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|  | FORM  FORM: AC-OPS048-1  November 2022 |

**DCCE Flight Monitoring Report Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | File Nos. | | |
|  | | | | | | | | | | | Flight Date - | | |
| ┌─┐ Line Check  └─┘ | | | | | | | | | | | Routing - | | |
| ┌─┐ Safety Equipment Drills  └─┘ | | | | | | | | | | | Aircraft Type - | | |
| ┌─┐ Other (specify) ……………………………………  └─┘ | | | | | | | | | | | Registration - | | |
| Operator Cabin Crew Evaluator/Examiner (DCCE) . Name | | | | | Certificate No. | | | | | | Medical Valid Until - | | |
|  | | | | |  | | | | | |  | | |
| Operator | | | | Base | | | Candidate Name | | | | Competency Currency - | | |
|  | | | |  | | |  | | | | *Yes / No* | | |
| CAA Inspector - | | Inspector No. | | | | | Candidate Certificate No. | | | | DCCE Initial / Renewal | | |
|  | |  | | | | |  | | | |  | | |
| **MARKING GUIDE** |  | **S** | Satisfactory | |  |  | | | **U** | Unsatisfactory | | **N/C** | Not Checked |
| ***Comments required for each "U" assessment -*** | | | | | | | | | | | | | |
| PRE-FLIGHT BRIEFING | **a.** | Content Adequacy | | | | |  |  | | | | | |
| **b.** | Clarity | | | | |  |  | | | | | |
| **c.** | Rapport with Candidate | | | | |  |  | | | | | |
| SCOPE OF FLIGHT  CHECK | **a.** | Use of Questions | | | | |  |  | | | | | |
| **b.** | Required Items Covered | | | | |  |  | | | | | |
| **c.** | Relative to Briefing | | | | |  |  | | | | | |
| CONDUCT OF FLIGHT CHECK | **a.** | Standard Procedures | | | | |  |  | | | | | |
| **b.** | Relative to Briefing | | | | |  |  | | | | | |
| **c.** | Rapport with Candidate | | | | |  |  | | | | | |
| POST FLIGHT BRIEFING | **a.** | Content Adequacy | | | | |  |  | | | | | |
| **b.** | Relative to Line Check | | | | |  |  | | | | | |
| **c.** | Coverage/Errors/Weaknesses | | | | |  |  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| LINE CHECK REPORT | **a.** | Coverage - Errors/Weaknesses |  |  | |
| **b.** | Content - General |  |  | |
| **c.** | Assessment - Validity |  |  | |
| GENERAL COMMENTS - | | | | |  |
| *Note: See DCCE Manual Appendix G ‘Competency Framework for Cabin Crew Examiners’*  Overall Assessment S  U  Inspector's Name ………………………………….Signature …………………….Date ……………………. | | | | | |