



Instructions for Use:

1. This checklist complements FSS-OPS-FORM 040 A and should be used to record the Simulator details.
2. Enter the letter “**N/A**” in the appropriate column, if the line item is not required in this particular situation.
3. Use the remarks column as necessary for additional observations.
4. Refer to relevant sections of the Flight Operations Inspector Handbook for guidance

FLIGHT SIMULATOR TRAINING DEVICE (FSTD) APPROVAL JOB AID FSS-OPS-FORM 040 B				
Operator File Reference	Audit / Inspection Type	AOC No.	Dated Started	Date Completed
	Simulator Validation		29.10.2018	
Name of Operator / Applicant	Address	FSTD Operator and Location		
Air Namibia		Lufthansa Jakarta Indonesia		
Operator's Representative & Title:		Representative's Contact (Phone/Email):		
Capt Husein				

1. FSTD CERTIFICATION INFORMATION

TYPE OF FSTD (FFS, FTD, OTHER)	FFS
FSTD MANUFACTURER & IDENTIFICATION No.	Airbus A320-214 CAE inc
DATE OF INITIAL QUALIFICATION	2015
QUALIFICATION LEVEL (Qualification type if FTD)	Aeroplanes FFS level D
QUALIFICATION STANDARDS AND AUTHORITY (e.g. EASA)	CS-FSTD (A) level D
QUALIF. CERTIFICATE No. & VALIDITY*	EU-A0164

2. FSTD SPECIFICATIONS

FSTD TYPE/VARIANT	Airbus A320-200 standard 1.9
ENGINE FIT	CFM56-5B4
VISUAL SYSTEM TYPE	CAE, Tropos 6200, LCos projections, FOV 200 degx40 deg
MOTION SYSTEM	MOOG, 60 inch, electro-mechanical, 6 dof
TCAS FIT (Version)	TCAS II
GPWS/EGPWS	YES
WINDSHEAR	Yes warning only

3. SIMULATOR DIFFERENCES WITH BASE AIRCRAFT & OPERATOR'S REQUIREMENTS

	<i>Assessment Yes/No</i>	<i>Remarks</i>
FLIGHT INSTRUMENTS DIFFERENCES		Not assesed
COCKPIT SWITCHES DIFFERENCES		Not assesed
RADIOS/NAV AID DIFFERENCES		Not assesed
SYSTEM DIFFERENCES		Not assesed
OTHER DIFFERENCES		Not assesed
APPLICABLE AIRPORTS TO USER		Not assesed
AIRPORT SCENE/LIGHTING		Not assesed
NAV AIDS (VOR/DME, NDB, GPS etc)		Not assesed
NAV DATABASE (Operator relevant & current)		Not assesed

4. SAFETY FEATURES AND FSTD MAINTENANCE

	<i>Assessment Yes/No</i>	<i>Remarks</i>
OBSERVER SEATS' CONDITION AND NUMBER		Not assesed
TELEPHONE FACILITY		Not assesed
MOTION STOP SYSTEM		Not assesed
ESCAPE LADDER/PATH		Not assesed
FIRE/SMOKE DETECTORS		Not assesed
FSTD TECH LOG		Not assesed
FSTD DEFFERED DEFECTS LOG		Not assesed
MAINTENANCE TEAM AVAILABILITY		Not assesed
MAINTENACE QUALITY PROGRAMME		

5. SUPPLEMENTARY INFORMATION

OPERATOR REPRESENTATIVE	
FLYING TIME (During Evaluation)	
ROUTE FLOWN	
VISUAL DATA BASE USED	
SPECIFIC AIRFIELDS	

6. TRAINING, TESTING and CHECKING APPROVALS BY NCAA

	YES	NO
CAT I RVR 550m DH 200ft	X	
CAT II RVR 300m DH 100ft	X	
CAT IIIB RVR 75m DH 0ft	X	
LVTO RVR 125m	X	
REGENCY	X	
ZFT		X
IFR – Training/Checks	X	
PROFICIENCY CHECKS(<i>Licensing Proficiency Checks/Operator Proficiency Checks</i>)	X	
TYPE RATING(<i>Licensing Skill Tests</i>)	X	
AUTO-COUPLED APPROACH	X	
AUTO-LAND/ROLL OUT GUIDANCE	X	
TCAS I/II	X	
WINDSHEAR WARNING SYSTEM	X	
UPSET RECOVERY TRAINING CAPABILITY	X	
DAY & NIGHT TOUCH and GO LANDING		
WEATHER RADAR		
HUD/HUGS		
FANS		
GPWS/EGPWS	X	
ETOPS Capability	X	
GPS (RNP APPROACHES)	X	

7. CURRENT/UPDATED OPERATOR MANUALS/RECORDS AT FACILITY

	Assessment Yes/No	Remarks
GEN. OPERATIONS MANUAL		Not assessed
FLIGHT MANUAL (AOM/FCOM)		Not assessed
TRAINING MANUAL		Not assessed
AIRCRAFT SOPs		Not assessed
AIRCRAFT QRH		Not assessed
AIRCRAFT CHECKLISTS		Not assessed
CHARTS & APPROACH PLATES		Not assessed
AIRCRAFT MEL		Not assessed

8. EVALUATION DETAILS

TECHNICAL CRITERIA REFERENCE DOCUMENT (<i>ICAO Doc 9625, EASA-FSTD 'A', FAA 14CFR Pt 60</i>)	
TYPE OF EVALUATION	<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> RECURRENT <input type="checkbox"/> SPECIAL
FFS QUALIFICATION LEVEL RECOMMENDED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
FTD QUALIFICATION LEVEL RECOMMENDED (<i>When applicable</i>)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
DATE OF PREVIOUS EVALUATION	
DATE OF THIS EVALUATION	
OVERALL ASSESSMENT	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED

9. EVALUATION TEAM

NAME	POSITION	SIGNATURE
RICHARD BECKER	FLIGHT OPS INSPECTOR	

Overall Comments:

Name of InspectorSignature:

DATE: ____/____/20____