

**Factual Report – Attachment 12**  
**Atlas Training Records – First Officer**

**OPERATIONAL FACTORS**

DCA19MA086



Aircraft Type B-763

**\* Use this form for RFT followed by additional RFT**

TC\_REM\_FFS-SIT-RFT\_REC



## Instructions:

- **Instructors**

Following the training session you must check either the Remedial Training Complete or Remedial Training Incomplete box. The Remedial Training is considered Complete only when all of the items listed have been remediated to proficiency and the crewmember is ready for the next lesson in the syllabus (i.e. if the crewmember is receiving remedial training for FFSI 4.3, when the remedial training is complete the crewmember will start FFSI 4.4).

The Instructor / Check Airman will record comments for the remedial training session in the Comments block on page 3 and sign his / her name and date. The student should read and initial the comments.

If the remedial training is incomplete the Instructor / Check Airman shall record elements which were found incomplete.

- **Identification (To be entered by the Training Records Department)**

The Training / Records Department will enter the Crew Member Name, Employee No., Position, and A/C Type from the failed event.

- **Information Blocks**

The Fleet Captain or Authorized Representative will enter the name and employee number of the Check Airman and the date from the failed event.

The Fleet Captain / Authorized Representative will check the appropriate blocks.

- **Required Training**

The Fleet Captain / Authorized Representative will enter the areas found to be unsatisfactory requiring remedial training. The Fleet Captain / Authorized Representative will also enter the type and amount of remedial training required.

## REMEDIAL TRAINING RECORD

|          |                                    |                                |  |
|----------|------------------------------------|--------------------------------|--|
| Remedial | Date <u>08/08/17</u><br>(mm/dd/yy) | Instructor / Check Airman Name |  |
|          | Print <u>Chris Taylor</u>          | Signature <u>[Redacted]</u>    |  |

Comments:

Completed 4 hour sim in FBS w/seat support.

Normal procedures from Power-up to shutdown.

Cold weather procedures

Low vis taxi

FMC route modifications

Descent Flow

LE Slat disagree

TE Slat asymmetry

C Hyd press - Alternate Gear + Flap extension.

Continue to Review Normal procedures

Review V Ref speeds + procedures.

Review Flap slat non-normal.

Review Go-Around procedures

Copy Given

Student Initials [Redacted]



# REMEDIAL TRAINING RECORD

RECOMMENDS & ORALS (CBA 11.D) / CHECKRIDES (CBA 11.E)

Name Aska, Conrad Employee No. [REDACTED] ☐ CA ☒ FO  
(Last, First, mi)  
FTN                      (enter if Type Rating or Type Rating Oral) Aircraft Type 767

|                                                                                                                                                                                     |                                                                                                                                                                                                                                                    |                                |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|
| Instructor / Check Airman Name<br>Dennis Cobb                                                                                                                                       |                                                                                                                                                                                                                                                    | Date<br>07/27/2017             |                    |
| <input type="checkbox"/> Unsatisfactory                                                                                                                                             | <input type="checkbox"/> Type Rating Oral <input type="checkbox"/> PC <input type="checkbox"/> LC <input type="checkbox"/> Type Rating <input type="checkbox"/> RFT*                                                                               |                                |                    |
| <input checked="" type="checkbox"/> Incomplete                                                                                                                                      | <input checked="" type="checkbox"/> Oral Rec <input type="checkbox"/> PC Rec <input type="checkbox"/> Type Rec <input type="checkbox"/> LC Rec <input type="checkbox"/> FFS Rec <input type="checkbox"/> FBS Rec <input type="checkbox"/> Remedial |                                |                    |
| <b>Required Remedial Training</b><br><br>One Type Rating Oral Examination Prep/Recommend period to include:<br><br>1)Emphasis on TLR Performance.<br><br>2)Aircraft Systems Review. |                                                                                                                                                                                                                                                    |                                |                    |
| Fleet Captain / Authorized Representative<br>Mark Hoover                                                                                                                            |                                                                                                                                                                                                                                                    | Signature<br><u>[REDACTED]</u> | Date<br>07/27/2017 |

\*Use this form for RFT followed by PC

|                                                                                           |                                |                                                                                  |
|-------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------|
| Remedial Training Status:                                                                 |                                |                                                                                  |
| <input checked="" type="checkbox"/> Remedial Training Complete (Enter comments on page 3) |                                | <input type="checkbox"/> Remedial Training Incomplete (Enter comments on page 3) |
| Check Airman / Instructor<br><u>D. Andrew Runyon</u>                                      | Signature<br><u>[REDACTED]</u> | Date<br><u>7/28/17</u>                                                           |

|                                                                                                                                                                       |                                |                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Recommendation Status (for SIT, FFS, PC, Type Rating, or Type Rating Oral):                                                                                           |                                |                                                                                                                                                  |
| <input type="checkbox"/> PC <input checked="" type="checkbox"/> Type Oral <input type="checkbox"/> Type Rtg <input type="checkbox"/> FFS <input type="checkbox"/> FBS |                                | <input checked="" type="checkbox"/> Recommended** (Enter comments on page 3) <input type="checkbox"/> Not Recommended (Enter comments on page 3) |
| Check Airman / Instructor<br><u>D. Andrew Runyon</u>                                                                                                                  | Signature<br><u>[REDACTED]</u> | Date<br><u>7/28/17</u>                                                                                                                           |

\*\*When recommending for retest of Type Rating or Type Rating Oral you must also enter the recommendation in the students' IACRA application. Checking this box indicates the crewmember is recommended and the IACRA entry has been completed.

## Instructions:

The Remedial Training Record will be filled out by the Fleet Captain / Authorized Representative with the required training for the crewmember. The fillable form will then be emailed to the Instructor performing the remedial training prior to the lesson.

The Remedial Training Record will be electronically completed, to include Instructor notes, by the Instructor performing the remedial training. The Instructor will then print the completed form and insert the record into the crewmembers folder.

- **Remedial Training**

The Instructor / Check Airman will make the required entries in the "Remedial Training Status" box to indicate whether the Remedial Training is Complete or Incomplete. The Remedial Training is considered Complete only when all of the items listed have been re-mediated to proficiency and the crewmember is ready for the Recommend lesson. The Instructor / Check Airman will sign his / her name and date.

The Instructor / Check Airman will record comments for the remedial training session in the Comments block on page 3 and sign his / her name and date. The student should read and initial the comments.

If the remedial training is incomplete the Instructor / Check Airman shall record elements which were found incomplete.

- **Recommending**

The Instructor / Check Airman will make the required entries in the "Recommendation Status" box to indicate whether the crewmember is Recommended or Not Recommended.

First, select what the crewmember is being Recommended/Not Recommended for by checking the appropriate box: PC, Type Rating Oral, or Type Rating ride. Indicate whether or not they are Recommended by checking the appropriate box. Enter your name, signature, and date, and enter comments on page 3 in the Recommend comment block.

If not recommended the Instructor / Check Airman shall record elements which were found unsatisfactory/incomplete.

In some cases, a Crewmember will receive the Required Remedial Training and the Recommendation in the same training lesson, in which case the Instructor / Check-Airman giving the training should check the boxes for both Remedial Training Status and Recommendation Status.

Following the failure of a Type Rating Oral or Type Rating, remedial training must be completed and a recommendation entered on this form and in the students' IACRA application.

- **Identification (To be entered by the Training Records Department)**

The Training / Records Department will enter the Crew Member Name, Employee No., Position, and A/C Type from the failed event.

- **Information Blocks**

The Fleet Captain or Authorized Representative will enter the name and employee number of the Check Airman and the date from the failed event.

The fleet Captain / Authorized Representative will check the appropriate blocks.

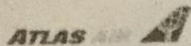
- **Required Training**

The Fleet Captain / Authorized Representative will enter the areas found to be unsatisfactory requiring remedial training. The Fleet Captain / Authorized Representative will also enter the type and amount of remedial training required.

# REMEDIAL TRAINING RECORD

|                                                                                                               |                                    |                                                   |                                     |
|---------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|-------------------------------------|
| Remedial                                                                                                      | Date <u>07/28/17</u><br>(mm/dd/yy) | Instructor / Check Airman Name <u>[Signature]</u> |                                     |
|                                                                                                               | Print <u>D. Andrew Runyon</u>      | Signature <u>[Signature]</u>                      |                                     |
| Comments:<br>Completed 4.5 hours of Remedial training covering:<br>1) TLR Performance<br>2) Aircraft Systems. |                                    |                                                   |                                     |
|                                                                                                               |                                    |                                                   | Student Initials <u>[Signature]</u> |
| Recommend                                                                                                     | Date <u>07/28/17</u><br>(mm/dd/yy) | Instructor / Check Airman Name <u>[Signature]</u> |                                     |
|                                                                                                               | Print <u>D. Andrew Runyon</u>      | Signature <u>[Signature]</u>                      |                                     |
| Comments:<br><del>Completed</del><br>Completed Pre Oral re commend.                                           |                                    |                                                   |                                     |
|                                                                                                               |                                    |                                                   | Student Initials <u>[Signature]</u> |





CONSOLIDATION OF KNOWLEDGE  
EXTENSION OF SKILLS  
TRAINING RECORDS FAX 1-866-329-2857

Name Aska, Conrad J.A.  
(Last, First, MI)

Employee No. [REDACTED]

☐ Captain ☒ First Officer

Date 22/1/17  
DD/MM/YY

Aircraft Type B-767

In accordance with FAR 121.434(h)(4) I have observed the above crewmember on a supervised flying line operating flight and determined that (s)he has retained an adequate level of proficiency to continue to accumulate time towards the 100-hour consolidation of knowledge and skills.

This letter extends the required time limit from 120 days to 150 days from type rating/proficiency check.

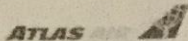
| Leg                    |                |
|------------------------|----------------|
| Aircraft N#            | Flight #       |
| <u>1049A</u>           | <u>6813011</u> |
| From:                  | To:            |
| <u>IAH</u>             | <u>LUG</u>     |
| Block Time (Hrs + Min) |                |
| <u>2+23</u>            |                |

| Check Airman      |
|-------------------|
| <u>T. L. Shaw</u> |
| Print (last name) |
| [REDACTED]        |
| Signature         |
| [REDACTED]        |
| Employee No.      |

| Fleet Captain / Designee |
|--------------------------|
| <u>[Signature]</u>       |
| Print (last name)        |
| [REDACTED]               |
| Signature                |
| [REDACTED]               |
| Employee No.             |

**Note:** This form is used to extend the 120 day required time limit to accumulate 100 hours of line operating experience to 150 days. If an extension is required a Check Airman will be assigned to a Supervised Flying line operating flight to determine the pilot has retained an adequate level of proficiency to continue to 150 days per FAR 121.434 (h)(4). The Supervised Flying will only be scheduled if the student approaches 120 days without the completion of the 100 hrs.





