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Form Number: CA 64-20
Fax Number: 011-545-1377

INITIAL SKILLS TEST REPORT FOR CABIN CREW MEMBERS

Notes:

1. Ensure the appropriate assessment type is selected below.
2. Complete all applicable fields.
3. Candidate to initial every page.
4. The last day of assessment is the date reflected alongside the signature of the applicant. This date will be used to calculate the validity of this form.
5. The applicant has 90 days from the last date of assessment to submit this document to the Authority as part of the application for a cabin crew license.
6. Only the CDE who conducted the assessment shall sign the relevant section of the Skills Test Report.

INITIAL TRAINING	
REQUALIFICATION TRAINING	
VALIDATION TRAINING FOR FOREIGN CABIN CREW	

A. CANDIDATE DETAILS

1.	Surname:	
2.	First Name/s:	
3.	Cabin Crew License Number/I.D. Number/Passport Number:	
SIGNATURE OF CANDIDATE	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		

C. AVIATION TRAINING ORGANISATION

Name of Aviation Training Organisation		
Name of operator (if applicable)		
Contact number of Authorised representative		
<p>The Authorised representative (ATO) is responsible for ensuring that the skills test was conducted according to the approved TPM/Operations Manual, 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.</p>		
SIGNATURE OF AUTHORISED REPRESENTATIVE	NAME IN BLOCK LETTERS	DATE
Requirements for initial 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			
ATO Name:		Approved training device:	
	Date of test	CDE stamp	CDE Signature
a.	Enter the water within 5s of command given		
b.	Move unaided in water for 15m in 2min of command given		
c.	HELP position for 10 sec. Huddle.		
d.	Boarding of raft/slide from water within 10min of command given (if applicable)		
2. Live Cabin Fire Fighting Drill			
ATO Name:		Approved training device:	
All 4 scenarios are to be 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 Attention Passenger(s)		
b.	Exit row		
c.	Planned emergency ABP		
d.	Safety demonstration(s)		

APPLICANT

D. SKILLS TEST REPORT (continued)

4. Door / Exit Operational Drills

ATO Name:

Approved Training Device:

4.1	Aircraft Type 1				
	Exits / Doors		Date of test	CDE stamp	CDE Signature
	a.				
	b.				
	c.				
	d.				
	e.				

ATO Name:

Approved Training Device:

4.2	Aircraft Type 2				
	Exits / Doors		Date of test	CDE stamp	CDE Signature
	a.				
	b.				
	c.				
	d.				
	e.				

ATO Name:

Approved Training Device:

4.3	Aircraft Type 3				
	Exits / Doors		Date of test	CDE stamp	CDE Signature
	a.				
	b.				
	c.				
	d.				
	e.				

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D. SKILLS TEST REPORT (continued)**5. Evacuation drills**

ATO Name:		Approved Training Device:	
All 4 scenarios are to be assessed		Date of test	CDE stamp
a.	Unprepared Land Scenario(s)		
b.	Unprepared Ditching Scenario(s)		
c.	Prepared Land Scenario(s)		
d.	Prepared Ditching Scenario(s)		

6. Exit egress /slide drill

ATO Name:		Approved Training Device:	
		Date of test	CDE stamp
a.	Slide single lane (if applicable)		
	Slide dual lane (if applicable)		
b.	Egress		

7. Simulated Cabin Fire Fighting drills

ATO Name:		Approved Training Device:	
Select the scenario(s) assessed		Date of test	CDE stamp
a.	Confined area		
b.	Galley area		
c.	Cabin area		
d.	Hidden		

8. Equipment drills

ATO Name:		Approved Training Device:	
		Date of test	CDE stamp
a.	Portable oxygen		
b.	PBE		
c.	Fire Extinguisher		
d.	Life preserver drill		

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D. SKILLS TEST REPORT (continued)

9. Checks Drills

ATO Name:		Approved Training Device:		
		Date of test	CDE stamp	CDE Signature
a.	Pre-flight checks for all equipment (as per each aircraft type)			
b.	Pre take-off checks			
c.	Pre-landing checks			
d.	Post-landing checks			
e.	Public address system			
f.	Interphone system			

10. Pilot Incapacitation Drill

ATO Name:		Approved Training Device:		
		Date of test	CDE stamp	CDE Signature
a.	Pilot incapacitation			

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