

REPORT FOR AD HOC OVERSIGHT ON FLIGHT EXAMINER

Date of oversight <i>*ccyy-mm-dd</i>		Start time of oversight <i>*hh:mm</i>	
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Is the oversight conducted at an aerodrome? <i>* If yes, enter name of aerodrome and ICAO airport code in the relevant blocks</i> <i>* If no, enter name and details of facility in the relevant block</i>			Yes	No
Name of aerodrome		ICAO aerodrome code		
Name and other relevant details of facility at which oversight is conducted				

Is the testing activity conducted under the auspices of an organization? <i>* If yes, mark and enter the name of the organization in the relevant block below.</i> <i>* If observed flight test activity is conducted outside of an approved organization, mark "No" and give reasons below.</i>			Yes	No
Name of operator or ATO				
Reasons:				

Operational environment in which testing activity is being observed? <i>*Mark all applicable blocks with an "X"</i>							
Scheduled		Non-scheduled		General aviation (or Part 91)		Helicopter	

Which kind of flight examiner is the oversight conducted on? <i>*Mark the applicable box below</i>							
Designated flight examiner	DFE 3		DFE 2		DFE 1		
	Aeroplane	Helicopter	Aeroplane	Helicopter	Aeroplane	Helicopter	
Flight instructor	FI II						
	Aeroplane	Helicopter					

Details of flight examiner			
Surname		First name	
Licence Number		Phone number	

Details of aircraft or FSTD used for test or check							
Aircraft type						Registration	
FSTD type	FNPT II		FTD		FFS		Registration

Details of Authorized Officer conducting oversight			
Surname		First name	
SACAA department			
Section			
Name of section manager			

Which kind of flight examination activity is being observed? <i>*Mark the applicable box below with an "X"</i> <i>* Mark I in case of an initial skills test</i> <i>* Mark C in case of a competency check carried out for the maintenance of competency of a pilot licence</i> <i>* Mark R in case of a revalidation check carried out for the purpose of revalidating a pilot rating</i>										
In case of a DFE	CPL		ATPL		IR		Flight instructor rating		MEA class rating	Type rating
	I	C	I	C	I	R	I	R		
In case of a Flight instructor	PPL		Night rating		Single-engine class rating					
	I	I								

Details of flight examination phases and elements which oversight was conducted on. Instructions for completion of this section: <i>*Mark each applicable box below with an "X"</i> <i>* Provide remarks on observations in the relevant block below each phase or element</i> <i>* Recommendations for improvement are indicated in the relevant section below.</i> <i>* Where an irregularity, non-compliance or contravention was observed, this must be indicated on the last page with supporting information.</i>
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Number	Phase or element description		
1.	Pre-test administration		Mark if included
Remarks:			
Provide details of any improvement which is required:			

2.	Introduction, pre-test checking of documentation and briefing		Mark if included
Remarks:			
Provide details of any improvement which is required:			

3.	Ground evaluation		Mark if included
Remarks:			
Provide details of any improvement which is required:			

4.	Pre-flight briefing	Mark if included
Remarks:		
Provide details of any improvement which is required:		

5.	In-flight evaluation	Mark if included
Remarks:		
Provide details of any improvement which is required:		

6.	Post-flight administration	Mark if included
Remarks:		
Provide details of any improvement which is required:		

7.	Post-test debriefing and grading	Mark if included
Remarks:		
Provide details of any improvement which is required:		

8.	Post-test form completion and administration	Mark if included
Remarks:		

Provide details of any improvement which is required:

Was evidence of an irregularity, non-compliant action or contravention observed? <i>*Mark the applicable block to the right.</i> <i>* Mark the phases in which the observation was made.</i> <i>* Provide details of the observation(s) in the space below.</i> <i>* Where a provision of the Civil Aviation Regulations, 2011 or associated Technical Standard was contravened, list the specific requirement.</i> <i>If more space is required, enter the information in the space for additional comments.</i>		Yes	No
1.	Pre-test administration		Mark if applicable
2.	Introduction, pre-test checking of documentation and briefing		Mark if applicable
3.	Ground evaluation		Mark if applicable
4.	Pre-flight briefing		Mark if applicable
5.	In-flight evaluation		Mark if applicable
6.	Post-flight administration		Mark if applicable
7.	Post-test debriefing and grading		Mark if applicable
8.	Post-test form completion and administration		Mark if applicable
Description of observation(s):			
List any legal requirements which were contravened:			
a.			
b.			
c.			
d.			
e.			
f.			
g.			

Enter any additional comments regarding the oversight activity below, if applicable.

Details of flight examiner on which oversight is conducted		
SIGNATURE OF EXAMINER	NAME IN BLOCK LETTERS	DATE

Details of Authorized Officer conducting oversight		
SIGNATURE OF AO	NAME IN BLOCK LETTERS	DATE