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|  | FORMFORM: AC-OPS048-1November 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 FLIGHTCHECK | **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 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 …………………….  |