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Form Number: 64-22

TYPE SKILLS TEST REPORT FOR CABIN CREW MEMBERS

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 assessment 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/update of a cabin crew 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 License Number	
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		

C. AVIATION TRAINING ORGANISATION / OPERATOR

1.	Name of Aviation Training Organisation	
2.	Name of operator (if applicable)	
3.	Contact number of Authorised representative	
<p>The Authorised representative (ATO/Operator) 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 (ATO)		NAME IN BLOCK LETTERS
		DATE
Requirements for type rating cabin crew drills and skills tests are contained in SACAA CAR Part 121 and SACAA CATS Part 121		

D. SKILLS TEST REPORT				
1. Wet Ditching Drill (if applicable)				
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. Passenger Briefing Drills				
ATO Name:			Approved training device:	
		Date of test	CDE stamp	CDE Signature
a.	Special Attention Passenger(s)			
b.	Exit row			
c.	Safety demonstration(s)			
3. Evacuation drills				
ATO Name:			Approved Training Device:	
	Select Unprepared Land/Ditching and Prepared Land/Ditching Scenario (at least 1 of each)	Date of test	CDE stamp	CDE Signature
a.	Unprepared Land			
b.	Unprepared Ditching			
c.	Prepared Land			
d.	Prepared Ditching			
4. Exit egress /slide drill				
ATO Name:			Approved Training Device:	
		Date of test	CDE stamp	CDE Signature
a.	Slide single lane (if applicable)			
	Slide dual lane (if applicable)			
b.	Egress			

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D. SKILLS TEST REPORT (continued)

5. Door / Exit Operational Drills

ATO Name:

Approved Training Device:

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

ATO Name:

Approved Training Device:

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

ATO Name:

Approved Training Device:

3.3	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)**6. Simulated Cabin Fire Fighting drills**

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

7. Equipment drills

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

First Aid ATO / ATO Name:		Approved Training Device:		
d.	Portable oxygen			

8. 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.	Public address system			
c.	Interphone system			

9. Pilot Incapacitation Drill

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

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