## PILOT LINE CHECK

TRAINING RECORDS FAX 1-866-329-2857 or 1-786-265-8175

|                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                           |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Airman Name (Last, First, MI) Print <input type="checkbox"/> Capt <input checked="" type="checkbox"/> F.O.<br>Aska, Conrad J.A.                                                                                                                                     |  | Employee # [REDACTED]                                                                                                                                                                                                                                                                     | Aircraft Type<br>B-767 |
| FAA Certificate # [REDACTED]<br><input type="checkbox"/> ATP <input type="checkbox"/> Commercial / # 510554426                                                                                                                                                      |  | FAA Physical Class / Date<br>First 11/01/2017                                                                                                                                                                                                                                             |                        |
| <b>Leg 1</b><br>Date(mm/dd/yy) 11/21/17 Flight # GT13012<br>Aircraft N 1049A Block Time (Hrs + Min) 2+24<br>From CUG To IAH <input type="checkbox"/> PF <input checked="" type="checkbox"/> PM<br><input type="checkbox"/> Takeoff <input type="checkbox"/> Landing |  | <b>Leg 2</b><br>Date(mm/dd/yy) 11/22/17 Flight # GT13011<br>Aircraft N 1049A Block Time (Hrs + Min) 2+23<br>From IAH To CUG <input checked="" type="checkbox"/> PF <input type="checkbox"/> PM<br><input checked="" type="checkbox"/> Takeoff <input checked="" type="checkbox"/> Landing |                        |
| <b>PREFLIGHT</b>                                                                                                                                                                                                                                                    |  | Leg 1                                                                                                                                                                                                                                                                                     | Leg 2                  |
| FLIGHT PLANNING                                                                                                                                                                                                                                                     |  | S                                                                                                                                                                                                                                                                                         | S                      |
| INTERIOR / EXTERIOR / EMERGENCY EQUIP INSPECTION                                                                                                                                                                                                                    |  | S                                                                                                                                                                                                                                                                                         | S                      |
| FMS PROGRAMMING                                                                                                                                                                                                                                                     |  | S                                                                                                                                                                                                                                                                                         | S                      |
| PERF COMPUTATIONS (FDP <input checked="" type="checkbox"/> / TLR <input type="checkbox"/> ) CHECK ONE                                                                                                                                                               |  | S                                                                                                                                                                                                                                                                                         | S                      |
| PRE-TAKEOFF (CLEARANCE / BRIEFING)                                                                                                                                                                                                                                  |  | S                                                                                                                                                                                                                                                                                         | S                      |
| <b>DEPARTURE</b>                                                                                                                                                                                                                                                    |  | <b>POST LANDING.</b>                                                                                                                                                                                                                                                                      |                        |
| START / PUSHBACK / TAXI / [8] MOVING MAP DISPLAY                                                                                                                                                                                                                    |  | S                                                                                                                                                                                                                                                                                         | S                      |
| TAKEOFF <input checked="" type="checkbox"/> Captain <input checked="" type="checkbox"/> First Officer                                                                                                                                                               |  | S                                                                                                                                                                                                                                                                                         | S                      |
| DEPARTURE PROCEDURE COMPLIANCE                                                                                                                                                                                                                                      |  | S                                                                                                                                                                                                                                                                                         | S                      |
| [8] USE OF VERTICAL SITUATION DISPLAY (VSD)                                                                                                                                                                                                                         |  | S                                                                                                                                                                                                                                                                                         | S                      |
| <b>ENROUTE</b>                                                                                                                                                                                                                                                      |  | <b>FLIGHT CREW</b>                                                                                                                                                                                                                                                                        |                        |
| USE OF AUTOPILOT                                                                                                                                                                                                                                                    |  | S                                                                                                                                                                                                                                                                                         | S                      |
| USE OF AIRBORNE RADAR                                                                                                                                                                                                                                               |  | S                                                                                                                                                                                                                                                                                         | S                      |
| ADHERENCE TO CLEARANCE                                                                                                                                                                                                                                              |  | S                                                                                                                                                                                                                                                                                         | S                      |
| FMS PROCEDURES                                                                                                                                                                                                                                                      |  | S                                                                                                                                                                                                                                                                                         | S                      |
| CRUISE PROCEDURES (ALT / FUEL)                                                                                                                                                                                                                                      |  | S                                                                                                                                                                                                                                                                                         | S                      |
| <b>APPROACH AND LANDING</b>                                                                                                                                                                                                                                         |  | KNOWLEDGE OF SYSTEMS & EQUIPMENT S S                                                                                                                                                                                                                                                      |                        |
| HOLDING PROCEDURES                                                                                                                                                                                                                                                  |  | CRM / TEM S S                                                                                                                                                                                                                                                                             |                        |
| DESCENT PLANNING / [8] USE OF VSD                                                                                                                                                                                                                                   |  | JUDGEMENT S S                                                                                                                                                                                                                                                                             |                        |
| FMS PROC / LNDG ASMT (FDP <input checked="" type="checkbox"/> / TLR <input type="checkbox"/> / PI <input type="checkbox"/> ) CHECK ONE                                                                                                                              |  | <b>FLIGHT MANAGEMENT</b>                                                                                                                                                                                                                                                                  |                        |
| AIRCRAFT CONFIGURATION                                                                                                                                                                                                                                              |  | DDG S S                                                                                                                                                                                                                                                                                   |                        |
| ALTITUDE / AIRSPEED CONTROL                                                                                                                                                                                                                                         |  | AIRCRAFT HANDLING AND CONTROL S S                                                                                                                                                                                                                                                         |                        |
| STABILIZED APPROACH                                                                                                                                                                                                                                                 |  | [8] ELECTRONIC FLIGHT BAG (EFB) S S                                                                                                                                                                                                                                                       |                        |
| APPROACH <input checked="" type="checkbox"/> VIS <input type="checkbox"/> NON ILS                                                                                                                                                                                   |  | AIRCRAFT DISCREPANCY LOGGED S S                                                                                                                                                                                                                                                           |                        |
| TYPE (PF) <input checked="" type="checkbox"/> ILS - CAT I <input type="checkbox"/> / II <input type="checkbox"/> / III <input type="checkbox"/> CHECK APPLICABLE                                                                                                    |  | AIRCRAFT LIMITATION COMPLIANCE S S                                                                                                                                                                                                                                                        |                        |
| APPROACH <input checked="" type="checkbox"/> VIS <input type="checkbox"/> NON ILS                                                                                                                                                                                   |  | FLOWS / USE OF CHECKLISTS / [8] ECL S S                                                                                                                                                                                                                                                   |                        |
| TYPE (PM) <input checked="" type="checkbox"/> ILS - CAT I <input type="checkbox"/> / II <input type="checkbox"/> / III <input type="checkbox"/> CHECK APPLICABLE                                                                                                    |  | NOISE ABATEMENT PROCEDURES S S                                                                                                                                                                                                                                                            |                        |
| LANDING <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Autopilot                                                                                                                                                                               |  | PM PROCEDURES AND PROFICIENCY S S                                                                                                                                                                                                                                                         |                        |
| <b>MISSED APPROACH</b>                                                                                                                                                                                                                                              |  | CABIN CREW COORDINATION S S                                                                                                                                                                                                                                                               |                        |
| Airman Signature [REDACTED]                                                                                                                                                                                                                                         |  | <b>CLASS II NAVIGATION</b>                                                                                                                                                                                                                                                                |                        |
| Check Airman Leg 1 (Print) David Telshaw                                                                                                                                                                                                                            |  | OCEANIC CLEARANCE PROCEDURES S S                                                                                                                                                                                                                                                          |                        |
| Check Airman Leg 1 (Signature) [REDACTED]                                                                                                                                                                                                                           |  | FMS PROCEDURES S S                                                                                                                                                                                                                                                                        |                        |
| Check Airman Leg 2 (Print) David Telshaw                                                                                                                                                                                                                            |  | POSITION PLOTTING S S                                                                                                                                                                                                                                                                     |                        |
| Check Airman Leg 2 (Signature) [REDACTED]                                                                                                                                                                                                                           |  | ATC POSITION REPORTS S S                                                                                                                                                                                                                                                                  |                        |
| FAA Inspector (Print / Signature) [REDACTED]                                                                                                                                                                                                                        |  | ENROUTE WEATHER S S                                                                                                                                                                                                                                                                       |                        |
|                                                                                                                                                                                                                                                                     |  | [767] ETOPS PROCEDURES S S                                                                                                                                                                                                                                                                |                        |
|                                                                                                                                                                                                                                                                     |  | MNPS PROCEDURES S S                                                                                                                                                                                                                                                                       |                        |
|                                                                                                                                                                                                                                                                     |  | EMERGENCY / DIVERSION PROCEDURES S S                                                                                                                                                                                                                                                      |                        |
|                                                                                                                                                                                                                                                                     |  | DATALINK COMMUNICATIONS S S                                                                                                                                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                                     |  | <b>RESULTS OF LINE CHECK</b> S S                                                                                                                                                                                                                                                          |                        |
|                                                                                                                                                                                                                                                                     |  | Date (mm/dd/yy) 11/22/17                                                                                                                                                                                                                                                                  |                        |
|                                                                                                                                                                                                                                                                     |  | Date (mm/dd/yy) 11/21/17                                                                                                                                                                                                                                                                  |                        |
|                                                                                                                                                                                                                                                                     |  | Employee # [REDACTED]                                                                                                                                                                                                                                                                     |                        |
|                                                                                                                                                                                                                                                                     |  | Date (mm/dd/yy) 11/22/17                                                                                                                                                                                                                                                                  |                        |
|                                                                                                                                                                                                                                                                     |  | Employee # [REDACTED]                                                                                                                                                                                                                                                                     |                        |
|                                                                                                                                                                                                                                                                     |  | FSDO / Date (mm/dd/yy)                                                                                                                                                                                                                                                                    |                        |

S - Satisfactory U - Unsatisfactory / - Not Observed

Comments Included on back of this form ☐ Yes ☒ No

14 JUL 15

TC\_PLC\_REC







Name Aska, Conrad J.A.  
 (Last, First, MI)
Employee # [REDACTED]☐ Captain☒ First OfficerAircraft Type B-767

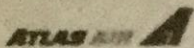
|      |           |                |                                                                                                                                                                                                                                                                                                                                                                  |              |            |                  |            |
|------|-----------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|------------------|------------|
| Date | 26 Oct 17 | PF (PM circle) | First flight. AMC PAX ops. first INT'L flight. Emphasis on radio phraseology, INT'L flight procedures vs. CONUS ops. Excellent preparation great questions.                                                                                                                                                                                                      | Check Airman | [REDACTED] | Student Initials | [REDACTED] |
| Date | 26 Oct 17 | PF (PM circle) | AMC OPS/PAX. UNABLE CLASS II/ETOPS DUE ROUTING. Discussed CLASS II OFF PROCEDURES (FROM V.I) HAD STUDENT LOAD FMS AER CA'S FLOW. H.F. RADIO WORK. CPDLC ON BOTH FLIGHTS. FOCUS ON COCKPIT SET-UP. AGAIN, WELL PREPARED. MICE APCH (ILS/BAH) NIGHT LANDING.                                                                                                       | Check Airman | [REDACTED] | Student Initials | [REDACTED] |
| Date | 28 Oct 17 | PF (PM circle) | AMC PAX OPS. CONTINUE W/ FULL COCKPIT/FMS SET-UP. DISCUSSED NADP 1 VS 2. ESCAPE ROUTES/PLANNING USING FIX PAGE, ALTN WNAV PAGE. TUR VS ACARS PERFORMANCE (TO, L/G) DISCUSSED RDM PROCEDURES REVIEWED OFP DECODING FROM FOM. UNABLE TO ALLOW LANDING DUE EXCESSIVE WIND @ H/N.                                                                                    | Check Airman | [REDACTED] | Student Initials | [REDACTED] |
| Date | 01 Nov 17 | PF (PM circle) | N767 MW GTI 7656 YOW-ARN (7+22) CHECKING DODG & PREFLIGHT COCKPIT TOX AND PERF VIA ACARS & TLR. FLAPS 5. NADP 1 - RADAR VECTORS. OCEANIC CLEARANCE VIA ACARS-ETOPS 180-REDISPATCH. HF SELCAL - CPDLC - GROSS ERROR CHECK - IRS CHECK - VECTORS ILS 26 FLAPS 30. A/B?.                                                                                            | Check Airman | [REDACTED] | Student Initials | [REDACTED] |
| Date | 12 Nov 17 | PF (PM circle) | N767 MW GTI 7656 ARN - YOW (8+53) FDP & TLR TO & LANDING PERFORMANCES - FLAPS 5 - WET RWY - MAX THRUST - SID - NADP 2 - GROSS ERROR CHECK - IRS CHECK - HF SELCAL - CPDLC - ETOPS 180 - RE-DISPATCH - STAR - RNAV 2 OF - FLAPS 25 - AUTOBRAKES 3.                                                                                                                | Check Airman | [REDACTED] | Student Initials | [REDACTED] |
| Date | 18 Nov 17 | PF (PM circle) | Intro to Amazon Normal PO Flight Deck Prep. ACARS and FMC Initialization and Reloading FDP. Performed FMC Exercises to Familiarize FMC Familiarization and ACARS Familiarization. Dependent off Runway 1L to en RNAV departure. and Normal climb to cruise. Descent to a crossing restriction 15L with 14627 Landing OK Postflight.                              | Check Airman | [REDACTED] | Student Initials | [REDACTED] |
| Date | 19 Nov 17 | PF (PM circle) | FIRST AMAZON FLIGHT OUT OF CVG. WINDS GUSTING TO 40-20 OFF RUNWAY. WINDSHEAR PRECAUTIONS TAKEN, MAX THRUST, FLAPS 20 DEPARTURE. RNAV DEPARTURE, A/C DRIFTED COURSE IN RNAV CORRECTIONS MADE, VERY GOOD PREPARATION AND PROCEDURES. RNAV ARRIVAL WITH MULTIPLE CHANGES. VISUAL APPROACH WITH WINDS GUSTING TO 28 KNOTS. VERY TURBULENT DURING FLARE. GOOD X-WIND. | Check Airman | [REDACTED] | Student Initials | [REDACTED] |

TECHNIQUE



TC\_OE\_REC





## OPERATIONAL EXPERIENCE CERTIFICATION

Name ASKA CONRAD Employee No. [REDACTED] ☐ CA ☒ FO  
(Last, First, MI)  
Aircraft Type B767

### Class II Navigation

|                                      |                                            |                                        |
|--------------------------------------|--------------------------------------------|----------------------------------------|
| Date (mm/dd/yy)<br><u>11/12/17</u>   | Aircraft Registration #<br><u>N 767 MW</u> | Origin/Destination<br><u>ARN / YOW</u> |
| Check Airman<br><u>BROUET, BRUNO</u> | Signature<br>[REDACTED]                    | Employee #<br>[REDACTED]               |

### CPDLC

|                                      |                                            |                                        |
|--------------------------------------|--------------------------------------------|----------------------------------------|
| Date (mm/dd/yy)<br><u>11/12/17</u>   | Aircraft Registration #<br><u>N 767 MW</u> | Origin/Destination<br><u>ARN / YOW</u> |
| Check Airman<br><u>BROUET, BRUNO</u> | Signature<br>[REDACTED]                    | Employee #<br>[REDACTED]               |

### ETOPS (as applicable)

|                                      |                                            |                                        |
|--------------------------------------|--------------------------------------------|----------------------------------------|
| Date (mm/dd/yy)<br><u>11/12/17</u>   | Aircraft Registration #<br><u>N 767 MW</u> | Origin/Destination<br><u>ARN / YOW</u> |
| Check Airman<br><u>BROUET, BRUNO</u> | Signature<br>[REDACTED]                    | Employee #<br>[REDACTED]               |

### B747-8 Qualification (as applicable) One Leg as Pilot Flying

|                               |                                       |                                  |
|-------------------------------|---------------------------------------|----------------------------------|
| Date (mm/dd/yy)<br><u>N/A</u> | Aircraft Registration #<br><u>N/A</u> | Origin/Destination<br><u>N/A</u> |
| Check Airman<br><u>N/A</u>    | Signature<br><u>N/A</u>               | Employee #<br><u>N/A</u>         |





