(2)	31.71(b)			4b.622(b)(2)			7.622(b)(2)			Elec - Haz/Mal. Fail
.1431			3.721							Elec - Hazard
.1431(a)							7.653(a)			Elec - Hazard
.1431(b)							7.653(b)			Electronic Effect
.1431(c)				4b.650(c)						Electronic Effect

* All regulations are those in effect on or preceding date of recondification.

¹ For airworthiness standards, except balloons, a missing FAR denotes a generic requirement, Eg. FAR 23, 25, 27, 29.

² In part, see CFR Redesignation Tables.

補充型別檢查報告 Supplemental Type Inspection Report		行政資料Administrative Data	
A. Period of Inspection from _____ to _____			
B. Where conducted?			
C. Number of conformity inspections conducted and recorded on CAA Form 8100-1 and recorded in project file.			
D. Were design changes needed to correct deficiencies revealed by CAA Inspection? If yes, identify changes on page 4 (TIA comments), or on attachment.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Have all products/articles subjected to inspections and/or tests been properly recorded by part number(s), serial number(s), or registration number(s), as appropriate, on page 1, or in attachment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Does the applicant have on file inspection records showing conformity to the type design and acceptable quality of the product?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Check appropriate blocks for any CAA forms that have been submitted by the applicant prior to, or at the time of application.			
<input type="checkbox"/> CAA Form 8110-12 Date _____		<input type="checkbox"/> CAA Form 8130-6 Date _____	
<input type="checkbox"/> CAA Form 337 Date _____		<input type="checkbox"/> CAA Form 8130-9 Date _____	
H. Is supplemental type approval recommended?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks			
If "Yes", items should be explained under appropriate TIA comments.			

<div style="display: flex; justify-content: space-between;"> 補充型別檢查報告 TIA Comments </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Supplemental Type Inspection Report </div>	TIA Comments																												
<p>The following comments are made with respect to special inspections and/or tests conducted by reason of instructions contained in Section 18 of the TIA, and are identified in accordance with TIA numbering. Additional pages may be used as needed.</p>																													
<p>Item 18 - Part I:</p>																													
1.0 Empty Weight and Corresponding Center of Gravity																													
<p>1.1 Describe Leveling Marks or Means</p>																													
<p>Ref: § .871</p>																													
<p>1.2 Location of Datum</p>																													
<p>1.3 Horizontal Distance (Inches) From Datum to Average Front Main Scale CL _____.</p> <p>Horizontal Distance (Inches) From Datum to Average Rear Main Scale CL _____.</p> <p>Horizontal Distance (Inches) From Datum to Auxiliary Scale CL _____.</p>																													
<p>1.4 Empty Weight</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Scale Reading</th> <th style="width: 20%;">Tare</th> <th style="width: 30%;">Net Weight</th> </tr> </thead> <tbody> <tr> <td>Forward Left Main Scale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Forward Right Main Scale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rear Left Main Scale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rear Right Main Scale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Auxiliary Scale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Empty Weight</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Scale Reading	Tare	Net Weight	Forward Left Main Scale				Forward Right Main Scale				Rear Left Main Scale				Rear Right Main Scale				Auxiliary Scale				Empty Weight			
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Empty Weight																													
<p>NOTE: The empty weight and corresponding center of gravity must be determined by weighing the aircraft with --</p> <p>(1) Fixed Ballast</p> <p>(2) Unusable Fuel</p> <p>(3) Full operating fluids, including (i) oil (ii) hydraulic fluid and (iii) other fluids required for normal operation of aircraft systems, except potable water, lavatory precharge water, and water intended for injection in the engines.</p>																													
<p>Center of Gravity is _____ inches <input type="checkbox"/> Forward <input type="checkbox"/> Aft of Datum</p>																													

Ref: § .29

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		2.0 Removable Ballast	
2.1	If removable ballast is used to show compliance with the flight requirements, is the place for carrying ballast installed and marked in accordance with the change to the type design? Ref. § .31	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		3.0 Fabrication Process	
3.1	a. Has the applicant shown that materials, products, parts, processes, construction, and assemblies conform to the specifications and drawings shown in the change to the type design?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Has the product been changed between the time it was shown to comply with item 3.1.a. of this report and the time it was presented for CAA Inspection? Record any changes on CAA Form 8100-1.	<input type="checkbox"/>	<input type="checkbox"/>
	c. Has the applicant made all inspections and tests necessary to determine -- (1) Compliance with the applicable airworthiness and noise/emission requirements; (2) That the materials and products conform to the specifications in the changed type design; (3) That the parts of the product conform to the drawings in the changed type design; (4) That the manufacturing processes, construction, and assembly conform to those specified in the type design? § 21.33	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.2	Has the suitability and durability of materials used for parts, the failure of which could adversely affect safety: a. Been established by experience or tests? b. Been established through approved specifications that ensure their having the strength and other properties assumed in the design data? and c. Been evaluated to take into account the affects of environmental conditions, such as temperature and humidity, expected in service? Ref. § .603(a)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.3	Have high standards of workmanship been used in the fabrication of parts? Ref. § .603(b)	<input type="checkbox"/>	<input type="checkbox"/>
		4.0 Fuselage and Wing	
4.1	Are changes to the fuselage or wing in conformity to the change in type design? Ref. § 21.31	<input type="checkbox"/>	<input type="checkbox"/>
		5.0 Control System	
5.1	Are changes to the control system in conformity to the change in type design?	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Do the control surface travels conform to the change in type design? Ref. § 21.31(a)	<input type="checkbox"/>	<input type="checkbox"/>
		6.0 Personnel and Cargo Accommodations	
6.1	Are changes to the personnel and cargo compartments in conformity with the change to the type design? Ref. § 21.31(a)	<input type="checkbox"/>	<input type="checkbox"/>
		7.0 Powerplant Installation	
7.1	Does the powerplant installation conform to the change to the type design? Ref. § 21.31(a)	<input type="checkbox"/>	<input type="checkbox"/>
		8.0 Equipment	
8.1	Are changes to the installed equipment in conformity to the change in type design? Ref. § 21.31(a)	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Is each item of equipment installed in accordance with the change in type design -- a. Labeled as to the identification, or operation limitations, or any applicable combination of these factors; and b. Installed according to limitations specified for that equipment? Ref. § .1301 (b) and (c)	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Are the electrical, radio, and electronic systems included in or affected by the change in the type design free from hazards in themselves, in their method of operation, and in their effects on other components? Ref. § .1351(b)(1)(i), .1431 or .1431(a)	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Are electrical cables and wire bundles included in or affected by the change in type design protected from fuel, oil, water, and other detrimental substances, and from mechanical damage? Ref. § .1351(b)(1)(ii)	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Are the changes to the radio and electronic equipment, controls, and wiring installed so that operation of any one unit or system of units will not adversely affect the simultaneous operation of any other radio or electronic unit or system of units required by the airworthiness or operation rules? Ref. § 1431(b) or (c)	<input type="checkbox"/>	<input type="checkbox"/>
		9.0 Function and Reliability Testing	
9.1	Did the change in type design necessitate F & R tests? Ref. § 21.35	<input type="checkbox"/>	<input type="checkbox"/>

9.2	Did the altered systems and installations function satisfactorily during the F & R tests? Ref. § 21.35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>