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ANNUAL CANOPY INSPECTION

The FSC is keen to encourage pilots to have their gliders serviced regularly. There is however, some confusion amongst pilots as to what a service normally entails and what basis the service provider operates on. The Annual Canopy Inspection form has been created in an effort to remove this uncertainty. The form details the level of checking that an extremely thorough service would include. The intention is that by clearly indicating what has and has not been included in a particular service there will be total clarity. Hopefully service centres will adapt the pro-forma into their own paperwork - alternatively members could print one off from the BHPA web site and ask the person conducting the service to complete it.

The BHPA does not train, licence or endorse any glider service personnel, and there is no intention to move in that direction. There are several operations in existence that appear to be performing a valuable service for the membership perfectly well without any BHPA formal involvement. These forms should hopefully enhance this happy situation by ensuring that everyone knows exactly what is what. A copy of the form is shown below.

Customer: Date Received:

Last name ..... First name .....

Address ……

Phone (H) ..... Phone (W) ..... Phone (M) .....

E mail .....

Inspector:

Last name ..... First name .....

Company……

Address ……

Phone (H) ..... Phone (W) ..... Phone (M) .....

E mail .....

Glider Identification:

Model ..... Serial No. .....

Date of manufacture .....

DHV No. ..... Colour .....

Accessories with Glider

☐ ___ Stuff Bag ☐___ Rucksack ☐___ Closing Belt ☐___ Carabiners ☐___ Harness

Owner's Remarks

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Date Required..... Customer Signature.....

Inspection Programme:
(Clearly strike through the service items not required / not completed.)

1. Approval:

A: Does the Inspector have written authorisation from the manufacturer to service their products? Yes / No
B: Has the Inspector received specific inspection training from the glider manufacturer? Yes / No

2. Documents:
Indicate which of the following documents were to hand for this inspection.

A: Original build sheet Yes / No
B: Nominal line plan Yes / No
C: Previous Inspection report Yes / No

3. Canopy:
A: Porosity:

Porosimeter type: ……..

Top surface - Minimum acceptable …… Highest .....Lowest ..... No. of tests……
Bottom surface - Minimum acceptable …… Highest .....Lowest ..... No. of tests……

B: Tear Resistance: (Minimum 2 tests each surface) using Betsometer. (Usually only advised on gliders that are low on porosity, high airtime or obviously worn. After successful testing cover pin hole with repair tape and write on the back date and tear test results.)

Top surface - 600g achieved Yes / No
Bottom surface - 600g achieved Yes / No

	Good	**Medium**	**Needs Repair/ Replacement**
C: Condition of Cloth (visual)			
Top surface	☐	☐	☐
Bottom surface	☐	☐	☐
Ribs	☐	☐	☐
Trailing edge	☐	☐	☐

Comments:……
……
……
……
……

	Good	**Medium**	**Needs Repair/ Replacement**
D: Stitching	☐	☐	☐
E: Beckets/ line tabs	☐	☐	☐
4. Risers: visual			
Trimmer	☐	☐	☐
Speed - System	☐	☐	☐
Stitching	☐	☐	☐
Webbings	☐	☐	☐
Maillons	☐	☐	☐
Shrink Tubes	☐	☐	☐

	Good	Medium	Needs Repair/ Replacement
O – Rings	☐	☐	☐
Brake Handles	☐	☐	☐
Velcro/Magnet Attachment	☐	☐	☐

5. Lines:

The lowest acceptable value for the A and B lines is: (TWF Max*8) / (number of lines A + B, without stabi) = ……..kg.

The lowest acceptable value for the C and D lines is: (TWF Max*6) / (number of lines C + D) = …….....kg.

For the upper lines the lowest accepted value is 30kg.

TWF is the Total Weight in Flight. Eg. For a glider with a TWF Max of 135 kg with 6 A lines and 6 B lines the lowest accepted value for an A line would be (135 * 8)/12 = 90.

	Good	Medium	Needs Repair/ Replacement
A: Break Strength:			
1 Bottom A Line ..... kg	☐	☐	☐
1 Bottom B Line ..... kg	☐	☐	☐
1 Bottom C Line ..... kg	☐	☐	☐
1 Bottom D Line ..... kg	☐	☐	☐
3 Mid / upper lines ..... kg	☐	☐	☐
B: Condition of Lines: (Visual)			
A Lines	☐	☐	☐
B Lines	☐	☐	☐
C Lines	☐	☐	☐
D Lines	☐	☐	☐
Brake Lines	☐	☐	☐

Comments:……
……
……
……
……

C: Symmetry of Lines:			
A Lines	☐	☐	☐
B Lines	☐	☐	☐
C Lines	☐	☐	☐
D Lines	☐	☐	☐

D: Line measurement:

Complete a line plan table with actual lengths measured under 5kg tension so that these can be compared to nominal lengths.

Permitted tolerances. The manufacturers line length permitted tolerances when measured at …… tension are +/- ……. mm.

All lines within permitted tolerances?:	☐	☐	☐

6. Controls:

Check that the brake handles are at the certified position.

Measured length = mm
Certified length = mm

☐ ☐ ☐

7. Additional Services:

Cell clean out
Canopy drying / airing

8. Repairs and Replacements:
Indicate the source of any materials used during repairs and replacements.

A: Glider manufacturers genuine replacement parts Yes / No

B: Inspection company produced parts Yes / No

C: Other Yes / No

9. Flight Test:
Has the glider been flight tested after all repairs, replacements and inspections were completed? Yes / No

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Work Completed:
Annual Check: £ .....
Extra Work hours: ..... £ .....
Replaced Materials: ..... £ .....
..... £ .....
..... £ .....
..... £ .....

Total excluding VAT: £ .....

Next Annual Check ..... or 100 flights or 100 hours (whichever comes first).

Date of Return of Glider .....

Customer's Signature .....

Explanation Given By: Signature