## PILOT TRAINING / CHECK GRADE SHEET

TRAINING RECORDS FAX 1-866-329-2857 OR 1-786 265-8175

|                                                                                                                                                                                                                        |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Airman (last, first, mi)<br><b>ASKA, CONRAD J.A</b>                                                                                                                                                            |  | Employee No. [REDACTED]                                                                                                                                                                      |  | <input type="checkbox"/> CA PIC PC <input type="checkbox"/> TO/LDG RECENCY (EXPIRED LDG)<br><input type="checkbox"/> FO PIC PC <input type="checkbox"/> TYPE RATING<br><input type="checkbox"/> RFT <input type="checkbox"/> RLOFT <input type="checkbox"/> CAT II / III |  | <input checked="" type="checkbox"/> TO/LDG CURRENCY                                                                                                                                                                                                                  |  |
| Signature of Airman<br>[REDACTED]                                                                                                                                                                                      |  | <input type="checkbox"/> CA <input type="checkbox"/> A/C Type<br><input checked="" type="checkbox"/> FO <b>767</b>                                                                           |  | EVENT                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                      |  |
| Certificate - <input checked="" type="checkbox"/> ATP<br><input checked="" type="checkbox"/> English Proficient                                                                                                        |  | Airman Certificate No. [REDACTED]                                                                                                                                                            |  | Medical Date: <b>4/11/17</b><br><input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> N/A                                                                                                                                   |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REQUALIFICATION<br><input type="checkbox"/> TRANSITION <input type="checkbox"/> REFRESHER<br><input type="checkbox"/> UPGRADE <input type="checkbox"/> CONSOLIDATION<br><input type="checkbox"/> RECURRENT |  |
| Simulator ID #<br><b>031 /</b>                                                                                                                                                                                         |  | <input checked="" type="checkbox"/> FCC Permit<br><input checked="" type="checkbox"/> Photo ID                                                                                               |  | TO/LDG # (3 Minimum)<br><b>5/5</b>                                                                                                                                                                                                                                       |  | <input type="checkbox"/> PWP                                                                                                                                                                                                                                         |  |
| Other Training Time (Hrs+Min)<br><b>4+00</b>                                                                                                                                                                           |  | PCWU Time (Hrs+Min)                                                                                                                                                                          |  | PC/RFT/RLOFT Time (Hrs+Min)                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                      |  |
| PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD (Last, First)<br><b>FRANCHIELLA DAVID</b>                                                                                                                |  | Employee No. [REDACTED]                                                                                                                                                                      |  | RESULT                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> SATISFACTORY / COMPLETE<br><input type="checkbox"/> UNSAT / INCOMPLETE - REMOVED FROM FLIGHT STATUS<br><input type="checkbox"/> INCOMPLETE - SIMULATOR MALFUNCTION OR ILLNESS                                                               |  |
| Signature of PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD<br>[REDACTED]                                                                                                                               |  | Date (mm/dd/yy)<br><b>10/2/17</b>                                                                                                                                                            |  |                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                      |  |
| PC Check Airman / APD (Last, First)                                                                                                                                                                                    |  | Employee No.                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                      |  |
| Signature of PC Check Airman / APD                                                                                                                                                                                     |  | Date (mm/dd/yy)                                                                                                                                                                              |  | FAA OBSERVATION                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                      |  |
| Codes used for Repeat, Unsatisfactory or Incomplete Status<br>A= Systems Knowledge<br>B= Control Tech or Execution<br>C= Procedural Error                                                                              |  | <b>Status Grading Key</b><br>S = Satisfactory   U = Unsatisfactory<br>C = Complete   I = Incomplete<br>W = Waived   / = Not Observed<br>* - waiver authority (PC)   * Creditable during PCWU |  | Name of Observing FAA Inspector / Examiner (Last, First, Mi)                                                                                                                                                                                                             |  | FSDO                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                        |  |                                                                                                                                                                                              |  | Signature of Observing FAA Inspector / Examiner                                                                                                                                                                                                                          |  | Date (mm/dd/yy)                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                        |  | PC/RFT   PCWU                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                          |  | PC/RFT   PCWU                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                        |  | Repeat   Status   Status                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                          |  | Repeat   Status   Status                                                                                                                                                                                                                                             |  |
| 1. Equipment / Oral Examination / Briefing                                                                                                                                                                             |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                          |  | LANDINGS                                                                                                                                                                                                                                                             |  |
| <b>GROUND OPERATIONS</b>                                                                                                                                                                                               |  |                                                                                                                                                                                              |  | 22. Landing from an ILS                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                      |  |
| 2. Preflight Inspection                                                                                                                                                                                                |  |                                                                                                                                                                                              |  | 23. Crosswind Landing                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                      |  |
| 3. Taxi / Runway Operations                                                                                                                                                                                            |  |                                                                                                                                                                                              |  | 24. Rejected Landing ✖                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                      |  |
| 4. Powerplant Checks                                                                                                                                                                                                   |  |                                                                                                                                                                                              |  | 25. Landing with an Engine Inoperative                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                      |  |
| <b>TAKEOFFS</b>                                                                                                                                                                                                        |  |                                                                                                                                                                                              |  | 26. Landing with 50% Power Loss                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                      |  |
| 5. Normal                                                                                                                                                                                                              |  |                                                                                                                                                                                              |  | <b>NON APPENDIX F MANEUVERS ( C, I or / )</b>                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                      |  |
| 6. Instrument                                                                                                                                                                                                          |  |                                                                                                                                                                                              |  | 27. Windshear                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                      |  |
| 7. Crosswind                                                                                                                                                                                                           |  |                                                                                                                                                                                              |  | 28. Unusual Attitude / Airplane Upset Recovery                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                      |  |
| 8. With Powerplant Failure                                                                                                                                                                                             |  |                                                                                                                                                                                              |  | 29. CFIT                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                      |  |
| 9. Rejected T/O ✖                                                                                                                                                                                                      |  |                                                                                                                                                                                              |  | 30. TCAS                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                      |  |
| <b>INSTRUMENT PROCEDURES</b>                                                                                                                                                                                           |  |                                                                                                                                                                                              |  | 31. Seat Specific (CA)                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                      |  |
| 10. RNAV1 Departure * / RNAV1 Arrival * (one required)                                                                                                                                                                 |  |                                                                                                                                                                                              |  | 32. PRM                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                      |  |
| 11. Holding ✖ ✖                                                                                                                                                                                                        |  |                                                                                                                                                                                              |  | 33. PAR                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                      |  |
| 12. Normal ILS Approach <input type="checkbox"/> Manual <input type="checkbox"/> Autoland                                                                                                                              |  |                                                                                                                                                                                              |  | <b>GENERAL</b>                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                      |  |
| 13. Engine out ILS                                                                                                                                                                                                     |  |                                                                                                                                                                                              |  | 34. CRM / TEM                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                      |  |
| 14. CAT II ILS Approach   PF (CA) / PM (FO) ✖<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                                       |  |                                                                                                                                                                                              |  | 35. Emergency / Abnormal Procedures                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                      |  |
| 15. Cat III ILS Approach   PF (CA) / PM (FO) ✖<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                                      |  |                                                                                                                                                                                              |  | 36. Use of Checklists                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                      |  |
| 16. Non-Precision approach <input type="checkbox"/> Manual<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV        |  |                                                                                                                                                                                              |  | 37. FMC / CDU                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                      |  |
| 17. Second Non-Precision approach <input type="checkbox"/> Manual<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV |  |                                                                                                                                                                                              |  | 38. English Proficient                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                      |  |
| 18. Missed Approach from ILS                                                                                                                                                                                           |  |                                                                                                                                                                                              |  | 39. Judgment                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                      |  |
| 19. Second Missed Approach                                                                                                                                                                                             |  |                                                                                                                                                                                              |  | <b>REMARKS</b>                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                      |  |
| <b>IN-FLIGHT MANEUVERS</b>                                                                                                                                                                                             |  |                                                                                                                                                                                              |  | (SPACE PROVIDED ON BACK OF FORM)                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                |  |
| 20. Steep Turns ✖ ✖                                                                                                                                                                                                    |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                      |  |
| 21. Approach to Stall - (One in turn T/O Config Req.) ✖ ✖<br><input type="checkbox"/> T/O <input type="checkbox"/> LDG <input type="checkbox"/> Clean                                                                  |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                      |  |

## INSTRUCTIONS

**Proficiency Check Warm-up** - use the PCWU column to record an S - Satisfactory for PC creditable items or leave blank if not proficient in creditable items. Do not use Repeat column or shaded blocks.

**Instructors** - Place a diagonal line through all PCWU non-shaded boxes, with the exception of Non Appendix F Maneuvers.

**Non Appendix F Maneuvers** - use the PCWU column to record a C - Complete for Non-Appendix F Maneuvers or leave blank if not proficient. Non proficient items must be completed during the PC. Maneuvers not observed per the lesson profile are marked with a diagonal line. Do not use shaded repeat blocks.

**Proficiency Check** - use the PC/RFT column (Status) to record an S - Satisfactory or U - Unsatisfactory. Items left blank from the PCWU must be completed during the PC.

**Repeat** - Enter applicable repeat code in repeat column. If more than one repeat for any one item enter U in status column.

**Recurrent Flight Training** - use the PC/RFT column (status) to record a C - Complete or I - Incomplete. Enter applicable status code for incomplete in the repeat column. Use a diagonal line for Non-Appendix F Maneuvers during the RFT.

**Landing Recency** - Complete the information areas including the number of takeoffs and landings. Check the T/O/LDG Recency Box. Use the PC/RFT columns to enter a grade. Record the time in "Other Training Time" box.

**Landing Currency** - Complete the information areas including the number of takeoffs and landings. Check the TO/LDG Currency Box. Record the time in "Other Training Time" box. No grades. Place a " / " in all PC/RFT boxes.

**CAT II/III Check** - When a CAT II/III - PAR/PRM training qualification period is conducted independently of the PC/Type Rating, record the number of TO/LDG's, use "Other Training Time".

Use the CAT II/III PC/RFT and the applicable Non Appendix F status boxes to record S/U or C/I as appropriate.

Place a "/" (not observed) in all other PC/RFT and Non Appendix F status boxes.

### GENERAL

- Airman Signature** - Airman should sign the completed form. If the Airman refuses to sign enter "RTS".
- A/C Type** - Use 744, -8, 767 or as applicable
- Certificate** - Place an "X" in the Airman Certificates, English Proficient (must be displayed on certificate), Medical, FCC Permit and Photo ID (Government Issue) boxes after reviewing airman certificate, FCC radiotelephone operator permit, medical, and photo ID.  
  
English Proficiency: (PC Only) In the PC/RFT columns (Status), record an S - Satisfactory, or U - Unsatisfactory if ICAO level 4 proficiency is not demonstrated. English Proficiency is ascertained during both the briefing/oral and during the simulator evaluation (communication with other crewmember and ATC).
- Simulator ID #** - Record the simulator FAA ID number for the PCWU and PC or a single entry for the RFT.

- Takeoff and Landings** - Record the number of takeoff and landings. A minimum of three takeoffs and landings are required.
- PCWU - PC/RFT Time** - Record the total simulator time. Do not divide the time between PF and PM activities.
- Waived Items** - Mark any waived items (Indicated by ★) with a "W" as applicable.
- Credit during PCWU** - Items marked with "★" can be evaluated during the PCWU and credited toward the PC if found proficient by a Check Airman only.
- Status** - Enter a mark in every status block for PC / RFT. Acceptable entries are restricted to S, U, C, I, W, or a diagonal line. For the PCWU Shaded blocks are not marked. Creditable Items which are not found proficient are left blank. For the PC - the PC / RFT status box should be marked with a diagonal line for those items in which credit was given for creditable items and for Non Appendix F maneuvers found proficient during the PCWU.
- Emergency / Abnormal Procedures** - If any Emergency / Abnormal procedure is graded with a U or I, identify which procedure was graded as such in the remarks section.
- Repeat** - (PC only) Identify the reason for repeated, incomplete or unsatisfactory events by using the letter codes *A (systems knowledge)*, *B (control technique or execution)*, or *C (procedural error)*. Do not use for Non Appendix F maneuvers as these maneuvers are to be trained and not checked.  
  
Only ONE repeat is allowed for each item. The number of items that may be repeated is a function of available time and the discretion of the check airman. If the first attempt is unsuccessful, a repeat may only be given after training in that maneuver has been accomplished. If there were no repeats, the repeat columns should remain blank.
- Result** - Place an "X" in the appropriate RESULT box. If the simulator fails for an extended period during an event or the crewmember is incapacitated due to illness the event will be suspended and an "X" will be placed in the appropriate box.
- Remarks** - Place an X in the appropriate box indicating that remarks have been included on the reverse side of the form. Remarks should be made for Unsatisfactory or Repeated events. Make remarks brief and specific, avoiding vague or immeasurable comments. For example, for a repeated ILS approach due to inability to maintain glide slope, enter "deviation exceeded one dot." The remarks section is also used to note additional procedures e.g. special training at a specific airport.
- LTFC / PWP** - The event will be either a RFT or PC as directed by the Fleet Captain
- Disposition of Paperwork** - return completed form to Training Records. In the event of a PCWU place the form in the students "V" file in the records department.
- PAR / PRM** - Conducted during Initial Training as part of the CAT II/III qualification syllabus. Enter C or I to indicate status of training when conducted.

REMARKS / ADDITIONAL PROCEDURES:





## PILOT TRAINING / CHECK GRADE SHEET

TRAINING RECORDS FAX 1-866-329-2857 OR 1-786 265-8175

|                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Airmen (last, first, mi)<br><b>Aska, Conrad J.A.</b>                                                                                                                                                           |                                                                                                | Employee No.<br><b>[REDACTED]</b>                                                                                                                                                       |  | <input type="checkbox"/> CA PIC PC <input type="checkbox"/> TO/LDG REGENCY (EXPIRED LDG)<br><input type="checkbox"/> FO PIC PC <input type="checkbox"/> TYPE RATING<br><input type="checkbox"/> RFT <input type="checkbox"/> RLOFT <input checked="" type="checkbox"/> CAT II / III |  | <input type="checkbox"/> TO/LDG CURRENCY                                                                                                                                                                          |  |
| Signature of Airmen<br><b>[REDACTED]</b>                                                                                                                                                                               |                                                                                                | <input type="checkbox"/> CA <input type="checkbox"/> A/C Type<br><input checked="" type="checkbox"/> FO <b>B-767</b>                                                                    |  | EVENT                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                   |  |
| Certificate = <input checked="" type="checkbox"/> ATP<br><input checked="" type="checkbox"/> English Proficient                                                                                                        | Airman Certificate No.<br><b>[REDACTED]</b>                                                    | Medical Date: <b>04/16/17</b><br><input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> N/A                                                 |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REQUALIFICATION<br><input type="checkbox"/> TRANSITION <input type="checkbox"/> REFRESHER<br><input type="checkbox"/> UPGRADE <input type="checkbox"/> CONSOLIDATION<br><input type="checkbox"/> RECURRENT     |  | <input type="checkbox"/> PWP                                                                                                                                                                                      |  |
| Simulator ID #<br><b>330 /</b>                                                                                                                                                                                         | <input checked="" type="checkbox"/> FCC Permit<br><input checked="" type="checkbox"/> Photo ID | TO/LDG # (3 Minimum)<br><b>3/3</b>                                                                                                                                                      |  | CATEGORY OF EVENT                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                   |  |
| Other Training Time (Hrs+Min)<br><b>2+00</b>                                                                                                                                                                           | PCWU Time (Hrs+Min)                                                                            | PC/RFT/RLOFT Time (Hrs+Min)                                                                                                                                                             |  | RESULT                                                                                                                                                                                                                                                                              |  | <input checked="" type="checkbox"/> SATISFACTORY / COMPLETE<br><input type="checkbox"/> UNSAT / INCOMPLETE – REMOVED FROM FLIGHT STATUS<br><input type="checkbox"/> INCOMPLETE – SIMULATOR MALFUNCTION OR ILLNESS |  |
| PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD (Last, First)                                                                                                                                            |                                                                                                | Employee No.                                                                                                                                                                            |  | FAA OBSERVATION                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                   |  |
| Signature of PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD                                                                                                                                             |                                                                                                | Date (mm/dd/yy)                                                                                                                                                                         |  | Name of Observing FAA Inspector / Examiner (Last, First, Mi)                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                   |  |
| PC Check Airman / APD (Last, First)<br><b>PEAVLEY, BILLY R.</b>                                                                                                                                                        |                                                                                                | Employee No.<br><b>850</b>                                                                                                                                                              |  | Signature of Observing FAA Inspector / Examiner                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                   |  |
| PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD                                                                                                                                                          |                                                                                                | Date (mm/dd/yy)<br><b>09/30/17</b>                                                                                                                                                      |  | FSDO                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                   |  |
| Codes used for Repeat, Unsatisfactory or Incomplete Status<br>A= Systems Knowledge<br>B= Control Tech or Execution<br>C= Procedural Error                                                                              |                                                                                                | Status Grading Key<br>S = Satisfactory   U = Unsatisfactory<br>C = Complete   I = Incomplete<br>W = Waived   / = Not Observed<br>* = Waiver authority (PC)   ✱ = Creditable during PCWU |  | Date (mm/dd/yy)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                        |                                                                                                | PC/RFT   PCWU                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                     |  | PC/RFT   PCWU                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                        |                                                                                                | Repeat   Status   Status                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                     |  | Repeat   Status   Status                                                                                                                                                                                          |  |
| 1. Equipment / Oral Examination / Briefing                                                                                                                                                                             |                                                                                                |                                                                                                                                                                                         |  | LANDINGS                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                   |  |
| GROUND OPERATIONS                                                                                                                                                                                                      |                                                                                                |                                                                                                                                                                                         |  | 22. Landing from an ILS                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                   |  |
| 2. Preflight Inspection                                                                                                                                                                                                |                                                                                                |                                                                                                                                                                                         |  | 23. Crosswind Landing                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                   |  |
| 3. Taxi / Runway Operations                                                                                                                                                                                            |                                                                                                |                                                                                                                                                                                         |  | 24. Rejected Landing ✱                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                   |  |
| 4. Powerplant Checks                                                                                                                                                                                                   |                                                                                                |                                                                                                                                                                                         |  | 25. Landing with an Engine Inoperative                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                   |  |
| TAKEOFFS                                                                                                                                                                                                               |                                                                                                |                                                                                                                                                                                         |  | 26. Landing with 50% Power Loss                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                   |  |
| 5. Normal                                                                                                                                                                                                              |                                                                                                |                                                                                                                                                                                         |  | NON APPENDIX F MANEUVERS (C, I or /)                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                   |  |
| 6. Instrument                                                                                                                                                                                                          |                                                                                                |                                                                                                                                                                                         |  | 27. Windshear                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                   |  |
| 7. Crosswind                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                         |  | 28. Unusual Attitude / Airplane Upset Recovery                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                   |  |
| 8. With Powerplant Failure                                                                                                                                                                                             |                                                                                                |                                                                                                                                                                                         |  | 29. CFIT                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                   |  |
| 9. Rejected T/O ✱                                                                                                                                                                                                      |                                                                                                |                                                                                                                                                                                         |  | 30. TCAS                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                   |  |
| INSTRUMENT PROCEDURES                                                                                                                                                                                                  |                                                                                                |                                                                                                                                                                                         |  | 31. Seat Specific (CA)                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                   |  |
| 10. RNAV1 Departure ✱ / RNAV1 Arrival ✱ (one required)                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                         |  | 32. PRM                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                   |  |
| 11. Holding ✱ ✱                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                         |  | 33. PAR                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                   |  |
| 12. Normal ILS Approach <input type="checkbox"/> Manual <input type="checkbox"/> Autoland                                                                                                                              |                                                                                                |                                                                                                                                                                                         |  | GENERAL                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                   |  |
| 13. Engine out ILS                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                                         |  | 34. CRM / TEM                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                   |  |
| 14. CAT II ILS Approach   PF (CA) <input checked="" type="checkbox"/> PM (FO) ✱<br>Normal <input checked="" type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                          |                                                                                                |                                                                                                                                                                                         |  | 35. Emergency / Abnormal Procedures                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                   |  |
| 15. CAT III ILS Approach   PF (CA) <input checked="" type="checkbox"/> PM (FO) ✱<br>Normal <input checked="" type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                         |                                                                                                |                                                                                                                                                                                         |  | 36. Use of Checklists                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                   |  |
| 16. Non-Precision approach <input type="checkbox"/> Manual<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV        |                                                                                                |                                                                                                                                                                                         |  | 37. FMC / CDU                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                   |  |
| 17. Second Non-Precision approach <input type="checkbox"/> Manual<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV |                                                                                                |                                                                                                                                                                                         |  | 38. English Proficient                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                   |  |
| 18. Missed Approach from ILS                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                         |  | 39. Judgment                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                   |  |
| 19. Second Missed Approach                                                                                                                                                                                             |                                                                                                |                                                                                                                                                                                         |  | REMARKS                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                   |  |
| IN-FLIGHT MANEUVERS                                                                                                                                                                                                    |                                                                                                |                                                                                                                                                                                         |  | (SPACE PROVIDED ON BACK OF FORM)                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                   |  |
| 20. Steep Turns ✱ ✱                                                                                                                                                                                                    |                                                                                                |                                                                                                                                                                                         |  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                   |  |
| 21. Approach to Stall - (One in turn T/O Config Req) ✱ ✱<br><input type="checkbox"/> T/O <input type="checkbox"/> LDG <input type="checkbox"/> Clean                                                                   |                                                                                                |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                   |  |

