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Instructions for Use:

1. This form shall be used by the inspector as an aid to track training programme evaluation and inspection activities during initial certification
2. Check box if document, activity or specific training has been completed or inspected.
3. Enter comments in the remarks section if you have observations or comments to add.
4. If an item is not checked or not applicable leave the applicable box blank and enter appropriate comments in the remarks section.
5. For further guidance refer to relevant chapters of TGM Volume 4 Part 2.

FSS-OPS-FORM 003/11 TRAINING PROGRAMME APPROVAL

INSPECTOR JOB AID

Activity Tracking Reference	Inspector's Name	Date Programme Submitted	Date of Completion
Name of Operator/Applicant	Contact Person	Contact Phone No.	

<input type="checkbox"/> CHECK	DETERMINE THE NEED FOR THE INSPECTION/SURVEILLANCE
<input type="checkbox"/> CHECK	PLAN AND INITIATE THE INSPECTION
<input type="checkbox"/> CHECK	REVIEW OPERATORS TRAINING MANUAL
<input type="checkbox"/> CHECK	REVIEW OPERATOR'S OFFICE FILE
<input type="checkbox"/> CHECK	NOTIFY OPERATOR OF THE TRAINING PROGRAMME INSPECTION
<input type="checkbox"/> CHECK	CONDUCT THE OPERATOR INBRIEFING
Remarks:	
<input type="checkbox"/> CHECK	<u>INSPECT THE OPERATOR'S TRAINING ORGANIZATION</u>
<input type="checkbox"/> CHECK	INSPECT OPERATOR'S TRAINING DOCUMENTS
<input type="checkbox"/> CHECK	IDENTIFY THE TRAINING PROGRAMME
<input type="checkbox"/> CHECK	IDENTIFY THE TRAINING MATERIALS
<input type="checkbox"/> CHECK	IDENTIFY TRAINING CURRICULUM CONTENT
<input type="checkbox"/> CHECK	EVALUATE FLIGHT CREW GROUND TRAINING PROGRAMME
<input type="checkbox"/> CHECK	EVALUATE CABIN CREW GROUND TRAINING PROGRAMME
<input type="checkbox"/> CHECK	EVALUATE OTHER PERSONNEL TRAINING PROGRAMME
<input type="checkbox"/> CHECK	INITIAL SAFETY EQUIPMENT PRACTICALS
<input type="checkbox"/> CHECK	INITIAL FLIGHT TRAINING – FLIGHT CREW
<input type="checkbox"/> CHECK	OTHER TRAINING SPECIFY

TRAINING-IN-PROGRESS INSPECTION CHECKLIST

<input type="checkbox"/> CHECK	BASIC INDOCTRINATION
<input type="checkbox"/> CHECK	DANGEROUS GOODS
<input type="checkbox"/> CHECK	CRM
<input type="checkbox"/> CHECK	AVIATION SECURITY
<input type="checkbox"/> CHECK	INITIAL SAFETY AND EMERGENCY EQUIPMENT TRAINING
<input type="checkbox"/> CHECK	INITIAL EMERGENCY EQUIPMENT DRILLS (PRACTICALS)
<input type="checkbox"/> CHECK	FLIGHT CREW AIRCRAFT TYPE GROUND TRAINING
<input type="checkbox"/> CHECK	FLIGHT CREW AIRCRAFT TYPE SIMULATOR TRAINING
<input type="checkbox"/> CHECK	FLIGHT CREW AIRCRAFT TYPE FLIGHT TRAINING
<input type="checkbox"/> CHECK	EVALUATE FLIGHT INSTRUCTOR TRAINING
<input type="checkbox"/> CHECK	EVALUATE CHECK PILOT TRAINING
<input type="checkbox"/> CHECK	EVALUATE COURSEWARE
<input type="checkbox"/> CHECK	EVALUATE INSTRUCTIONAL DELIVERY METHODS
<input type="checkbox"/> CHECK	EVALUATE FLIGHT SIMULATOR OR TRAINING DEVICE
<input type="checkbox"/> CHECK	EVALUATE TESTING AND CHECKING METHODS
<input type="checkbox"/> CHECK	INSPECT TRAINING RECORDS
<input type="checkbox"/> CHECK	OTHER TRAINING (SPECIFY)

Remarks:

To be filled out after inspection is complete:

<input type="checkbox"/> CHECK	DETERMINE THE RESULT OF THE INSPECTION
<input type="checkbox"/> CHECK	DEBRIEF THE OPERATOR
<input type="checkbox"/> CHECK	DOCUMENT THE INSPECTION
<input type="checkbox"/> CHECK	SCHEDULE FOLLOW-UP ACTIVITIES
<input type="checkbox"/> CHECK	FILE INSPECTION RESULTS IN OFFICE

Remarks:

Name of inspector _____ Signature _____ Date _____

Chief of Section Remarks

Name _____ Signature _____ Date _____