|  |  |  |  |
| --- | --- | --- | --- |
| **Operator** |  | | |
| **Venue** |  | | |
| **Duration of Training** |  | | |
| **Date of Assessment** |  | | |
| **Type of Training**  **SEP Practical** | **Initial** | **Recurrent** | **Aircraft Type** |
|  |  |  |

## CS 003 Cabin Crew SEP Practical Evaluation Checklist

|  |  |  |
| --- | --- | --- |
| **Grading legend** | | |
| NC – Not Checked | **S - Satisfactory** | **US - Unsatisfactory** |

|  |  |  |
| --- | --- | --- |
| **Name of Trainee Assessed** | **Date** | **Signature:** |
|  |  |  |
| **Name of SEP Instructor** | **Date** | **Signature:** |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Practical Assessment** | | | | | **NC** | **S** | **US** |
|  | Appendix 1 to CAR OPS-1.1005 **Pilot incapacitation Drill** | | | |  |  |  |
|  | **Touch-drills-**  **Normal Operating Procedure** – Door Opening | | | |  |  |  |
|  | **Arming Procedure** | | | |  |  |  |
|  | **Disarming** **Procedure** | | | |  |  |  |
|  | **Emergency exits -** Opening Emergency exits for passenger evacuation | | | |  |  |  |
|  | **Slide or slide raft fails to inflate after emergency Opening** (action taken) | | | |  |  |  |
|  | **Door Pneumatic failure if available** (action taken) | | | |  |  |  |
|  | **Detachment of slide or slide raft** | | | |  |  |  |
|  | IEM-2 to Appendix 1 to CAR OPS-1.1005/1.1010/1.1015/1.1020  **Passenger Briefing/Safety Demonstrations (NITS)** | | | |  |  |  |
|  | **Demonstrate use of Communication equipment (cabin handset) including megaphone** | | | |  |  |  |
|  | **Passenger and Crowd control** | | | |  |  |  |
|  | **Evacuation in a smoke-filled environment** | | | |  |  |  |
|  | **Decompression Drill  Post Decompression Drill** | | | |  |  |  |
|  | **Fire drill: Galley Fire  Lavatory Fire  Cabin Fire** | | | |  |  |  |
| **Location and handling of emergency equipment: -** | | | | | **NC** | **S** | **US** |
|  | Donning of Adult lifejacketDonning of Infant lifejacket | | | |  |  |  |
|  | Use of Portable Oxygen | | | |  |  |  |
|  | Use of Protective Breathing Equipment (PBE) | | | |  |  |  |
|  | **Use of extinguishers: -**  **Water Ext  Halon Ext** | **FF** | **Communicator** | **Assist** |  |  |  |
|  |  |  |

|  |
| --- |
| ***Remarks:*** |

|  |  |  |
| --- | --- | --- |
| **CAA Inspector’s Name:** | **Signature:** | **Date:** |
|  |  | /   / |
|  |  | /   / |

|  |  |  |
| --- | --- | --- |
| 1. **CAA Use Only** | | |
| Result: - | **Satisfactory** | **Unsatisfactory** |

|  |  |  |
| --- | --- | --- |
| 1. **Follow up required** | **YES** | **NO** |