## INSTRUCTIONS

**Proficiency Check Warm-up** - use the PCWU column to record an S - Satisfactory for PC creditable items or leave blank if not proficient in creditable items. Do not use Repeat column or shaded blocks.

**Instructors** – Place a diagonal line through all PCWU non-shaded boxes, with the exception of Non Appendix F Maneuvers.

**Non Appendix F Maneuvers** - use the PCWU column to record a C - Complete for Non-Appendix F Maneuvers or leave blank if not proficient. Non proficient items must be completed during the PC. Maneuvers not observed per the lesson profile are marked with a diagonal line. Do not use shaded repeat blocks.

**Proficiency Check** - use the PC/RFT column (Status) to record an S - Satisfactory or U - Unsatisfactory. Items left blank from the PCWU must be completed during the PC.

**Repeat** – Enter applicable repeat code in repeat column. If more than one repeat for any one item enter U in status column.

**Recurrent Flight Training** - use the PC/RFT column (status) to record a C - Complete or I - Incomplete. Enter applicable status code for incomplete in the repeat column. Use a diagonal line for Non-Appendix F Maneuvers during the RFT.

**Landing Recency** - Complete the information areas including the number of takeoffs and landings. Check the T/O/LDG Recency Box. Use the PC/RFT columns to enter a grade. Record the time in "Other Training Time" box.

**Landing Currency** - Complete the information areas including the number of takeoffs and landings. Check the TO/LDG Currency Box. Record the time in "Other Training Time" box. No grades. Place a " / " in all PC/RFT boxes.

**CAT II/III Check** – When a CAT II/III - PAR/PRM training qualification period is conducted independently of the PC/Type Rating, record the number of TO/LDG's, use "Other Training Time".

Use the CAT II/III PC/RFT and the applicable Non Appendix F status boxes to record S/U or C/I as appropriate.

Place a " / " (not observed) in all other PC/RFT and Non Appendix F status boxes.

### GENERAL

- Airman Signature** – Airman should sign the completed form. If the Airman refuses to sign enter "RTS".
- A/C Type** – Use 744, -8, 767 or as applicable
- Certificate** - Place an "X" in the Airman Certificates, English Proficient (must be displayed on certificate), Medical, FCC Permit and Photo ID (Government Issue) boxes after reviewing airman certificate, FCC radiotelephone operator permit, medical, and photo ID.  
English Proficiency: (PC Only) In the PC/RFT columns (Status), record an S – Satisfactory, or U – Unsatisfactory if ICAO level 4 proficiency is not demonstrated. English Proficiency is ascertained during both the briefing/oral and during the simulator evaluation (communication with other crewmember and ATC).
- Simulator ID #** - Record the simulator FAA ID number for the PCWU and PC or a single entry for the RFT.

- Takeoff and Landings** - Record the number of takeoff and landings. A minimum of three takeoffs and landings are required.
- PCWU – PC/RFT Time** - Record the total simulator time. Do not divide the time between PF and PM activities.
- Waived Items** - Mark any waived items (Indicated by ✱) with a "W" as applicable.
- Credit during PCWU** - Items marked with "✱" can be evaluated during the PCWU and credited toward the PC if found proficient by a Check Airman only.
- Status** – Enter a mark in every status block for PC / RFT. Acceptable entries are restricted to S, U, C, I, W, or a diagonal line. For the PCWU - Shaded blocks are not marked. Creditable Items which are not found proficient are left blank. For the PC - the PC / RFT status box should be marked with a diagonal line for those items in which credit was given for creditable items and for Non Appendix F maneuvers found proficient during the PCWU.
- Emergency / Abnormal Procedures** – If any Emergency / Abnormal procedure is graded with a U or I, identify which procedure was graded as such in the remarks section.
- Repeat** – (PC only) Identify the reason for repeated, incomplete or unsatisfactory events by using the letter codes *A (systems knowledge)*, *B (control technique or execution)*, or *C (procedural error)*. Do not use for Non Appendix F maneuvers as these maneuvers are to be trained and not checked.  
Only ONE repeat is allowed for each item. The number of items that may be repeated is a function of available time and the discretion of the check airman. If the first attempt is unsuccessful, a repeat may only be given after training in that maneuver has been accomplished. If there were no repeats, the repeat columns should remain blank.
- Result** - Place an "X" in the appropriate RESULT box. If the simulator fails for an extended period during an event or the crewmember is incapacitated due to illness the event will be suspended and an "X" will be placed in the appropriate box.
- Remarks** - Place an X in the appropriate box indicating that remarks have been included on the reverse side of the form. Remarks should be made for Unsatisfactory or Repeated events. Make remarks brief and specific, avoiding vague or immeasurable comments. For example, for a repeated ILS approach due to inability to maintain glide slope, enter "deviation exceeded one dot." The remarks section is also used to note additional procedures e.g. special training at a specific airport.
- LTFC / PWP** – The event will be either a RFT or PC as directed by the Fleet Captain
- Disposition of Paperwork** - return completed form to Training Records. In the event of a PCWU place the form in the students "V" file in the records department.
- PAR / PRM** – Conducted during Initial Training as part of the CAT II/III qualification syllabus. Enter C or I to indicate status of training when conducted.

### REMARKS / ADDITIONAL PROCEDURES:





## PILOT TRAINING / CHECK GRADE SHEET

TRAINING RECORDS FAX 1-866-329-2857 OR 1-786 265-8175

|                                                                                                                                                                                                   |  |                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                     |  |                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|
| Name of Airman (last, first, mi)<br><b>ASKA, CONRAD J.A.</b>                                                                                                                                      |  | Employee No.<br>[REDACTED]                                                                        |  | EVENT<br><input checked="" type="checkbox"/> CA PIC PC <input checked="" type="checkbox"/> TO/LDG REGENCY (EXPIRED LDG)<br><input checked="" type="checkbox"/> FO PIC PC <input checked="" type="checkbox"/> TYPE RATING<br><input checked="" type="checkbox"/> RFT <input checked="" type="checkbox"/> RLOFT <input type="checkbox"/> CAT II / III |  | <input type="checkbox"/> TO/LDG CURRENCY |  |
| Signature of Airman<br>[REDACTED]                                                                                                                                                                 |  | <input type="checkbox"/> CA <input checked="" type="checkbox"/> FO A/C Type<br><b>767</b>         |  | CATEGORY OF EVENT<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REQUALIFICATION<br><input type="checkbox"/> TRANSITION <input type="checkbox"/> REFRESHER<br><input type="checkbox"/> UPGRADE <input type="checkbox"/> CONSOLIDATION<br><input type="checkbox"/> RECURRENT                                                |  | <input type="checkbox"/> PWP             |  |
| Certificate - <input checked="" type="checkbox"/> ATP <input checked="" type="checkbox"/> English Proficient                                                                                      |  | Airman Certificate No.<br>[REDACTED]                                                              |  | Medical Date <b>04/11/2017</b><br><input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> N/A                                                                                                                                                                                                            |  |                                          |  |
| Simulator ID #<br><b>330 /</b>                                                                                                                                                                    |  | <input checked="" type="checkbox"/> FCC Permit<br>Photo ID                                        |  | TO/LDG's (3 Maximum)<br><b>4/4</b>                                                                                                                                                                                                                                                                                                                  |  |                                          |  |
| Other Training Time (Hrs+Min)                                                                                                                                                                     |  | PCWU Time (Hrs+Min)                                                                               |  | PC/RFT/RLOFT Time (Hrs+Min)<br><b>3+00</b>                                                                                                                                                                                                                                                                                                          |  |                                          |  |
| PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD (Last, First)                                                                                                                       |  |                                                                                                   |  | Employee No.                                                                                                                                                                                                                                                                                                                                        |  |                                          |  |
| Signature of PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD                                                                                                                        |  |                                                                                                   |  | Date (mm/dd/yy)                                                                                                                                                                                                                                                                                                                                     |  |                                          |  |
| PC Check Airman / APD (Last, First)<br><b>HOOPER, MARK</b>                                                                                                                                        |  |                                                                                                   |  | Employee No.<br>[REDACTED]                                                                                                                                                                                                                                                                                                                          |  |                                          |  |
| Signature of PC Check Airman / APD<br>[REDACTED]                                                                                                                                                  |  |                                                                                                   |  | Date (mm/dd/yy)<br><b>09/26/17</b>                                                                                                                                                                                                                                                                                                                  |  |                                          |  |
| Codes used for Repeat, Unsatisfactory or Incomplete Status<br>A= Systems Knowledge<br>B= Control Tech or Execution<br>C= Procedural Error                                                         |  | Status Grading Key<br>S = Satisfactory<br>C = Complete<br>W = Waived<br>* - Waiver authority (PC) |  | U = Unsatisfactory<br>I = Incomplete<br>/ = Not Observed<br>✱ = Creditable during PCWU                                                                                                                                                                                                                                                              |  |                                          |  |
|                                                                                                                                                                                                   |  | PC/RFT                                                                                            |  | PCWU                                                                                                                                                                                                                                                                                                                                                |  |                                          |  |
|                                                                                                                                                                                                   |  | Repeat                                                                                            |  | Status                                                                                                                                                                                                                                                                                                                                              |  | Status                                   |  |
| 1. Equipment / Oral Examination / Briefing                                                                                                                                                        |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| <b>GROUND OPERATIONS</b>                                                                                                                                                                          |  |                                                                                                   |  | <b>LANDINGS</b>                                                                                                                                                                                                                                                                                                                                     |  |                                          |  |
| 2. Preflight Inspection                                                                                                                                                                           |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 3. Taxi / Runway Operations                                                                                                                                                                       |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 4. Powerplant Checks                                                                                                                                                                              |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| <b>TAKEOFFS</b>                                                                                                                                                                                   |  |                                                                                                   |  | 22. Landing from an ILS                                                                                                                                                                                                                                                                                                                             |  |                                          |  |
| 5. Normal                                                                                                                                                                                         |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 6. Instrument                                                                                                                                                                                     |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 7. Crosswind                                                                                                                                                                                      |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 8. With Powerplant Failure                                                                                                                                                                        |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 9. Rejected T/O ✱                                                                                                                                                                                 |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| <b>INSTRUMENT PROCEDURES</b>                                                                                                                                                                      |  |                                                                                                   |  | 23. Crosswind Landing                                                                                                                                                                                                                                                                                                                               |  |                                          |  |
| 10. <u>RNAV1</u> Departure ✱ / RNAV1 Arrival ✱ (one required)                                                                                                                                     |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 11. Holding ✱✱                                                                                                                                                                                    |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 12. Normal ILS Approach <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Autoland                                                                                              |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 13. Engine out ILS                                                                                                                                                                                |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 14. CAT II ILS Approach PF (CA) / PM (FO) ✱<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                    |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 15. CAT III ILS Approach PF (CA) / PM (FO) ✱<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                   |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 16. Non-Precision approach<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input checked="" type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV        |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 17. Second Non-Precision approach<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input checked="" type="checkbox"/> RNAV |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 18. Missed Approach from ILS                                                                                                                                                                      |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 19. Second Missed Approach                                                                                                                                                                        |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| <b>IN-FLIGHT MANEUVERS</b>                                                                                                                                                                        |  |                                                                                                   |  | <b>GENERAL</b>                                                                                                                                                                                                                                                                                                                                      |  |                                          |  |
| 20. Steep Turns ✱✱                                                                                                                                                                                |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
| 21. Approach to Stall - (One in turn T/O Config Req) ✱✱<br><input checked="" type="checkbox"/> T/O <input type="checkbox"/> LDG <input type="checkbox"/> Clean                                    |  | /                                                                                                 |  | S                                                                                                                                                                                                                                                                                                                                                   |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 24. Rejected Landing ✱                                                                                                                                                                                                                                                                                                                              |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 25. Landing with an Engine Inoperative                                                                                                                                                                                                                                                                                                              |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 26. Landing with 50% Power Loss                                                                                                                                                                                                                                                                                                                     |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | <b>NON APPENDIX F MANEUVERS (C, I or I)</b>                                                                                                                                                                                                                                                                                                         |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 27. Windshear                                                                                                                                                                                                                                                                                                                                       |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 28. Unusual Attitude / Airplane Upset Recovery                                                                                                                                                                                                                                                                                                      |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 29. CFIT                                                                                                                                                                                                                                                                                                                                            |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 30. TCAS                                                                                                                                                                                                                                                                                                                                            |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 31. Seat Specific (CA)                                                                                                                                                                                                                                                                                                                              |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 32. PRM                                                                                                                                                                                                                                                                                                                                             |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | 33. PAR                                                                                                                                                                                                                                                                                                                                             |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | <b>REMARKS</b>                                                                                                                                                                                                                                                                                                                                      |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | (SPACE PROVIDED ON BACK OF FORM)                                                                                                                                                                                                                                                                                                                    |  |                                          |  |
|                                                                                                                                                                                                   |  |                                                                                                   |  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                    |  |                                          |  |

## INSTRUCTIONS

**Proficiency Check Warm-up** - use the PCWU column to record an S - Satisfactory for PC creditable items or leave blank if not proficient in creditable items. Do not use Repeat column or shaded blocks.

