

**USAF HERITAGE PROGRAM AEROSPACE VEHICLE
STATIC DISPLAY EGRESS AND SAFETY CERTIFICATE**

AIRCRAFT/MISSILE-MISSION/DESIGN/SERIES (MDS)	SERIAL NUMBER	NMUSAF ACCESSION NUMBER	VOUCHER NUMBER
NMUSAF LOAN ACCOUNT NUMBER	RECIPIENT LOCATION		

I. RADIATION SCREEN

<i>(If radiation screen is positive, see AFI 84-103, Chapter 9)</i>	COMPLIED WITH (CW) or PREVIOUSLY COMPLIED WITH (PCW)	DATE	SIGNATURE OF SPECIALIST
A. Initial Radiation Screen			
<input type="checkbox"/> External Screen Negative <input type="checkbox"/> Positive <input type="checkbox"/>			
<input type="checkbox"/> Internal Screen Negative <input type="checkbox"/> Positive <input type="checkbox"/>			
B. All Radioactive Items: <input type="checkbox"/> Identified <input type="checkbox"/> Removed			

II. SAFETY/SECURITY REQUIREMENTS

<i>Refer to applicable technical orders (T.O.) to make aerospace vehicle safe for static display</i>	COMPLIED WITH (CW), PREVIOUSLY COMPLIED WITH (PCW) or N/A	DATE	SIGNATURE OF SPECIALIST
A. Explosive/Hazardous Devices/Materials Rendered Inert or Removed <i>(i.e., Bolts, Squibs, Thrusters, Flares, Starter Cartridges Jettison Systems, Hydrazine, etc.)</i>			
B. Pneumatic & Hydraulic Systems Accumulators Depleted and Reservoirs Drained			
C. Fuel Systems and all other Flammable Fluids Drained / Purged and Checked with Explosive Meter. Enter LEL% Reading. (____%)			
D. Spring Loaded Mechanical Devices Secured			
E. Egress System De-Armed and Components Removed <i>(Refer to T.O. 00-80-G-1 and Applicable Aircraft T.O.)</i>			
F. Oxygen Systems Depleted			
G. Engines <i>(If present ensure fluids are drained).</i> Removed Yes <input type="checkbox"/> No <input type="checkbox"/>			
H. Auxiliary Power Unit (APU) <i>(If present ensure fluids are drained and made safe).</i> Removed Yes <input type="checkbox"/> No <input type="checkbox"/>			
I. Remove Aircraft Batteries			
J. Remove, Dispose, and/or Deplete Fire Extinguishers IAW with Local Safety and Bio-environmental Requirements			
K. Permanent Downlocks Installed on all Retractable Landing Gear			
L. Secure all Doors, Hatches, Canopies, Windows & Access Panels			
M. Secure all Movable Control Surfaces in the Neutral Position, if displayed outdoors			
N. Annotated Demil Workbook forwarded to the NMUSAF			

REMARKS *(Reference Section, Entry) (Use reverse if necessary)*

I CERTIFY THAT THIS AEROSPACE VEHICLE WAS INSPECTED AS INDICATED ABOVE AND, TO THE BEST OF MY ABILITY, DETERMINED IT IS IN A SAFE, INERT CONDITION. NOTE: CERTIFYING INSPECTOR AND SPECIALIST CANNOT BE THE SAME INDIVIDUAL.

CERTIFYING INSPECTOR <i>(Please Type or Print)</i>	SIGNATURE / DATE
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ORGANIZATION / ADDRESS *(Print)*

REMARKS (Continued)

INSTRUCTIONS FOR AF IMT 3580

In filling out this form there should be no blank blocks, if item is not applicable N/A must be annotated in block.

AIRCRAFT/MISSILE-MISSION/DESIGN/SERIES (MDS)	<i>Enter MDS, e.g. A-10A, F-4D (See Loan inventory for MDS)</i>
SERIAL NUMBER (S/N)	<i>Enter Manufacturer's Serial Number (See Loan inventory for S/N)</i>
NMUSAF ACCESSION NUMBER	<i>Enter Accession Number that was assigned by NMUSAF</i>
VOUCHER NUMBER	<i>Required for items on loan from NMUSAF – Assigned by NMUSAF</i>
NMUSAF LOAN ACCOUNT NUMBER	<i>Enter Loan Account Number that was assigned by NMUSAF</i>
RECIPIENT LOCATION	<i>Location being displayed, include Base, City & State.</i>

SECTIONS: I RADIATION SCREEN & II SAFETY/SECURITY REQUIREMENTS

CHECK BOXES	<i>Place an X in the appropriate boxes.</i>
IN LEL% READING	<i>Write in the % number.</i>
COMPLIED WITH (CW), PREVIOUS COMPLIED WITH (PCW) or NOT APPLICABLE (N/A)	<i>Enter CW, PCW (if PCW include the referenced document information) or N/A.</i>
DATE	<i>Enter Date Item was CW or PCW in YYYYMMDD format.</i>
SIGNATURE OF SPECIALIST	<i>Signature of individual who accomplished or verified the work.</i>