	Department:	**Aviation Safety Assurance – Personnel Licensing**	Form Number: CA 64-13
	Telephone number:	0860 267 435 *Email address:*	**clientcare@caa.co.za**
	Physical address:	**Ikhaya Lokundiza Bylsbridge Blvd, Bylsbridge Office Park, Olievenhoutbosch road, Doringkloof, Centurion**	
	Postal address:	**Private Bag X73, Halfway House 1685**	*Website:* **www.caa.co.za**

REVALIDATION OF COMPETENCY SKILLS TEST REPORT FOR CABIN CREW MEMBERS

POPIA CONSENT AGREEMENT:

In accordance with the provisions of the Protection of Personal Information Act No. 4 of 2013 ("POPIA"), all personal information must be processed lawfully and in a manner that does not infringe upon the data subject's right to privacy.

By completing this form in accordance with the Civil Aviation Act No. 13 2009 , you consent to the collection, processing, and, where necessary, the disclosure of the personal information provided herein for purposes strictly related to regulatory, administrative, operational, and compliance requirements .This may include, but is not limited to, processing the information for approvals, certification, communication, publication, or any related function reasonably required to fulfil the purpose for which the information was submitted.
Such information will only be shared with authorised third parties, including regulatory bodies such as the Department of Transport, service providers, consultants, or other relevant stakeholders, solely to the extent necessary to discharge the aforementioned obligations.

The South African Civil Aviation Authority ("SACAA") recognises the importance of protecting personal information and undertakes to process and/or publish such information with the highest level of care and in full compliance with the safeguards and obligations imposed by POPIA. (For more information on how the SACAA processes your personal information, kindly refer to our Privacy policy on the SACAA website (link: https://www.caa.co.za/paia-and-privacy/).

Notes:

1. *Complete all applicable fields. N/A fields must be indicated as such or crossed out.*
2. *Cabin crew member to initial every page.*
3. *The last day of assessments is the date reflected alongside the signature of the applicant. This date will be used to calculate the validity of this form.*
4. *The cabin crew member has 7 days from the last date of assessment to submit this document to the Authority as part of the application/revalidation of competency of a cabin crew member license.*
5. *Only the CDE who conducted the assessment shall sign the relevant sections of the Skills Test Report*

A. CABIN CREW MEMBER DETAILS			
1.	Surname:		
2.	First Name/s:		
3.	Cabin Crew Licence Number:		
4.	Operator (if applicable)		
SIGNATURE OF CCM		**NAME IN BLOCK LETTERS**	**DATE**

B. TEST RESULTS			
	COMPONENT/MODULE	**DATE OF TEST**	**EXPIRY DATE**
1.	Safety & Emergency Procedures Assessment		
2.	Live Fire Fighting Assessment		
3.	Wet Ditching Assessment		
4.	First Aid Assessment		
5.	Dangerous Goods Examination		
Aircraft Type Ratings (if applicable)			
A/C Type			
A/C Type			

C. AVIATION TRAINING ORGANISATION / OPERATOR		
1.	Name of Aviation Training Organisation	
2..	Contact number of Authorised Representative	
The Authorised representative (ATO) is responsible for ensuring that the skills test was conducted according to the approved TPM, in terms of training facilities used, appropriate scheduling of CDE(s) and candidates, and quality control of documents. No alterations or amendments may be made to this form. Any false or misleading information may result in rejection of the form and/or further action being taken against the individual(s) concerned as per Part 185.		
SIGNATURE OF AUTHORISED REPRESENTATIVE	**NAME IN BLOCK LETTERS**	**DATE**
Requirements for Revalidation of Competency cabin crew drills and skills tests are contained in SACAA CAR Part 64 and SACAA CATS Part 64		

D. SKILLS TEST REPORT					
1. Wet Ditching Drill (every 36 months)					
ATO Name:				**Approved training device:**	
			Date of test	**CDE stamp**	**CDE Signature**
a.	Don and inflate life jacket correctly. Deflate life jacket correctly.				
b.	Enter the water within 5 seconds. Move unaided in water for 15m within 2 minutes.				
c.	HELP position for 10 sec.				
d.	Group huddle position for 15 seconds.				
e.	Boarding of raft/slide from water, unaided, within 10 minutes (if applicable)				
f.	Identify raft components (if applicable)				
2. Live Cabin Fire Fighting Drill (every 36 months)					
ATO Name:				**Approved training device:**	
Select the 2 locations assessed			**Date of test**	**CDE stamp**	**CDE Signature**
a.	Confined area				
b.	Galley area				
c.	Cabin area				
d.	Hidden				
3. Passenger Briefing Drills					
ATO Name:				**Approved training device:**	
			Date of test	**CDE stamp**	**CDE Signature**
a.	Special Category Passenger(s)				
b.	Non-crewed exit row				
4. Public Address and Interphone Drills					
ATO Name:				**Approved training device:**	
			Date of test	**CDE stamp**	**CDE Signature**
a.	Public Adress Announcements				
b.	Interphone Use				
c.	Safety demonstration				

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D. SKILLS TEST REPORT (continued)					
5. Take-off and Landing Drills					
ATO Name:				**Approved training device:**	
Candidate to verbally describe			**Date of test**	**CDE stamp**	**CDE Signature**
a.	Pre-Take Off Checks				
b.	Pre-Landing Checks				
c.	Post Landing Duties				
6. Evacuation drills					
ATO Name:				**Approved Training Device:**	
Select Unanticipated Land/Ditching and Anticipated Land/Ditching Scenario (at least 1 ditching and 1 land and 1 anticipated and 1 unanticipated)			**Date of test**	**CDE stamp**	**CDE Signature**
a.	Unanticipated Land				
b.	Unanticipated Ditching				
c.	Anticipated Land				
d.	Anticipated Ditching				
7. Simulated Cabin Fire Fighting drills					
ATO Name:				**Approved Training Device:**	
Select the location assessed (at least 2 locations)			**Date of test**	**CDE stamp**	**CDE Signature**
a.	Confined area				
b.	Galley area				
c.	Cabin area				
d.	Hidden				

APPLICANT

D. SKILLS TEST REPORT (continued)				
8. Equipment Pre-flight Check Drill				
ATO Name:			**Approved Training Device:**	
		Date of test	**CDE stamp**	**CDE Signature**
a.	Portable oxygen			
b.	First Aid kit			
c.	Flashlight			
d.	Crew life jacket			
e.	Fire Extinguisher (hose)			
f.	Fire Extinguisher (no hose)			
g.	PBE			
h.	Fire gloves			
i.	Megaphone			
9. Equipment Use Drill				
ATO Name:			**Approved Training Device:**	
		Date of test	**CDE stamp**	**CDE Signature**
a.	Portable oxygen			
b.	Flashlight (smoke conditions)			
c.	Flashlight (dark conditions)			
d.	Crew life jacket			
e.	Fitting Adult Life Jacket to Child			
f.	Fitting Infant Life Jacket			
g.	Fire Extinguisher			
h.	PBE			
i.	Megaphone			

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D. SKILLS TEST REPORT (continued)				
10. Pilot and Cabin Crew Member Incapacitation Drill				
ATO Name:			**Approved Training Device:**	
		Date of test	**CDE stamp**	**CDE Signature**
a.	Pilot Incapacitation			

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