



Section/division  
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Flight Operations – Cabin Safety

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Form Number: CA 141-13

## CABIN SAFETY DE ASSESSMENT FORM

INITIAL INSPECTION RENEWAL INSPECTION 

TRAINING ORGANISATION:	NAME OF DESIGNATED EXAMINER:
PHYSICAL ADDRESS:	NAME OF INSTRUCTOR BEING ASSESSED:
CONTACT PERSON:	DESIGNATION:
TEL NO: FAX NO: CELL NO:	DATE: E-MAIL:
TYPE OF TRAINING:	

LEGEND:	MR - Meets Requirements	NI – Needs Improvement	Note Number
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LEGEND:	MR – Meets Requirements	NI – Needs Improvement	NC – Not Checked	N/A – NOT Applicable
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<b>INTRODUCTION</b>	
Purpose of the assessment	
Planning of the assessment	
Relevant briefings	
<b>ASSESSMENT</b>	
Error recognition	
Error correction	
Manage unexpected situations	
Manage emergency situations	
Knowledge of subject matter	
Regulatory knowledge	
Administration	
Debriefing techniques	
Content of debriefing	
Is there effective handling of questions from students?	
<b>USE OF TRAINING AIDS</b>	
Is there effective use of training aids?	
Does the quality of the training aids meet the requirements of the lesson?	