**Instructors** - Place a diagonal line through all PCWU non-shaded boxes, with the exception of Non Appendix F Maneuvers.

**Non Appendix F Maneuvers** - use the PCWU column to record a C - Complete for Non-Appendix F Maneuvers or leave blank if not proficient. Non proficient items must be completed during the PC. Maneuvers not observed per the lesson profile are marked with a diagonal line. Do not use shaded repeat blocks.

**Proficiency Check** - use the PC/RFT column (Status) to record an S - Satisfactory or U - Unsatisfactory. Items left blank from the PCWU must be completed during the PC.

**Repeat** - Enter applicable repeat code in repeat column. If more than one repeat for any one item enter U in status column.

**Recurrent Flight Training** - use the PC/RFT column (status) to record a C - Complete or I - Incomplete. Enter applicable status code for incomplete in the repeat column. Use a diagonal line for Non-Appendix F Maneuvers during the RFT.

**Landing Recency** - Complete the information areas including the number of takeoffs and landings. Check the T/O/LDG Recency Box. Use the PC/RFT columns to enter a grade. Record the time in "Other Training Time" box.

**Landing Currency** - Complete the information areas including the number of takeoffs and landings. Check the TO/LDG Currency Box. Record the time in "Other Training Time" box. No grades. Place a " / " in all PC/RFT boxes.

**CAT II/III Check** - When a CAT II/III - PAR/PRM training qualification period is conducted independently of the PC/Type Rating, record the number of TO/LDG's, use "Other Training Time".

Use the CAT II/III PC/RFT and the applicable Non Appendix F status boxes to record S/U or C/I as appropriate.

Place a "I" (not observed) in all other PC/RFT and Non Appendix F status boxes.

### GENERAL

- Airman Signature** - Airman should sign the completed form. If the Airman refuses to sign enter "RTS".
- A/C Type** - Use 744, -8, 767 or as applicable
- Certificate** - Place an "X" in the Airman Certificates, English Proficient (must be displayed on certificate), Medical, FCC Permit and Photo ID (Government Issue) boxes after reviewing airman certificate, FCC radiotelephone operator permit, medical, and photo ID.  
  
English Proficiency: (PC Only) In the PC/RFT columns (Status), record an S - Satisfactory, or U - Unsatisfactory if ICAO level 4 proficiency is not demonstrated. English Proficiency is ascertained during both the briefing/oral and during the simulator evaluation (communication with other crewmember and ATC).
- Simulator ID #** - Record the simulator FAA ID number for the PCWU and PC or a single entry for the RFT.

- Takeoff and Landings** - Record the number of takeoff and landings. A minimum of three takeoffs and landings are required.
- PCWU - PC/RFT Time** - Record the total simulator time. Do not divide the time between PF and PM activities.
- Waived Items** - Mark any waived items (Indicated by ★) with a "W" as applicable.
- Credit during PCWU** - Items marked with "★" can be evaluated during the PCWU and credited toward the PC if found proficient by a Check Airman only.
- Status** - Enter a mark in every status block for PC / RFT. Acceptable entries are restricted to S, U, C, I, W, or a diagonal line. For the PCWU - Shaded blocks are not marked. Creditable Items which are not found proficient are left blank. For the PC - the PC / RFT status box should be marked with a diagonal line for those items in which credit was given for creditable items and for Non Appendix F maneuvers found proficient during the PCWU.
- Emergency / Abnormal Procedures** - If any Emergency / Abnormal procedure is graded with a U or I, identify which procedure was graded as such in the remarks section.
- Repeat** - (PC only) Identify the reason for repeated, incomplete or unsatisfactory events by using the letter codes *A (systems knowledge)*, *B (control technique or execution)*, or *C (procedural error)*. Do not use for Non Appendix F maneuvers as these maneuvers are to be trained and not checked.  
  
Only ONE repeat is allowed for each item. The number of items that may be repeated is a function of available time and the discretion of the check airman. If the first attempt is unsuccessful, a repeat may only be given after training in that maneuver has been accomplished. If there were no repeats, the repeat columns should remain blank.
- Result** - Place an "X" in the appropriate RESULT box. If the simulator fails for an extended period during an event or the crewmember is incapacitated due to illness the event will be suspended and an "X" will be placed in the appropriate box.
- Remarks** - Place an X in the appropriate box indicating that remarks have been included on the reverse side of the form. Remarks should be made for Unsatisfactory or Repeated events. Make remarks brief and specific, avoiding vague or immeasurable comments. For example, for a repeated ILS approach due to inability to maintain glide slope, enter "deviation exceeded one dot." The remarks section is also used to note additional procedures e.g. special training at a specific airport.
- LTFC / PWP** - The event will be either a RFT or PC as directed by the Fleet Captain
- Disposition of Paperwork** - return completed form to Training Records. In the event of a PCWU place the form in the students "V" file in the records department.
- PAR / PRM** - Conducted during Initial Training as part of the CAT II/III qualification syllabus. Enter C or I to indicate status of training when conducted.

REMARKS / ADDITIONAL PROCEDURES:



## PILOT TRAINING / CHECK GRADE SHEET

TRAINING RECORDS FAX 1-866-329-2857 OR 1-786 265-8175

|                                                                                                                                                              |                                                                                                |                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Airman (last, first, mi)<br><b>Aska, Conrad J.A.</b>                                                                                                 |                                                                                                | Employee No.<br>[REDACTED]                                                                                                                                                                  |  | <input type="checkbox"/> CA PIC PC <input type="checkbox"/> TO/LDG REGENCY (EXPIRED LDG)<br><input type="checkbox"/> FO PIC PC <input checked="" type="checkbox"/> TYPE RATING<br><input type="checkbox"/> RFT <input type="checkbox"/> RLOFT <input type="checkbox"/> CAT II / III |  | <input type="checkbox"/> TO/LDG CURRENCY                                                                                                                                                                                                                                        |  |
| Signature of Airman<br><i>[Signature]</i>                                                                                                                    |                                                                                                | <input type="checkbox"/> CA    A/C Type<br><input checked="" type="checkbox"/> FO    B-767                                                                                                  |  | EVENT                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 |  |
| Certificate - <input checked="" type="checkbox"/> ATP<br><input checked="" type="checkbox"/> English Proficient                                              | Airman Certificate No.<br>[REDACTED]                                                           | Medical Date: <b>04/11/17</b><br><input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> N/A                                                     |  | CATEGORY OF EVENT                                                                                                                                                                                                                                                                   |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REQUALIFICATION<br><input type="checkbox"/> TRANSITION <input type="checkbox"/> REFRESHER<br><input type="checkbox"/> UPGRADE <input type="checkbox"/> CONSOLIDATION<br><input type="checkbox"/> RECURRENT |  |
| Simulator ID #<br><b>330 /</b>                                                                                                                               | <input checked="" type="checkbox"/> FCC Permit<br><input checked="" type="checkbox"/> Photo ID | TO/LDG's (J Minimum)<br><b>2/2</b>                                                                                                                                                          |  | RESULT                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> PWP                                                                                                                                                                                                                                                    |  |
| Other Training Time (Hrs+Min)                                                                                                                                | PCWU Time (Hrs+Min)                                                                            | PC/RFT/RLOFT Time (Hrs+Min)<br><b>1:45</b>                                                                                                                                                  |  | <input type="checkbox"/> SATISFACTORY / COMPLETE<br><input checked="" type="checkbox"/> UNSAT / INCOMPLETE - REMOVED FROM FLIGHT STATUS<br><input type="checkbox"/> INCOMPLETE - SIMULATOR MALFUNCTION OR ILLNESS                                                                   |  |                                                                                                                                                                                                                                                                                 |  |
| PCWU / RFT / RLOFT / Other<br><b>BEAVLEY, BILLY R.</b>                                                                                                       |                                                                                                | Instructor / Ck Amn / APD (Last, First)<br>[REDACTED]                                                                                                                                       |  | Employee No.<br>[REDACTED]                                                                                                                                                                                                                                                          |  | FAA OBSERVATION                                                                                                                                                                                                                                                                 |  |
| [REDACTED]                                                                                                                                                   |                                                                                                | Date (mm/dd/yy)<br><b>07/29/17</b>                                                                                                                                                          |  | Name of Observing FAA Inspector / Examiner (Last, First, Mi)<br>[REDACTED]                                                                                                                                                                                                          |  | FSDO<br><b>61-05</b>                                                                                                                                                                                                                                                            |  |
| PC Check Airman / APD (Last, First)<br><b>BEAVLEY, BILLY R.</b>                                                                                              |                                                                                                | Date (mm/dd/yy)<br>[REDACTED]                                                                                                                                                               |  | [REDACTED]                                                                                                                                                                                                                                                                          |  | Date (mm/dd/yy)<br><b>09/22/17</b>                                                                                                                                                                                                                                              |  |
| Simulator ID #<br>[REDACTED]                                                                                                                                 |                                                                                                | Date (mm/dd/yy)<br><b>09/22/17</b>                                                                                                                                                          |  | [REDACTED]                                                                                                                                                                                                                                                                          |  | [REDACTED]                                                                                                                                                                                                                                                                      |  |
| Code Used for Repeat, Unsatisfactory or Incomplete Status<br>A= Systems Knowledge<br>B= Control Tech or Execution<br>C= Procedural Error                     |                                                                                                | Status Grading Key<br>S = Satisfactory<br>C = Complete<br>W = Waived<br>* = waiver authority (PC)<br>U = Unsatisfactory<br>I = Incomplete<br>/ = Not Observed<br>* = Creditable during PCWU |  | Name of Observing FAA Inspector / Examiner (Last, First, Mi)<br>[REDACTED]                                                                                                                                                                                                          |  | FSDO<br>[REDACTED]                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                              |                                                                                                | PC/RFT    PCWU                                                                                                                                                                              |  | PC/RFT    PCWU                                                                                                                                                                                                                                                                      |  | PC/RFT    PCWU                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                              |                                                                                                | Repeat    Status    Status                                                                                                                                                                  |  | Repeat    Status    Status                                                                                                                                                                                                                                                          |  | Repeat    Status    Status                                                                                                                                                                                                                                                      |  |
| 1. Equipment / Oral Examination / Briefing                                                                                                                   |                                                                                                | [S]                                                                                                                                                                                         |  | LANDINGS                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                 |  |
| GROUND OPERATIONS                                                                                                                                            |                                                                                                |                                                                                                                                                                                             |  | 22. Landing from an ILS                                                                                                                                                                                                                                                             |  | [S]                                                                                                                                                                                                                                                                             |  |
| 2. Preflight Inspection                                                                                                                                      |                                                                                                | [S]                                                                                                                                                                                         |  | 23. Crosswind Landing                                                                                                                                                                                                                                                               |  | [S]                                                                                                                                                                                                                                                                             |  |
| 3. Taxi / Runway Operations                                                                                                                                  |                                                                                                | [S]                                                                                                                                                                                         |  | 24. Rejected Landing *                                                                                                                                                                                                                                                              |  | [S]                                                                                                                                                                                                                                                                             |  |
| 4. Powerplant Checks                                                                                                                                         |                                                                                                | [S]                                                                                                                                                                                         |  | 25. Landing with an Engine Inoperative                                                                                                                                                                                                                                              |  | [S]                                                                                                                                                                                                                                                                             |  |
| TAKEOFFS                                                                                                                                                     |                                                                                                |                                                                                                                                                                                             |  | 26. Landing with 50% Power Loss                                                                                                                                                                                                                                                     |  | [S]                                                                                                                                                                                                                                                                             |  |
| 5. Normal                                                                                                                                                    |                                                                                                | [S]                                                                                                                                                                                         |  | NON APPENDIX F MANEUVERS (C, I or /)                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                 |  |
| 6. Instrument                                                                                                                                                |                                                                                                | [S]                                                                                                                                                                                         |  | 27. Windshear                                                                                                                                                                                                                                                                       |  | [S]                                                                                                                                                                                                                                                                             |  |
| 7. Crosswind                                                                                                                                                 |                                                                                                | [S]                                                                                                                                                                                         |  | 28. Unusual Attitude / Airplane Upset Recovery                                                                                                                                                                                                                                      |  | [S]                                                                                                                                                                                                                                                                             |  |
| 8. With Powerplant Failure                                                                                                                                   |                                                                                                | [S]                                                                                                                                                                                         |  | 29. CFIT                                                                                                                                                                                                                                                                            |  | [S]                                                                                                                                                                                                                                                                             |  |
| 9. Rejected T/O *                                                                                                                                            |                                                                                                | [S]                                                                                                                                                                                         |  | 30. TCAS                                                                                                                                                                                                                                                                            |  | [S]                                                                                                                                                                                                                                                                             |  |
| INSTRUMENT PROCEDURES                                                                                                                                        |                                                                                                |                                                                                                                                                                                             |  | 31. Seat Specific (CA)                                                                                                                                                                                                                                                              |  | [S]                                                                                                                                                                                                                                                                             |  |
| 10. RNAV1 Departure * / RNAV1 Arrival * (one required)                                                                                                       |                                                                                                | [S]                                                                                                                                                                                         |  | 32. PRM                                                                                                                                                                                                                                                                             |  | [S]                                                                                                                                                                                                                                                                             |  |
| 11. Holding *                                                                                                                                                |                                                                                                | [S]                                                                                                                                                                                         |  | 33. PAR                                                                                                                                                                                                                                                                             |  | [S]                                                                                                                                                                                                                                                                             |  |
| 12. Normal ILS Approach <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Autoland                                                         |                                                                                                | [S]                                                                                                                                                                                         |  | GENERAL                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                 |  |
| 13. Engine out ILS                                                                                                                                           |                                                                                                | [S]                                                                                                                                                                                         |  | 34. CRM / TEM                                                                                                                                                                                                                                                                       |  | [U]                                                                                                                                                                                                                                                                             |  |
| 14. CAT II ILS Approach    PF (CA) / PM (FO) *                                                                                                               |                                                                                                | [S]                                                                                                                                                                                         |  | 35. Emergency / Abnormal Procedures                                                                                                                                                                                                                                                 |  | [S]                                                                                                                                                                                                                                                                             |  |
| Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                              |                                                                                                | [S]                                                                                                                                                                                         |  | 36. Use of Checklists                                                                                                                                                                                                                                                               |  | [S]                                                                                                                                                                                                                                                                             |  |
| 15. CAT III ILS Approach    PF (CA) / PM (FO) *                                                                                                              |                                                                                                | [S]                                                                                                                                                                                         |  | 37. FMC / CDU                                                                                                                                                                                                                                                                       |  | [S]                                                                                                                                                                                                                                                                             |  |
| Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                              |                                                                                                | [S]                                                                                                                                                                                         |  | 38. English Proficient                                                                                                                                                                                                                                                              |  | [S]                                                                                                                                                                                                                                                                             |  |
| 16. Non-Precision approach <input type="checkbox"/> Manual                                                                                                   |                                                                                                | [S]                                                                                                                                                                                         |  | 39. Judgment                                                                                                                                                                                                                                                                        |  | [S]                                                                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input checked="" type="checkbox"/> RNAV |                                                                                                | [S]                                                                                                                                                                                         |  | REMARKS                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                 |  |
| 17. Second Non-Precision approach <input type="checkbox"/> Manual                                                                                            |                                                                                                | [S]                                                                                                                                                                                         |  | (SPACE PROVIDED ON BACK OF FORM)                                                                                                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                |  |
| <input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input checked="" type="checkbox"/> RNAV |                                                                                                | [S]                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |  |
| 18. Missed Approach from ILS                                                                                                                                 |                                                                                                | [S]                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |  |
| 19. Second Missed Approach                                                                                                                                   |                                                                                                | [S]                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |  |
| IN-FLIGHT MANEUVERS                                                                                                                                          |                                                                                                |                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |  |
| 20. Steep Turns *                                                                                                                                            |                                                                                                | [S]                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |  |
| 21. Approach to Stall - (One in turn T/O Config Req) *                                                                                                       |                                                                                                | [S]                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |  |
| <input checked="" type="checkbox"/> T/O <input type="checkbox"/> LDG <input type="checkbox"/> Clean                                                          |                                                                                                | [S]                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |  |



