



Instructions for Use:

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1. Check **C** column if you determine the document or individual item conforms to requirements.
2. Check **N/C** column if you determine that the document or individual line item does not comply (put a marker tab in the manual with a short note opposite the non-complying item).
3. Check **N/Ckd** if the item was not checked. Reasons should be given in remarks column.
4. Check **N/A** column if it is not applicable or you do not have adequate information to make a valid comment.
5. Coordination is required between FOPS and PEL as necessary. The respective inspector shall sign on the last column after reviewing the item.
6. Use the remarks column at the end for overall remarks or observations. For detailed findings inspectors should also use the FSS-GEN-FORM 39: Audit Inspection Report Form. Attach to this checklist.

CABIN CREW QUALIFICATION RECORDS INSPECTION			
FSS-OPS-FORM 027			
Operator File Reference	Inspector Name/s	Date/s of Inspection	
Name of Operator/Applicant	Training Programme Title	Location of Facility	Contact Person/Phone

S/N	CERTIFICATES	
1.	Copies of Cabin Crew License in the records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
2.	Copies of current Medical Certificates in the records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
	MINIMUM EXPERIENCE	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
3.	Appropriate minimum experience in record	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
	COMPANY PROCEDURES	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
4.	Completion of Company Procedures Training in records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>

	TR, CONVERSION	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
5.	Completion of Type Rating Course in all records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
6.	Completion of aircraft-specific systems training in all records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
7.	Completion of required differences training posted in all records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
8.	Initial emergency equipment training posted in all records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
9.	Initial emergency experience training, including ditching posted? ;	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
10.	General First Aid training posted in all records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
11.	Initial security training posted in all records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
12.	Initial dangerous goods training posted in all records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
13.	Initial CRM training posted in all records;	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
	QUALIFYING	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
14.	Initial Proficiency Test for current aircraft assignment posted in all records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
15.	Line flying under Supervision completion posted in all records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
16.	Line Checks completion posted in all records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
17.	Route Competence Qualification posted in all records?;	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
	RECURRENT TRAINING	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
18.	Recurrent Company Procedures training posted?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
19.	Recurrent aircraft-specific training posted	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
20.	Recurrent dangerous goods training posted	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
21.	Recurrent emergency equipment and safety training posted?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
22.	Recurrent CRM training posted?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
23.	Recurrent emergency hands-on experience posted?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
24.	Recurrent security training posted	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
	RECURRENT CHECKING	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>

25.	Current Operator Proficiency Check in assigned aircraft posted?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
26.	Current Line Checks in the assigned aircraft posted	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
27.	Emergency and Safety equip checks posted?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
28.	CABIN CREW INSTRUCTORS RECORDS	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
29.	Copies of current Licenses and Certificates in the records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
30.	Initial instructor training records?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
31.	Recurrent training records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
32.	Conducted proficiency checks records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
33.	Conducted safety equipment training records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
34.	Conducted emergency practicals (hands-on) records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
35.	Conducted Line supervision records	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
	RECORDS RETENTION, SECURITY AND AVAILABILITY	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
36.	Records retained for proper periods?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
37.	Records secured from unauthorized modifications or theft?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>
38.	When crew member changes air operator, a copy of the crewmembers records is provided to the other air operator upon proper request?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/>

INSPECTOR REMARKS & OBSERVATIONS:

INSPECTOR NAME:

SIGNATURE, ASI STAMP, DATE :