



Section  
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Personnel Licencing  
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Form Number: CA 64-01.9a  
Fax Number: 011-545-1350

CABIN DESIGNATED EXAMINER (CDE) QUARTERLY TEST REPORT
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<b>NAME &amp; SURNAME</b>		<b>LICENCE NO</b>				
<b>ATO NAME</b>		<b>ATO APPROVAL NUMBER</b>				
<b>TYPE OF ASSESSMENT LEGEND</b>	<b>SJ</b> – Slide Jump, <b>WD</b> – Wet Ditching, <b>LFF</b> – Live Firefighting, <b>AC</b> – Exits/Doors, <b>BR</b> – Briefings, <b>EQ</b> – Equipment, <b>EV</b> – Evacuations, <b>IP</b> – Incap Pilot, <b>CH</b> – Cabin Checks, <b>PA</b> – PA/Interphone System, <b>SFF</b> – Simulated Firefighting <b>CCIOUS</b> – CCI Under Supervision, <b>CDEUS</b> – CDE Under Supervision, <b>CCIPA</b> – CCI Peer Assessment, <b>OTHER</b> - Specify					
DATE OF ASSESSMENT	TYPE OF ASSESSMENT		VENUE	A/C Type (if applicable)	HOURS ASSESSED	NUMBER OF CANDIDATES
	INITIAL	RECURRENT				

**NYC FINDINGS ONLY.** This form shall be filled in by the CDE who conducted the test when any learner is found to be NYC (after a 3<sup>rd</sup> attempt) for skill.

CANDIDATE NAME	LICENCE NO	COMPONENT ASSESSED	DATE OF ASSESSMENT (NYC)	DATE OF SCHEDULED REASSESSMENT

**CCI/CDE Assessments Conducted**

CCI/CDE NAME	LICENCE NO	DATE OF ASSESSMENT	C/NYC

THE ABOVE REPORT IS FOR THE PERIOD:	JANUARY- MARCH	APRIL - JUNE	
	JULY - SEPTEMBER	OCTOBER - DECEMBER	
<b>TOTAL NUMBER OF SKILLS TESTS CONDUCTED FOR THIS QUARTER</b>			

SIGNATURE OF CDE	CDE STAMP	DATE
Quarterly reports shall be kept as per SACAA CATS 64.01.9 and the relevant CDE TGM.		