## INSTRUCTIONS

**Proficiency Check Warm-up** - use the PCWU column to record an S - Satisfactory for PC creditable items or leave blank if not proficient in creditable items. Do not use Repeat column or shaded blocks.

**Instructors** - Place a diagonal line through all PCWU non-shaded boxes, with the exception of Non Appendix F Maneuvers.

**Non Appendix F Maneuvers** - use the PCWU column to record a C - Complete for Non-Appendix F Maneuvers or leave blank if not proficient. Non proficient items must be completed during the PC. Maneuvers not observed per the lesson profile are marked with a diagonal line. Do not use shaded repeat blocks.

**Proficiency Check** - use the PC/RFT column (Status) to record an S - Satisfactory or U - Unsatisfactory. Items left blank from the PCWU must be completed during the PC.

**Repeat** - Enter applicable repeat code in repeat column. If more than one repeat for any one item enter U in status column.

**Recurrent Flight Training** - use the PC/RFT column (status) to record a C - Complete or I - Incomplete. Enter applicable status code for incomplete in the repeat column. Use a diagonal line for Non-Appendix F Maneuvers during the RFT.

**Landing Recency** - Complete the information areas including the number of takeoffs and landings. Check the T/O/LDG Recency Box. Use the PC/RFT columns to enter a grade. Record the time in "Other Training Time" box.

**Landing Currency** - Complete the information areas including the number of takeoffs and landings. Check the TO/LDG Currency Box. Record the time in "Other Training Time" box. No grades. Place a "/" in all PC/RFT boxes.

**CAT II/III Check** - When a CAT II/III - PAR/PRM training qualification period is conducted independently of the PC/Type Rating, record the number of TO/LDG's, use "Other Training Time".

Use the CAT II/III PC/RFT and the applicable Non Appendix F status boxes to record S/U or C/I as appropriate.

Place a "/" (not observed) in all other PC/RFT and Non Appendix F status boxes.

### GENERAL

- Airman Signature** - Airman should sign the completed form. If the Airman refuses to sign enter "RTS".
- A/C Type** - Use 744, -8, 767 or as applicable
- Certificate** - Place an "X" in the Airman Certificates, English Proficient (must be displayed on certificate), Medical, FCC Permit and Photo ID (Government Issue) boxes after reviewing airman certificate, FCC radiotelephone operator permit, medical, and photo ID.
- English Proficiency: (PC Only)** In the PC/RFT columns (Status), record an S - Satisfactory, or U - Unsatisfactory if ICAO level 4 proficiency is not demonstrated. English Proficiency is ascertained during both the briefing/oral and during the simulator evaluation (communication with other crewmember and ATC).
- Simulator ID #** - Record the simulator FAA ID number for the PCWU and PC or a single entry for the RFT.

- Takeoff and Landings** - Record the number of takeoff and landings. A minimum of three takeoffs and landings are required.
- PCWU - PC/RFT Time** - Record the total simulator time. Do not divide the time between PF and PM activities.
- Waived Items** - Mark any waived items (Indicated by ☆) with a "W" as applicable.
- Credit during PCWU** - Items marked with "☆" can be evaluated during the PCWU and credited toward the PC if found proficient by a Check Airman only.
- Status** - Enter a mark in every status block for PC / RFT. Acceptable entries are restricted to S, U, C, I, W, or a diagonal line. For the PCWU - Shaded blocks are not marked. Creditable Items which are not found proficient are left blank. For the PC - the PC / RFT status box should be marked with a diagonal line for those items in which credit was given for creditable items and for Non Appendix F maneuvers found proficient during the PCWU.
- Emergency / Abnormal Procedures** - If any Emergency / Abnormal procedure is graded with a U or I, identify which procedure was graded as such in the remarks section.
- Repeat** - (PC only) Identify the reason for repeated, incomplete or unsatisfactory events by using the letter codes A (systems knowledge), B (control technique or execution), or C (procedural error). Do not use for Non Appendix F maneuvers as these maneuvers are to be trained and not checked.  
Only ONE repeat is allowed for each item. The number of items that may be repeated is a function of available time and the discretion of the check airman. If the first attempt is unsuccessful, a repeat may only be given after training in that maneuver has been accomplished. If there were no repeats, the repeat columns should remain blank.
- Result** - Place an "X" in the appropriate RESULT box. If the simulator fails for an extended period during an event or the crewmember is incapacitated due to illness the event will be suspended and an "X" will be placed in the appropriate box.
- Remarks** - Place an X in the appropriate box indicating that remarks have been included on the reverse side of the form. Remarks should be made for Unsatisfactory or Repeated events. Make remarks brief and specific, avoiding vague or immeasurable comments. For example, for a repeated ILS approach due to inability to maintain glide slope, enter "deviation exceeded one dot." The remarks section is also used to note additional procedures e.g. special training at a specific airport.
- LTFC / PWP** - The event will be either a RFT or PC as directed by the Fleet Captain
- Disposition of Paperwork** - return completed form to Training Records. In the event of a PCWU place the form in the students "V" file in the records department.
- PAR / PRM** - Conducted during Initial Training as part of the CAT II/III qualification syllabus. Enter C or I to indicate status of training when conducted.

### REMARKS / ADDITIONAL PROCEDURES:

16. NON-PRECISION APPROACH. INCORRECT PROCEDURES. UNSTABLE APPROACH.  
20. SPEED TURNS. EXCEEDED ALL PTS LIMITS.  
34. CRM/TEAM. DURING EMERGENCY, IGNORED PM ATTEMPTS TO ADDRESS EMERGENCY.  
39. JUDGEMENT. SITUATIONAL AWARENESS VERY LOW. OVERSPOKE FLAPS ON DEPARTURE. EASILY OUT OF SEQUENCE PROCEDURALLY LEADING TO QUESTIONABLE DECISIONS.



Name Aska, Conrad J.A. Employee No. [REDACTED] ☐ Captain ☒ First Officer ☐ FE  
(last, first, mi.)  
Airman Certificate No. [REDACTED] Aircraft Type B-767  
☒ FAA PIC Type Rating ☐ FAA SIC Type Rating ☐ FAA FE Rating ☒ Company PC

**Aircraft Oral Examination**

This airman has completed the required training for the Aircraft Oral Examination.

Ruggan David A [REDACTED]  
Name (last, first mi.) Cert. No.  
[REDACTED] 07/28/17  
Instructor Signature Date (mm/dd/yy)

This airman has satisfactory completed the Aircraft Oral examination.

PEAVLEY BILLY R [REDACTED]  
Name (last, first mi.) Cert. No.  
[REDACTED] 07/29/17  
Instructor Signature Date (mm/dd/yy)

**Simulator Check**

This airman has completed the required training for the Type Rating and / or Company PC.

FRANCHELLA DAVID R [REDACTED]  
Name (last, first mi.) Cert. No.  
[REDACTED] 9/22/17  
Instructor Signature Date (mm/dd/yy)

This airman has satisfactory completed the Type Rating and / or Company PC.

Heaver Mark [REDACTED]  
Name (last, first mi.) Cert. No.  
[REDACTED] 09/26/17  
Instructor Signature Date (mm/dd/yy)

**Qualification Loft**

This airman has completed the Qualification Loft

FRANCHELLA DAVID R [REDACTED]  
Name (last, first mi.) Cert. No.  
[REDACTED] 10/4/17  
Instructor Signature Date (mm/dd/yy)



## GRADE SHEET

Aska, Conrad J.A.

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## Read carefully before filling out forms

## Page Contents

- |                                                           |                                                               |                                                       |
|-----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| 1. INSTRUCTIONS                                           | 8. FBS-4 THROUGH FBS-5 COMMENTS<br>RECOMMEND FOR FFS TRAINING | 15. FFSI-5 PROGRESS ASSESSMENT GRADE<br>FORM          |
| 2. INSTRUCTIONS                                           | 9. FFSI-0 THROUGH FFSI-11 GRADE<br>SHEETS                     | 16. FFSI-5 PROGRESS ASSESSMENT<br>COMMENTS            |
| 3. SIT / FBS-0 GRADE SHEETS                               | 10. FFSI-0 THROUGH FFSI-11 GRADE<br>SHEETS                    | 17. FFSI-6 THROUGH FFSI-8 COMMENTS                    |
| 4. SIT / FBS-0 COMMENTS &<br>RECOMMEND FOR FBS-1 TRAINING | 11. FFSI-0 THROUGH FFSI-2 GRADE<br>SHEETS                     | 18. RECOMMEND FOR TYPE RATING / PC                    |
| 5. FBS-1 THROUGH FBS-5 GRADE<br>SHEETS                    | 13. FFSI-0 THROUGH FFSI-2 COMMENTS                            | 18. FFSI-11 COMMENTS                                  |
| 6. FBS-1 THROUGH FBS-5 GRADE<br>SHEETS                    | 14. FFSI-3 THROUGH FFSI-5 COMMENTS                            | 19. RIGHT SEAT TRAINING COMPLETION<br>LOFT COMPLETION |
| 7. FBS-1 THROUGH FBS-3 COMMENTS                           |                                                               |                                                       |

**Note:** If a Type Rating is required, a Certification Form is included in the training folder. The Certification Form must be completed in addition to those forms contained herein. The Certification Form requires the following sign off's, Oral, Type Rating and LOFT.

The forms in this training folder are organized as a progressive flow, beginning with Systems Integration Training (SIT), Fixed Base Simulator (FBS) Training then Full Flight Simulator (FFS) training, culminating in Line Oriented Flight Training LOFT. SIT and FFS training finishes with a Recommendation. A Progress Assessment (PA) Form must be completed at the conclusion of FFSI-5. The completed PA Form should be removed from the folder and placed in the completed forms drop box. Training Records personnel will ensure the completed form is forwarded to the Fleet Captain and then placed back in the student's folder. A Recommendation Sign-off form is provided at the end of FBS and FFS level of training. When a student is not initially recommended, additional training may be assigned by the Fleet Captain or an Authorized Representative. A "Remedial Training Record" will be provided in the beginning of the folder when additional training is needed. Follow the instructions on the "Remedial Training Record" for completion; no additional grade sheets or other additional pages are required.

## TYPES OF TRAINING

On the top right of the SIT Grade Sheet and FFS Grade Sheet put a check mark in the box corresponding to the type of training program to be conducted, Initial or Initial Equipment.

SYSTEMS INTEGRATION  
TRAINING (SIT)

Check box Complete or Incomplete, include comments on incomplete items. Sign and have student initial comments.

## FBS-0 REC FOR FBS-1 – FBS-5

"Recommend for FBS-1" indicates the student is ready to enter the FBS training program. "Not Recommended for FBS" indicates the student is not ready to begin the FBS training program. Detailed comments must be entered in the applicable Comments block.

## FBS-5 REC FOR FFS

"Recommend for FFS" indicates the student is ready to enter the FFS training program. "Not Recommended for FFS" indicates the student is not ready to begin the FFS training program. Detailed comments must be entered in the applicable Comments block.

## FFS-0 – FFS-8

Place a Complete or Incomplete (C, I) in the grade box of each element. Any "I" grade must include a comment.

## FFS REC FOR PC / TYPE

"Recommend for PC / Type Rating" indicates the student is ready to complete the FFS Proficiency Check. "Not Recommended for PC Type Rating" indicates the student has not consistently demonstrated the standard of proficiency necessary to successfully complete a Proficiency Check. Detailed comments must be entered in the applicable comments block, i.e. FFSI-8.

## LOFT RECORD

Complete blocks as indicated when training completed.

FFS-11 – FO RT SEAT T.O & LNDG  
TRAINING

Place a Complete or Incomplete (C, I) in the grade box of each element. Any "I" grade must include a comment.

## SYSTEM NON-NORMAL

Not all System Non-Normal Procedures are required to be graded. Grading of "System Non-Normal Procedures" should occur as they are completed per the lesson guide.

## GRADING BLOCK

White blocks denote required elements which must be graded for that period. The status (I, C) of the training performed for the particular element of the training period should be entered into the grading block. An I or C should also be entered in the applicable grading blocks when conducting the PC Recommend module. Grey blocks indicate the particular element is not required to be graded for that period. However grades may be entered in grey blocks to indicate further training has been conducted and the element has been completed or remains incomplete.





## GRADE SHEET

Aska, Conrad J.A.

