Form TC09B – ACM/MTS conversion proficiency check report

#### Details

|  |  |  |  |
| --- | --- | --- | --- |
| Crew member name: |  | ARN: |  |
| Crew position: | Aircrew member | Medical transport specialist |  |
| Trainer name: |  |  |  |
| Aircraft type: |  |  |  |

| Check items | C / NYC / NA |
| --- | --- |
| Aircraft |  |
| * exits |  |
| * aircraft systems |  |
| * operation specific equipment |  |
| Standard operating procedures |  |
| * ground handling |  |
| * ­safety briefings & demonstrations |  |
| * equipment serviceability checks |  |
| * passenger management |  |
| Non-normal & emergency procedures |  |
| * fumes, fire & smoke |  |
| * pressurisation problems & decompression |  |
| * crew incapacitation |  |
| * evacuation |  |
| * ditching |  |
| Operation specific procedures |  |
| * NVIS |  |
| * winching/rappelling |  |
| * sling load |  |

|  |
| --- |
| Comments |
|  |

#### Result

Competent

Not yet competent

|  |  |  |  |
| --- | --- | --- | --- |
| **Crew member signature:** |  | **Date:** |  |
| **Checker signature:** |  | **Date:** |  |