



**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

<b>FLIGHT SIMULATOR TRAINING DEVICE (FSTD)                      APPROVAL JOB AID                      FSS-OPS-FORM 040 B</b>				
Operator File Reference	Audit / Inspection Type	AOC No.	Dated Started	Date Completed
Name of Operator / Applicant	Address	FSTD Operator and Location		
Operator's Representative & Title:		Representative's Contact (Phone/Email):		

**1. FSTD CERTIFICATION INFORMATION**

TYPE OF FSTD (FFS, FTD, OTHER)	
FSTD MANUFACTURER & IDENTIFICATION No.	
DATE OF INITIAL QUALIFICATION	
QUALIFICATION LEVEL (Qualification type if FTD)	
QUALIFICATION STANDARDS AND AUTHORITY (e.g. EASA)	
QUALIF. CERTIFICATE No. & VALIDITY*	

## 2. FSTD SPECIFICATIONS

FSTD TYPE/VARIANT	
ENGINE FIT	
VISUAL SYSTEM TYPE	
MOTION SYSTEM	
TCAS FIT (Version)	
GPWS/EGPWS	
WINDSHEAR	

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

	<i>Assessment Yes/No</i>	<i>Remarks</i>
FLIGHT INSTRUMENTS DIFFERENCES		
COCKPIT SWITCHES DIFFERENCES		
RADIOS/NAV AID DIFFERENCES		
SYSTEM DIFFERENCES		
OTHER DIFFERENCES		
APPLICABLE AIRPORTS TO USER		
AIRPORT SCENE/LIGHTING		
NAV AIDS (VOR/DME, NDB, GPS etc)		
NAV DATABASE (Operator relevant & current)		

## 4. SAFETY FEATURES AND FSTD MAINTENANCE

	<i>Assessment Yes/No</i>	<i>Remarks</i>
OBSERVER SEATS' CONDITION AND NUMBER		
TELEPHONE FACILITY		
MOTION STOP SYSTEM		
ESCAPE LADDER/PATH		
FIRE/SMOKE DETECTORS		
FSTD TECH LOG		
FSTD DEFFERED DEFECTS LOG		
MAINTENANCE TEAM AVAILABILITY		
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 DCA**

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

**7. CURRENT/UPDATED OPERATOR MANUALS/RECORDS AT FACILITY**

	Assessment Yes/No	Remarks
GEN. OPERATIONS MANUAL		
FLIGHT MANUAL (AOM/FCOM)		
TRAINING MANUAL		
AIRCRAFT SOPs		
AIRCRAFT QRH		
AIRCRAFT CHECKLISTS		
CHARTS & APPROACH PLATES		
AIRCRAFT MEL		

**8. EVALUATION DETAILS**

TECHNICAL CRITERIA REFERENCE DOCUMENT ( <i>ICAO Doc 9625, EASA-FSTD 'A', FAA 14CFR Pt 60</i> )	
TYPE OF EVALUATION	<input 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

**Overall Comments:**

Name of Inspector .....Signature: .....

DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_