|  |  |
| --- | --- |
| **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 lifejacket[ ] Donning 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 [ ]**  |