

Inspector ID	_____	Record ID	_____
Activity Code	1626	Reg. Ref.	_____
Start Date	_____	End Date	_____
Followup Date	_____	Ass. Rec ID	_____
Certificate Code	_____	Flight #	_____
A/C Registration	_____	Depart	_____
Arrive	_____	Results	<input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U
A/C Type	_____	Simulator	_____
Airman	_____	License #	Medical Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESULT	Area	Code
	CURRICULUM SEGMENTS	
	Approved Program	402
	Compatible with Requirements	406
	Curriculum	403
	COURSEWARE	
	Manual	404
	Currency	
	Content	
	Compatible	
	Aids/Devices	405
	Facility	411
	INSTRUCTIONAL DELIVERY METHOD	
	Instructors	413
	Knowledge	101
	Ability / Proficiency	102
	Qualifications / Currency	

RESULT	Area	Code
	Certificates / Ratings	109
	Briefings	111
	FTD / Other Device Operating Proficiency	103
	Time Management	
	Human Factors	
	TESTING AND CHECKING	
	Briefings	407
	Company Procedures	
	Coaching	
	On the spot training	
	Human Factors	
	Evaluation	407
	Debriefing	
	Company Standards	
	CRM Assessment	
	Records	409
	Other / Remarks	499



Findings / Comments

Keyword Action **Comment**

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