

Checklist Number: OPS-CLCSI-404

Checklist Name: OPS - Cabin Crew Training and Facilities

Applicability:

Location: Date:

No	Subject	Reference	S	U	N/A	Comment
1	Training Session					
1.1	Training Manual approved	AOCR Iss.2 Rev.1 Ch.4 Item 2, Ch.6 Item 1.4.4, App. E Item 1				
1.2	Syllabus and lesson plan should be in place and complied with training programme	AOCR Iss.2 Rev.1 Ch.4 Item 2.6.4, Ch. 6 Item 1.3, App. E Item 1, 3.3.4				
1.3	Content in accordance with syllabus	AOCR Iss.2 Rev.1 Ch. 6 Item 1.3, App. E Item 1				
1.4	Training course length	AOCR Iss.2 Rev.1 Ch. 6 Item 11.1				
1.5	Instructor / Evaluator qualified and approved	AOCR Iss.2 Rev.1 Ch. 6 Item 1.4.2- 1.4.6, App. E Item 3.2				
1.6	Classroom and Practical Training - number of students and ratio	AOCR Iss.2 Rev.1 Ch. 6 Item 2.5, App. E Item 2.2.3				
1.7	Facilities (a) General space requirements (b) Classroom facilities (c) Learning environment (d) Use of instructional aids	AOCR Iss.2 Rev.1 Ch. 6 Item 1.7, App. E Item 2.2.3				
1.8	Training equipment serviceable and representative	AOCR Iss.2 Rev.1 Ch. 6 Item 1.7, App. E Item 2.2				
1.9	Examination pass marks	AOCR Iss.2 Rev.1 Ch. 6 Item 11.3				
1.10	Records of crew training and tests: (a) Trainees' attendance (b) Results of tests (c) Certificates (if applicable) (d) Records retention (e) Validity of the next practices and tests	AOCR Iss.2 Rev.1 Ch. 6 Item 1.6, App. E Item 3.3				
1.11	Instructor / Evaluator training record	AOCR Iss.2 Rev.1 Ch. 6 Item 1.4.7, App. E Item 3.3				

S = Satisfied

U= Unsatisfied

N/A= Not Applicable

Comment= Description the detail of compliance or Non Compliance or other information

Inspector Name:.....
(.....)

Position:.....

Completed on:.....