



**Hartzell Service Center**  
One Propeller Place  
Piqua, OH 45356-2634 USA  
Tel: +1-937-778-4200  
Fax: +1-937-778-4215  
www.hartzellprop.com

## Hidden Damage Statement of Fact

Repair Station Name: \_\_\_\_\_

Repair Station Number: \_\_\_\_\_

Hub Part Number: \_\_\_\_\_

Hub Serial Number: \_\_\_\_\_

Aircraft Make and Model: \_\_\_\_\_

The subject hub is submitted for:

Repair

Overhaul

The hub defined above was received by the above referenced repair station as a complete propeller assembly submitted for service. The propeller from which this hub was removed was inspected for evidence of the conditions defined in Volume 6 of Hartzell Manual 202A, Chapter 1 Special Inspections. This inspection revealed the following with regard to each of the listed conditions:

Section 1. Lightning Strike	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section 2. Overspeed/Overtorque	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section 3. Propeller Operation Restrictions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section 4. Foreign Object Strike	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section 5. Sudden stoppage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section 6. Fire Damage or Heat Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additionally, a review of the available service history of the propeller found no indication of a previous incident of any of the above conditions.

I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and in signing for the repair station listed above, I have full authority to do so.

If you have checked **YES** to any of the boxes above, please provide additional details regarding the incident.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_