

NICKEL-CADMIUM BATTERY SERVICE RECORD

IMA ORG CODE	OMA ORG CODE	DATE	AIRCRAFT BUREAU NO.	AIRCRAFT TYPE
BATTERY MANUFACTURER		BATTERY TYPE	SERIAL NUMBER	DATE LAST ISSUED

A. INSPECT FOR CLEAN

<ul style="list-style-type: none"> 1. LOOSE OR CORRODED CONNECTORS 2. LEAKING CELLS 3. DAMAGED VENT CAPS AND O-RINGS 4. DAMAGED HARDWARE 5. OBSTRUCTED CELL AND CONTAINER VENTS 6. CONTAINER AND COVER DAMAGE 	<table border="1" style="margin: auto;"> <thead> <tr> <th style="width: 30px;">YES</th> <th style="width: 30px;">NO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	YES	NO													<ul style="list-style-type: none"> 1. <input type="checkbox"/> BATTERY CONTAINER AND COVER WITH DAMP CLOTH 2. <input type="checkbox"/> CONNECTORS AND CELL TOPS WITH NON-METALLIC BRUSH AND AIR HOSE
YES	NO															

B. CAPACITY DETERMINATION CHARGE TIME (OPT): START FINISH

1. FIVE MINUTES PERIOD TO END OF CHARGE, MONITOR ON-CHARGE CELL VOLTAGES. INDICATE DISCREPANT CELLS. (CIRCLE)

a. HIGH VOLTAGE (ABOVE 1.85 VOLTS)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

b. LOW VOLTAGE (BELOW 1.50 VOLTS)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

2. CELL VOLTAGE BALANCE _____ HIGH CELL _____ VOLTS. LOW CELL _____ VOLTS.

NOTE: 0.35 VOLTS MAXIMUM ALLOWED BETWEEN HIGHEST AND LOWEST VOLTAGE.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

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ACTUAL READING OPTIONAL

3. AFTER COMPLETION OF CHARGE, ENSURE THAT THE ELECTROLYTE LEVEL IN EACH CELL IS ABOVE THE CELL BAFFLE. DISTILLED WATER ADDED TO CELL (CIRCLE).

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

C. ELECTRICAL LEAKAGE TEST

1. LEAKAGE CURRENT - _____ MILLAMPS/+ TERM. TO CASE _____ MILLAMPS/ - TERM. TO CASE.

NOTE: 0.75 MA/RATED AH ALLOWED - IF EXCESSIVE PERFORM STEP D, THEN STEP H.

D. CAPACITY DETERMINATION DISCHARGE TIME (OPT): START FINISH

1. LOW CELL VOLTAGE (LESS THAN 0.95 VOLT) DURING FIRST HOUR OF DISCHARGE. INDICATE LOW CELL. (CIRCLE)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

2. CAPACITY TEST YIELD _____ AMPHERE-HOURS

NOTE: IF BATTERY MEETS REQUIREMENTS OF STEPS A, B, C, AND D, PROCEED TO STEP I.

E. CELL EQUALIZATION (IF CELLS MARKED FOR REPLACEMENT)

1. EQUALIZATION FIXTURE ATTACHED UNTIL BATTERY VOLTAGE READS ZERO.

2. BATTERY SHORTED MINIMUM OF 16 HOURS.

TIME _____ ON _____ TIME _____ OFF _____