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## COMMENTS FORM

Comments must be entered for **each** training period. Comments should indicate the student's preparedness, strengths and weaknesses. Comments should identify areas where the student should increase efforts and instructors should place further emphasis in continued training. Avoid the use of the term "Normal Progress". **Specific comments must be entered when a student receives an Incomplete.** The comment should indicate why the student was unable to complete the required element. Students should initial comments after reviewing with the instructor.

## PROGRESS ASSESSMENT

A Progress Assessment (PA) Form **must** be completed at the conclusion of FFSI-5. The completed PA Form should be removed from the folder and placed in the completed forms drop box. Training Records personnel will ensure the completed form is reviewed by the Fleet Captain and then placed back in the students' folder.

## ADDITIONAL TRAINING

ADD'L TRAINING GRADESHEETs are included in the trainee records folder, to record additional training periods. Complete the Recommended/Not Recommended block, as applicable, when additional training is completed.

## GRADE SHEET ENTRIES

"C" COMPLETE  
 "I" INCOMPLETE  
 "/" NOT OBSERVED  
 "N/A" NOT APPLICABLE

Enter "C" in the grading block if training was received and satisfactory performance was demonstrated.

Enter "I" in the grading block if training was received but satisfactory performance was not demonstrated.

Note: In the event satisfactory performance is not achieved or the element was not completed the instructor should ensure a detailed explanation is entered on the comments form.

Enter "/" in the grading block for required (white block) elements which are not conducted due to time constraints.

Enter N/A when training element is not applicable.

## Revision Changes

Continued harmonization with 747 language and format

FFSI-0 – FAM – Grade form shading revised

FFSI-11 – Grade form shading revised

FFSI-5 – Progress assessment grade form added back in

FFSI-11 Right seat landings documentation instructors note added



## GRADE SHEET

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## SYSTEMS INTEGRATION TRAINING

Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

Employee No.                     

☐ Captain ☒ First Officer

| Year <u>2017</u> mm/dd                             | <u>07/25</u> | <u>07/30</u> |
|----------------------------------------------------|--------------|--------------|
| <b>Preflight</b>                                   | <b>SIT</b>   | <b>FBS-0</b> |
| Systems Integration Training                       | C            |              |
| Before Start Flows as CA / as FO                   |              | C            |
| Before Start Checklist as CA / as FO               |              | C            |
| <b>Engine Start, Taxi, Takeoff, Climb, Descent</b> |              |              |
| Systems Integration Training                       | C            |              |
| Pushback/Start Flows as CA / as FO                 |              | C            |
| Pushback/Start Checklist as CA / as FO             |              | C            |
| Engine Start Procedures as CA / as FO              |              | C            |
| After Start Flows as CA / as FO                    |              | C            |
| After Start Checklist as CA / as FO                |              | C            |
| Taxi Procedures as CA / as FO                      |              | C            |
| Before Takeoff Checklist as CA / as FO             |              | C            |
| After Takeoff Procedure/Checklist (PF)             |              | C            |
| After Takeoff Procedure/Checklist (PM)             |              | C            |
| Descent & Approach Procedures/Checklist (PF)       |              | C            |
| Descent & Approach Procedures/Checklist (PM)       |              | C            |
| <b>Approach, Landing, Shutdown</b>                 |              |              |
| Systems Integration Training                       | C            |              |
| After Landing Flows as CA / as FO                  |              | C            |
| After Landing Checklist as CA / as FO              |              | C            |
| Shutdown Flows as CA / as FO                       |              | C            |
| Shutdown Checklist as CA / as FO                   |              | C            |



## COMMENTS / RECOMMEND FOR FBS

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## SYSTEMS INTEGRATION TRAINING

 Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)
Employee No. [REDACTED]
☐ Captain ☒ First Officer

|                                                                 |                                    |                                                           |                                     |
|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <b>SIT</b>                                                      | Date <u>07/25/17</u><br>(mm/dd/yy) | Instructor / Check Airman Name <u>Christopher Conradi</u> | Signature <u>[REDACTED]</u>         |
| Comments:<br><u>All areas of SIT Completed SAT.</u>             |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           | Student Initials: <u>[REDACTED]</u> |
| <b>FBS-0</b>                                                    | Date <u>07/30/17</u><br>(mm/dd/yy) | Instructor / Check Airman Name <u>BILL PEAVLEY</u>        | Signature <u>[REDACTED]</u>         |
| Comments:<br><u>All REQUIRED AREAS COMPLETED SATISFACTORLY.</u> |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           |                                     |
|                                                                 |                                    |                                                           | Student Initials: <u>[REDACTED]</u> |

☒ Recommended for FBS-1 Training

☐ Not Recommended for FBS-1 Training

PEAVLEY, Bill  
 Instructor / Check Airman (Print)  
[REDACTED]  
 Instructor / Check Airman (Signature)

[REDACTED]  
 Employee No.

07/30/17  
 Date





## GRADE SHEET

☒ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FIXED BASE SIMULATOR

 Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

 Employee No.                      ☐ Captain ☒ First Officer

| Year <u>2017</u> mm/dd                  | <u>07/31</u> | <u>08/10</u> | <u>08/103</u> | <u>08/104</u> | <u>08/105</u> |
|-----------------------------------------|--------------|--------------|---------------|---------------|---------------|
| General Items                           | FBS-1        | FBS-2        | FBS-3         | FBS-4         | FBS-5         |
| Flow patterns                           | C            | C            | C             | C             | C             |
| Normal procedures / Normal checklists   | C            | I            | C             | C             | I             |
| Briefings, PF/ PM Duties, Callouts      | C            | I            | C             | C             | I             |
| CRM / Judgment / Situational Awareness  | C            | I            | C             | C             | C             |
| Passenger operations                    | C            | C            | C             | C             |               |
| FMS-CDU/EICAS proficiency               | C            | C            | C             | C             | I             |
| MCP / Automation proficiency            | C            | C            | C             | C             | C             |
| FMA / EHSI / EADI mode interpretation   | C            | C            | C             | C             | C             |
| Roll mode exercises (LNAV, HDG SEL)     | C            | C            | C             | C             | C             |
| Pitch mode exercises (VNAV, FLCH, V/S)  | C            | C            | C             | C             | C             |
| Fuel planning & management              |              | C            | C             |               | C             |
| Cold Weather procedures                 |              |              | C             |               | C             |
| Holding                                 |              | C            | C             |               |               |
| QRH proficiency                         |              |              | C             | C             | I             |
| <b>Preflight</b>                        |              |              |               |               |               |
| Electrical power-up procedure           | C            |              |               |               |               |
| Flight deck preflight                   | C            | C            | C             | C             | C             |
| FMS preflight                           | C            | I            | C             | C             | C             |
| Final Flight Deck procedure             | C            | C            | C             | C             | C             |
| <b>Pushback/Start, Taxi</b>             |              |              |               |               |               |
| Pushback/Start procedure                | C            | C            | C             | C             | C             |
| Normal engine Start                     | C            | C            | C             | C             | C             |
| Non-Normal engine start                 |              |              | C             | C             | C             |
| Cold Weather procedures                 |              |              | C             |               | C             |
| Taxi procedures                         | C            | C            | C             | C             | C             |
| Runway change                           |              |              |               | C             |               |
| <b>Takeoff, Climb, Cruise</b>           |              |              |               |               |               |
| Takeoff / Departure procedures          | C            | C            | C             | C             | C             |
| EFP (Engine Failure procedure planning) |              |              | C             | C             | C             |
| Engine failure at V1                    |              |              |               |               |               |
| Low Level Altitude Capture              |              |              | C             | C             |               |
| Best Angle Climb / Best Rate Climb      |              |              |               | C             |               |
| TCAS TA / RA                            |              |              |               |               | n/a           |
| Engine Inoperative drift-down           |              |              |               | C             | C             |



## GRADE SHEET

☒ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FIXED BASE SIMULATOR

 Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)
Employee No.                     
☐ Captain    ☒ First Officer

| Year <u>2017</u>                         | mm/dd | 07/31 | 08/01 | 08/03 | 08/04 | 08/05 |
|------------------------------------------|-------|-------|-------|-------|-------|-------|
| Descent / Approach / Landing             | FBS-1 | FBS-2 | FBS-3 | FBS-4 | FBS-5 |       |
| ILS Autoland approach                    | C     | C     | C     | C     | C     |       |
| ILS Manual                               |       |       |       |       | n/a   | FBS   |
| Non-ILS VNAV CDA approach                |       |       |       | C     | C     |       |
| Non-ILS V/S CDA procedures               |       |       |       | C     |       |       |
| Missed Approach / Go around              |       |       | C     | C     | I     |       |
| Diversion planning & execution           |       | C     |       |       | C     |       |
| QFE operation                            |       |       |       | C     |       |       |
| <b>After Landing, Shutdown, Securing</b> |       |       |       |       |       |       |
| After landing procedure                  | C     | C     | C     | C     | C     |       |
| Shutdown procedure                       | C     | C     | C     |       | C     |       |
| Securing procedure                       | C     |       |       |       | C     |       |
| <b>Non-Normal Procedures</b>             |       |       |       |       |       |       |
| Air System                               |       |       |       | C     | C     |       |
| Anti Ice Engine / Wing                   |       |       | C     |       | C     |       |
| APU Non-Normal                           |       |       | C     | C     |       |       |
| Electrical                               |       |       | C     |       |       |       |
| Engine Overheat                          |       |       | C     |       |       |       |
| Engine Shutdown / Inflight Start         |       |       |       | C     | I     |       |
| Evacuation                               |       |       |       | C     |       |       |
| Fire Detection / Protection              |       |       |       | C     |       |       |
| Flaps / Slats                            |       |       |       |       | I     |       |
| FMC / EICAS Alternate operation          |       |       | C     |       |       |       |
| Fuel system                              |       |       |       | C     |       |       |
| Fuel jettison                            |       |       |       |       | n/a   |       |
| Hydraulic                                |       |       |       | C     | C     |       |
| Smoke / Fumes / Fire                     |       |       | C     |       |       |       |



## COMMENTS / RECOMMEND FOR FFS

☒ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FIXED BASE SIMULATOR

 Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

 Employee No. [REDACTED] ☐ Captain ☒ First Officer

|                                                                      |                                    |                                                          |                                 |
|----------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|---------------------------------|
| <b>FBS-1</b>                                                         | Date <u>07/31/17</u><br>(mm/dd/yy) | <u>BILL PEAVLEY</u><br>Instructor / Check Airman Name    | <u>[Signature]</u><br>Signature |
| Comments:                                                            |                                    |                                                          |                                 |
| <u>NEEDS TO SLOW DOWN AND BE METHODOICAL IN PROCEDURES.</u>          |                                    |                                                          |                                 |
| <u>ALL REQUIRED AREAS COMPLETED SATISFACTORY.</u>                    |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
| Student Initials: <u>[REDACTED]</u>                                  |                                    |                                                          |                                 |
| <b>FBS-2</b>                                                         | Date <u>08/01/17</u><br>(mm/dd/yy) | <u>BILL PEAVLEY</u><br>Instructor / Check Airman Name    | <u>[Signature]</u><br>Signature |
| Comments:                                                            |                                    |                                                          |                                 |
| <u>REGRESSION AND CONFUSION ON ALMOST ALL PM DUTIES AND NORMAL</u>   |                                    |                                                          |                                 |
| <u>CALLOUTS AND PROCEDURES. PF DUTIES SATISFACTORY EXCEPT FMS</u>    |                                    |                                                          |                                 |
| <u>PREFLIGHT. DIFFICULTY ON ENTERING FLT PLAN ROUTE. SITUATIONAL</u> |                                    |                                                          |                                 |
| <u>AWARENESS APPEARS TO BE DECREASING, ALWAYS REACTIVE RATHER</u>    |                                    |                                                          |                                 |
| <u>THAN PROACTIVE. KNOWLEDGE IS THERE, BUT NOT ALWAYS AVAILABLE</u>  |                                    |                                                          |                                 |
| <u>AT PROPER TIME.</u>                                               |                                    |                                                          |                                 |
| Student Initials: <u>[REDACTED]</u>                                  |                                    |                                                          |                                 |
| <b>FBS-3</b>                                                         | Date <u>08/03/17</u><br>(mm/dd/yy) | <u>A.D. PILKINGTON</u><br>Instructor / Check Airman Name | <u>[Signature]</u><br>Signature |
| Comments:                                                            |                                    |                                                          |                                 |
| <u>FBS3 MUCH IMPROVED, STILL GETS AHEAD OF HIMSELF, TRYING</u>       |                                    |                                                          |                                 |
| <u>TO HAND, NEEDS TO SLOW DOWN AND CONCENTRATE ON THE TASK AT</u>    |                                    |                                                          |                                 |
| <u>HAND.</u>                                                         |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
|                                                                      |                                    |                                                          |                                 |
| Student Initials: <u>[REDACTED]</u>                                  |                                    |                                                          |                                 |



## FIXED BASE SIMULATOR

 Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)
Employee No. [REDACTED]
☐ Captain ☒ First Officer

|                                                                                    |                                    |                                                            |                                     |
|------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|-------------------------------------|
| FBS-4                                                                              | Date <u>08/04/17</u><br>(mm/dd/yy) | Instructor / Check Airman Name <u>MATT Korman</u>          | Signature <u>[REDACTED]</u>         |
| Comments: <u>FBS-4 PM-DUTIES GENERALLY OK, to SLOWER When Reading QNH V-LISTS.</u> |                                    |                                                            |                                     |
| <u>PF- Review Low ALT Level Off procedure.</u>                                     |                                    |                                                            |                                     |
| <u>- Review MISSED APPROACH procedure.</u>                                         |                                    |                                                            |                                     |
| <u>COPY GIVEN</u>                                                                  |                                    |                                                            |                                     |
|                                                                                    |                                    |                                                            | Student Initials: <u>[REDACTED]</u> |
| FBS-5                                                                              | Date <u>08/05/17</u><br>(mm/dd/yy) | Instructor / Check Airman Name <u>Christopher Gonzalez</u> | Signature <u>[REDACTED]</u>         |
| Comments: <u>Difficult time accurately completing Normal Procedures</u>            |                                    |                                                            |                                     |
| <u>Poor QNH accuracy &amp; system control. Review Callouts.</u>                    |                                    |                                                            |                                     |
| <u>Review Descent Flow procedures. Review QNH Procedures &amp; operation.</u>      |                                    |                                                            |                                     |
| <u>Review landing light configuration. Review low ALT Cop</u>                      |                                    |                                                            |                                     |
| <u>procedure</u>                                                                   |                                    |                                                            |                                     |
|                                                                                    |                                    |                                                            | Student Initials: <u>[REDACTED]</u> |

☐ Recommended for FFS Training

☒ Not Recommended for FFS Training

Christopher Gonzalez  
 Instructor / Check Airman (Print)
Employee No. [REDACTED]
[REDACTED]  
 Instructor / Check Airman (Signature)
Date 08/05/17





