

CORPORATE AVIATION WINTER OPERATIONS LOG



FORM INSTRUCTIONS: Complete all applicable portions of the form for each de-icing or anti-icing event when the vendor is not certified under an air carrier FAA approved Deicing program.

TYPE I OR TYPE III FLUID TEST RECORD

Type I or III Fluid Brand: _____

WARNING: Freezing point must be 10°C (18°F) below OAT to be used

Truck Number	Time (local)	Tested from: Service Unit (tank) or Nozzle Solution	Fluid Freeze Point (°C or °F)	Fluid Type: I or III	Refractometer Reading	LOUT	Solution Checked By: Employee#/Initials	Refractometer Checked By: Employee#/Initials

TYPE IV FLUID TEST RECORD

Type IV Fluid Brand: _____

WARNING: UNLESS AERODYNAMIC FREEZE POINT INFORMATION FROM THE FLUID MANUFACTURER IS AVAILABLE AND AN APPROVED REFRACTOMETER IS USED BY THE VENDOR TO DETERMINE FLUID FREEZE POINT, OAT MUST BE AT OR ABOVE -25°C (-13°F) TO USE TYPE IV FLUID FOR ANTI-ICING.

Bill of Lading shows fluid shelf life less than 24 months old (Y/N)	Refractive Index Range (from Certificate of Conformity)	Last recorded Refractive Index (must be within Certificate of Conformity range)	Truck or Tank Number	Visual Inspection: (Pass/Fail)

DEICE / ANTI-ICE RECORD

Date (MM/DD/YY)	Aircraft Number	Flight Number	Post Deice Tactile Check (Employee #/Initials)	Gate Number	Truck Number	Type of Fluid & Mixture Ratio	Local Time Final Anti-Ice Started/Completed	Post Anti Ice Tactile Check (Employee #/Initials)

Fax or mail completed records to: **ExpressJet SOCC, 700 North Sam Houston Parkway, Suite 200, Houston, TX 77067**
Fax: 832-353-1146

Note: The deice/anti-ice records contained herein must be retained by SOCC for 90 days to comply with Company record keeping requirements.