



Section/division
Telephone number:
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Flight Operations – Cabin Safety
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Form Number: CA 141-15

CABIN SAFETY TRAINING EVALUATION FORM

INITIAL INSPECTION:	AD HOC INSPECTION:	FOLLOW-UP:	
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TRAINING ORGANISATION:	NAME OF INSTRUCTOR / DE:
PHYSICAL ADDRESS :	POSTAL ADDRESS :
CONTACT PERSON:	DESIGNATION :
ATO NUMBER :	DATE :
TEL NUMBER :	E-MAIL :
FAX NUMBER :	CELL NO :

LEGEND:	MR – Meets Requirements	NI – Needs Improvement	NC – Not Checked	N/A – NOT Applicable
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LECTURE ROOMS	MR	NI	N/A
Location			
Size			
Lightning			
Noise distraction			
Seating			
Emergency Exit			
Ventilation / Air condition			
Lay – out Training Aids			
Building Condition			
Appropriate Furniture			
Inspector's Comments:			
TRAINING AIDS	MR	NI	N/A
White Board			
Video			
Slide Projector			
Flip Charts			
Power Point Presentation			
Transparencies			
Pointers			
Visibility to all students			

Inspector's Comments:			
FACILITIES AND AMENITIES	MR	NI	N/A
Rest Rooms			
Canteen			
Wash Rooms			
Inspector's Comments:			
CONTROL DOCUMENTS AND RECORDS	MR	NI	N/A
Cabin Crew files			
Adequate exam scripts			
Procedures for Cabin Crew to deal with queries			
Lesson plans			
Training material			
Inspector's Comments:			

PRESENTATION EVALUATION

Introduction	MR	NI	N/A
Is the lesson stimulating?			
Is there effective linking to the title?			
Is the importance of the module / lesson stressed?			
Are the objectives of the lesson given?			
Lesson Content	MR	NI	N/A
Is the content relevant to the objectives / scope?			
Is the content delivered in a logical order?			
Is the content sufficient to cover the objectives / scope?			
Does the Instructor demonstrate / give explanations?			
Is class participation evoked?			
Is subject clarification provided when required?			
Are students given practice exercises?			

