Form TC12 – ACM/MTS recurrent proficiency check report

#### Details

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| --- | --- | --- | --- |
| Crew member name: |  | ARN: |  |
| Crew position: | Aircrew member | Medical transport specialist |  |
| Checker name: |  | Date of check: |  |
| Aircraft type: |  |  |  |

|  |  |
| --- | --- |
| Ground Training | Completion date |
| Safety Management Systems |  |
| Human Factors Principles and Non-Technical Skills |  |

| Check items | C / NYC / NA |
| --- | --- |
| Non-normal & emergency procedures |  |
| * fumes, fire & smoke |  |
| * pressurisation problems & decompression |  |
| * crew incapacitation |  |
| * evacuation |  |
| * ditching |  |
| Line operations |  |
| * risk assessment & management |  |
| * pre-flight procedures |  |
| * ground handling, aircraft parking & public safety procedures |  |
| * passenger handling, briefings & safety demonstration procedures |  |
| * crew communication & co-ordination |  |
| * use of aircraft systems |  |
| * use of aircraft exits & equipment |  |
| * post-flight procedures |  |
| Operation specific procedures |  |
| * NVIS |  |
| * winching/rappelling |  |
| * sling load |  |

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

#### Result

Competent

Not yet competent

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