NAMIBIA CIVIL AVIATION AUTHORITY
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***Instructions for Use*:**

1. Check **OK** column if you reviewed the record, procedure or event and have no comment.
2. Check **FINDING** column if you reviewed the record, procedure or event and have a comment.
3. Check **NOT CHECKED** column if you did not review the record, procedure or event *or you do have adequate information to make a valid comment*
4. Enter the letter **"N/A"** in the column, if the line item is not required in this particular situation.
6. For later reference, proceed any notes with the appropriate question number.
7. For further guidance refer to relevant Volume and section of the Inspector Handbook.

FSS-OPS-FORM 067/11 MANAGEMENT PERSONNEL EVALUATION CHECKLIST

Name of Operator	**Management Position**	**Name of NOMINEE**

Comments:	Acceptable		Not Acceptable		Follow-up Required	

Recommended Follow-up Action Required by Applicant:

…….. ***Inspector Name***	…… ***Signature & ASI Stamp***	…… ***Date***