



## OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

### HELLENIC CIVIL AVIATION AUTHORITY

Telephone: +30 210 9973019 Fax: +30 210 9973060 E-mail: [d2c@hcaa.gr](mailto:d2c@hcaa.gr)

AOC: **GR-032**

Operator Name: **F.A.S RHODOS AIR**

Date: 22/04/ 2016

Dbas: **F.A.S RHODOS AIR**

Operations Specifications#: GR-032/OS-03



G. Sourvanos  
Acting Director Flight Standards

Aircraft Model & Registration Marks:

**PIPER CHIEFTAIN PA31-350: SX-APP SOCATA TOBACO TB-10: SX-AZE**

**SOCATA TAMPICO TB-9: SX-AOZ, SX-ANY PIPER PA28R-200: SX-ACN**

Commercial operations

Area of operation: N72.00.00 W010.00.00, N72.00.00 E045.00.00, N67.00.00 W030.00.00, N40.00.00 E045.00.00,  
N27.00.00 W030.00.00, N35.00.00 E037.00.00, N27.00.00 W009.00.00, N30.00.00 E030.00.00, N30.00.00 W006.00.00

Special Limitations: When flying VFR, DAY only

Specific Approvals:	Yes	No	Specification	Remarks
Dangerous Goods	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Low Visibility Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Take-off	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RVR: 400 m	PA31-350 only
Approach and Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CAT I RVR: 550m DH: 200ft	PA31-350 only
RVSM <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
ETOPS <input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maximum Diversion Time: min.	
Navigation specifications for PBN Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RNAV 5	PA31-350 only
Minimum navigation performance specification	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Helicopter operations with the aid of night vision imaging systems	<input type="checkbox"/>	<input type="checkbox"/>		
Helicopter hoist operations	<input type="checkbox"/>	<input type="checkbox"/>		
Helicopter emergency medical service operations	<input type="checkbox"/>	<input type="checkbox"/>		
Helicopter off-shore operations	<input type="checkbox"/>	<input type="checkbox"/>		
Cabin crew training	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Issue of CC attestation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Continuing airworthiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EL.MG.0031	
Others	<input type="checkbox"/>	<input type="checkbox"/>		