



**CIVIL AVIATION AUTHORITY**  
**AIR OPERATOR**  
**TRAINING PROGRAM INSPECTION CHECK REPORT**  
**Flight Standards Directorate**

**CAAF-004-FSXX-1.0**  
 20<sup>th</sup> March, 2018

<b>Operator</b>	<b>Date</b>	<b>Location</b>	<b>Curriculum or Segment Inspected</b>
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**Note:** Items to be marked as **Satisfactory "S"**, **Unsatisfactory "U"** and **Not Observed "N/O"**. Items marked as U to be supplemented by comments.

A. TRAINING CURRICULUM		E. TRAINING AIDS AND EQUIPMENT		I. FLIGHT INSTRUCTORS	
1. Appropriate Title(s)		1. Instructions for Use		1. Training	
2. Training Manual, SEP Manual		2. Condition		2. Knowledge	
3. List of Effective Pages		3. Fidelity		3. Proficiency	
4. Record of Revisions		F. GROUND INSTRUCTORS		4. Instructional Technique and Delivery	
5. CAA Approved		1. Training		5. Adherence	
6. Sufficient Detail		2. Knowledge		6. Briefings	
7. Training Hours Specified		3. Instructional Technique and Delivery		7. Debriefings	
8. Objective(e) Stated		4. Class Participation		8. Evaluation	
9. Currency		5. Awareness of Current development		J. FLIGHT SIMULATORS AND TRAINING DEVICES	
10. Conformity		6. Adherence		1. Approval	
B. INSTRUCTOR COURSE WARE		G. ORAL AND PRACTICAL TEST STANDARDS		2. Condition	
1. Title		1. Conform to Int'l standards		3. Publications	
2. Detail		2. Comply with Regulations		K. CHECK AIRMEN	
3. Usability / Practicability		H. QUALITY CONTROL		1. Staffing	
4. Consistency		1. Training Adequately Monitored		2. Training and Qualification	
5. References		2. Utilizes Progress Evaluations		3. Standardization	
6. validation		3. Training Folders		4. Level of Activity	
C. STUDENT COURSE WARE		4. Trainees Folder / Records			
1. Consistency					
2. Detail					
3. Validation					
D. TRAINING FACILITIES AND ENVIRONMENT					
1. CAA Approval					
2. Classroom Space					
3. Storage Space					
4. Instructor Areas					
5. Lighting					
6. Noise and Temp.					
7. Adequate Emergency Equipment					
8. Practical / hands-on Training					

**REMARKS** (Continuation may be done on extra sheet, if required):

<b>Overall Result:</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<b>PCAA Inspector:</b>	<b>Lic. No. / CCCC No.</b>
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**Inspector Signature**

**DFS REMARK:**