## GRADE SHEET

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FULL FLIGHT SIMULATOR

Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

Employee No.                      ☐ Captain ☒ First Officer

| Year <u>2017</u> mm/dd                                         | <u>08/10</u> | <u>08/11</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |
|----------------------------------------------------------------|--------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|
|                                                                | FFSI-0       | FFSI-1       | FFSI-2   | FFSI-3   | FFSI-4   | FFSI-5   | FFSI-6   | FFSI-7   | FFSI-8   | FFSI-11  |
| <b>Aircraft Handling &amp; Familiarization</b>                 | <u>C</u>     |              |          |          |          |          |          |          |          |          |
| <b>First Officer Right Seat Takeoff &amp; Landing Training</b> |              |              |          |          |          |          |          |          |          |          |
| <b>General Items</b>                                           |              |              |          |          |          |          |          |          |          |          |
| Normal Procedures & Flow patterns                              |              | <u>I</u>     |          |          |          |          |          |          |          |          |
| Briefings, PF / PM Duties, Callouts                            |              | <u>I</u>     |          |          |          |          |          |          |          |          |
| Normal checklist proficiency                                   |              | <u>I</u>     |          |          |          |          |          |          |          |          |
| CRM / Judgment / Situational Awareness                         |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Passenger procedures                                           |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| FMS-CDU / EICAS proficiency                                    |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| MCP / Automation proficiency                                   |              | <u>I</u>     |          |          |          |          |          |          |          |          |
| LNAV / VNAV proficiency                                        |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Fuel planning & management                                     |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Cold Weather procedures                                        |              |              |          |          |          |          |          |          |          |          |
| Low visibility taxi / Runway incursion                         |              |              |          |          |          |          |          |          |          |          |
| Holding / Procedure holding                                    |              |              |          |          |          |          |          |          |          |          |
| QRH proficiency                                                |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| <b>Preflight</b>                                               |              |              |          |          |          |          |          |          |          |          |
| Electrical power-up procedure                                  |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Flight deck preflight                                          |              | <u>I</u>     |          |          |          |          |          |          |          |          |
| FMC preflight                                                  |              | <u>I</u>     |          |          |          |          |          |          |          |          |
| Final Flight Deck procedure                                    |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| <b>Pushback/Start, Taxi</b>                                    |              |              |          |          |          |          |          |          |          |          |
| Pushback/Start procedure                                       |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Normal engine starts                                           |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Non-Normal engine starts                                       |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Taxi procedures                                                |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Runway change                                                  |              |              |          |          |          |          |          |          |          |          |



## GRADE SHEET

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FULL FLIGHT SIMULATOR

 Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

 Employee No. ██████ ☐ Captain ☒ First Officer

| Year <u>2017</u> mm/dd                    | <u>08/10</u> | <u>08/11</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |
|-------------------------------------------|--------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Takeoff, Climb, Enroute</b>            | FFSI-0       | FFSI-1       | FFSI-2   | FFSI-3   | FFSI-4   | FFSI-5   | FFSI-6   | FFSI-7   | FFSI-8   | FFSI-11  |          |
| Takeoff / Departure procedures            |              | C            |          |          |          |          |          |          |          |          |          |
| Crosswind takeoff                         |              | C            |          |          |          |          |          |          |          |          |          |
| Rejected takeoff                          |              |              |          |          |          |          |          |          |          |          |          |
| EFP (Engine Failure procedure planning)   |              | C            |          |          |          |          |          |          |          |          |          |
| Engine failure at V1                      |              |              |          |          |          |          |          |          |          |          |          |
| Manual throttle takeoff                   |              |              |          |          |          |          |          |          |          |          |          |
| Low Level Altitude Capture                |              |              |          |          |          |          |          |          |          |          |          |
| RNAV departure                            |              |              |          |          |          |          |          |          |          |          |          |
| NADP                                      |              | C            |          |          |          |          |          |          |          |          |          |
| Max Angle / Max Rate climb                |              | C            |          |          |          |          |          |          |          |          |          |
| Diversion procedures                      |              | C            |          |          |          |          |          |          |          |          |          |
| <b>Flight Maneuvers</b>                   |              |              |          |          |          |          |          |          |          |          |          |
| Steep Turns                               |              | C            |          |          |          |          |          |          |          |          |          |
| Approach to Stall (stick nudger 763 only) |              | C            |          |          |          |          |          |          |          |          |          |
| Unusual attitudes recovery                |              | C            |          |          |          |          |          |          |          |          |          |
| TCAS TA/RA                                |              | C            |          |          |          |          |          |          |          |          |          |
| Terrain Avoidance (CFIT)                  |              |              |          |          |          |          |          |          |          |          |          |
| Windshear (Takeoff & Landing)             |              |              |          |          |          |          |          |          |          |          |          |
| <b>Descent, Approach</b>                  |              |              |          |          |          |          |          |          |          |          |          |
| ILS autoland approach                     |              | C            |          |          |          |          |          |          |          |          |          |
| ILS manual approach                       |              | C            |          |          |          |          |          |          |          |          |          |
| ILS raw data                              |              |              |          |          |          |          |          |          |          |          |          |
| ILS manual engine inoperative             |              |              |          |          |          |          |          |          |          |          |          |
| Non-ILS VNAV CDA approach                 |              |              |          |          |          |          |          |          |          |          |          |
| Non-ILS V/S CDA procedures                |              |              |          |          |          |          |          |          |          |          |          |
| Missed Approach / Go around               |              |              |          |          |          |          |          |          |          |          |          |
| Visual traffic pattern                    |              | I            |          |          |          |          |          |          |          |          |          |



## GRADE SHEET

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FULL FLIGHT SIMULATOR

Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

Employee No. [REDACTED] ☐ Captain ☒ First Officer

| Year <u>2017</u> mm/dd                     | <u>08/10</u> | <u>08/11</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |
|--------------------------------------------|--------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Landing                                    | FFSI-0       | FFSI-1       | FFSI-2   | FFSI-3   | FFSI-4   | FFSI-5   | FFSI-6   | FFSI-7   | FFSI-8   | FFSI-11  |
| Crosswind landing                          |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Manual brakes landing                      |              |              |          |          |          |          |          |          |          |          |
| <b>Taxi-in &amp; Parking</b>               |              |              |          |          |          |          |          |          |          |          |
| After landing procedure                    |              | <u>I</u>     |          |          |          |          |          |          |          |          |
| Shutdown procedure                         |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Securing procedure                         |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| <b>Non-Normal Procedures</b>               |              |              |          |          |          |          |          |          |          |          |
| Airspeed unreliable                        |              |              |          |          |          |          |          |          |          |          |
| Air System                                 |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Anti Ice Engine / Wing                     |              |              |          |          |          |          |          |          |          |          |
| APU Non-Normal                             |              |              |          |          |          |          |          |          |          |          |
| Doors                                      |              |              |          |          |          |          |          |          |          |          |
| Electrical                                 |              |              |          |          |          |          |          |          |          |          |
| Engine Fail / Shutdown / Inflight Start    |              |              |          |          |          |          |          |          |          |          |
| Engine Fire / Severe damage / Separation   |              |              |          |          |          |          |          |          |          |          |
| Engine start                               |              | <u>C</u>     |          |          |          |          |          |          |          |          |
| Evacuation                                 |              |              |          |          |          |          |          |          |          |          |
| Fire Detection / Protection                |              |              |          |          |          |          |          |          |          |          |
| Flight controls                            |              |              |          |          |          |          |          |          |          |          |
| Fuel system                                |              |              |          |          |          |          |          |          |          |          |
| Hydraulic                                  |              |              |          |          |          |          |          |          |          |          |
| Instrument switching                       |              |              |          |          |          |          |          |          |          |          |
| Landing Gear                               |              |              |          |          |          |          |          |          |          |          |
| Rapid Depressurization / Emergency descent |              |              |          |          |          |          |          |          |          |          |
| Smoke / Fumes / Fire                       |              |              |          |          |          |          |          |          |          |          |
| Standby flight instruments                 |              |              |          |          |          |          |          |          |          |          |
| Wheel Well fire                            |              |              |          |          |          |          |          |          |          |          |
| <b>Miscellaneous</b>                       |              |              |          |          |          |          |          |          |          |          |
| Oxygen mask operation & use                |              |              |          |          |          |          |          |          |          |          |

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☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FULL FLIGHT SIMULATOR

Employee No. 4 [REDACTED]

☐ Captain      ☒ First Officer

|                                                                                                                                                                                                                                                                                                           |                                    |                                                               |                              |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|------------------------------|-------------------------------------|
| FFSI-0                                                                                                                                                                                                                                                                                                    | Date <u>08/10/17</u><br>(mm/dd/yy) | <u>Christopher Gonzalez</u><br>Instructor / Check Airman Name | Signature <u>[Signature]</u> | Student Initials: <u>[Redacted]</u> |
| Comments:<br><u>All areas of FFS-0 completed SAT.</u><br><u>Continue to review Callouts, FMA's.</u>                                                                                                                                                                                                       |                                    |                                                               |                              |                                     |
| FFSI-1                                                                                                                                                                                                                                                                                                    | Date <u>08/11/17</u><br>(mm/dd/yy) | <u>Christopher Gonzalez</u><br>Instructor / Check Airman Name | Signature <u>[Signature]</u> | Student Initials: <u>[Redacted]</u> |
| Comments:<br><u>Review Normal Procedures: Callouts, Flows, Checklists, FMC</u><br><u>Pre-flight. Pre-flight flow, After landing flow, Briefings</u><br><u>Review MCP &amp; Automation modes. Review instrument interpretation.</u><br><u>Overall aircraft control basics. (Pitch/Power/Speed control)</u> |                                    |                                                               |                              |                                     |
| FFSI-2                                                                                                                                                                                                                                                                                                    | Date _____<br>(mm/dd/yy)           | _____<br>Instructor / Check Airman Name                       | Signature _____              | Student Initials: <u>[Redacted]</u> |
| Comments:                                                                                                                                                                                                                                                                                                 |                                    |                                                               |                              |                                     |

**GRADE SHEET**
☒ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

**FULL FLIGHT SIMULATOR**

Trainee Name Aska, Conrad  
(Last, First, MI)

Employee No.                      ☐ Captain ☒ First Officer

| Year <u>2017</u> mm/dd                                         | 8/27   | 8/29   | 8/30   | 8/31   | 09/02  | 09/03  | 9/18   | 9/19   | 9/22   | 10/2    |
|----------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
|                                                                | FFSI-0 | FFSI-1 | FFSI-2 | FFSI-3 | FFSI-4 | FFSI-5 | FFSI-6 | FFSI-7 | FFSI-8 | FFSI-11 |
| <b>Aircraft Handling &amp; Familiarization</b>                 | C      |        |        |        |        |        |        |        |        |         |
| <b>First Officer Right Seat Takeoff &amp; Landing Training</b> |        |        |        |        |        |        |        |        |        | C       |
| <b>General Items</b>                                           |        |        |        |        |        |        |        |        |        |         |
| Normal Procedures & Flow patterns                              |        | C      | C      | C      | C      | C      | 1      | C      | C      |         |
| Briefings, PF / PM Duties, Callouts                            |        | C      | C      | C      | C      | C      | 1      | C      | C      |         |
| Normal checklist proficiency                                   |        | C      | C      | C      | C      | C      | 1      | C      | C      |         |
| CRM / Judgment / Situational Awareness                         |        | C      | C      | I      | C      | C      | C      | C      | C      |         |
| Passenger procedures                                           |        | C      | C      |        | C      |        | C      | C      | C      |         |
| FMS-CDU / EICAS proficiency                                    |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| MCP / Automation proficiency                                   |        | C      | C      | T      | C      | C      | C      | C      | C      |         |
| LNAV / VNAV proficiency                                        |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Fuel planning & management                                     |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Cold Weather procedures                                        |        |        | C      |        |        |        |        |        | C      |         |
| Low visibility taxi / Runway incursion                         |        |        | C      | C      |        |        |        |        | C      |         |
| Holding / Procedure holding                                    |        |        | C      |        | C      |        | C      |        | C      |         |
| QRH proficiency                                                |        | C      | C      | C      | C      | C      | 1      | C      | C      |         |
| <b>Preflight</b>                                               |        |        |        |        |        |        |        |        |        |         |
| Electrical power-up procedure                                  |        | C      |        |        |        |        | C      |        |        |         |
| Flight deck preflight                                          |        | C      | C      | C      | C      | C      | 1      | C      | C      |         |
| FMC preflight                                                  |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Final Flight Deck procedure                                    |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| <b>Pushback/Start, Taxi</b>                                    |        |        |        |        |        |        |        |        |        |         |
| Pushback/Start procedure                                       |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Normal engine starts                                           |        | C      | C      |        |        | C      | C      |        | C      |         |
| Non-Normal engine starts                                       |        | C      | C      |        |        | C      | C      |        | C      |         |
| Taxi procedures                                                |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Runway change                                                  |        |        |        | C      |        |        | C      |        |        |         |

GRADE SHEET

☒ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

FULL FLIGHT SIMULATOR

Trainee Name Aska, Conrad  
(Last, First, MI)

Employee No. [REDACTED] ☐ Captain ☒ First Officer

| Year <u>2017</u> mm/dd                    | 8/27   | 8/29   | 8/30   | 8/31   | 09/02  | 09/03  | 9/18   | 9/19   | 9/22   | 10/2    |
|-------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Takeoff, Climb, Enroute                   | FFSI-0 | FFSI-1 | FFSI-2 | FFSI-3 | FFSI-4 | FFSI-5 | FFSI-6 | FFSI-7 | FFSI-8 | FFSI-11 |
| Takeoff / Departure procedures            |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Crosswind takeoff                         |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Rejected takeoff                          |        |        |        |        |        | C      | C      | C      | C      |         |
| EFP (Engine Failure procedure planning)   |        | C      | C      | C      | I      | C      | C      | C      | C      |         |
| Engine failure at V1                      |        |        |        |        | C      | C      | C      | C      | C      |         |
| Manual throttle takeoff                   |        |        |        |        |        | C      |        |        |        |         |
| Low Level Altitude Capture                |        |        | C      |        |        | C      | C      |        |        |         |
| RNAV departure                            |        |        |        | C      |        | C      | C      |        | C      |         |
| NADP                                      |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Max Angle / Max Rate climb                |        | C      |        |        |        |        |        |        |        |         |
| Diversion procedures                      |        | C      |        | C      |        |        |        | C      | C      |         |
| <b>Flight Maneuvers</b>                   |        |        |        |        |        |        |        |        |        |         |
| Steep Turns                               |        | C      |        |        | C      |        |        |        | C      |         |
| Approach to Stall (stick nudger 763 only) |        | C      |        |        |        |        |        | C      | C      |         |
| Unusual attitudes recovery                |        | C      |        |        |        |        |        |        |        |         |
| TCAS TA/RA                                |        | N/A    | C      |        |        |        |        |        |        |         |
| Terrain Avoidance (CFIT)                  |        |        |        |        |        |        |        | C      |        |         |
| Windshear (Takeoff & Landing)             |        |        |        |        |        |        |        | C      |        |         |
| <b>Descent, Approach</b>                  |        |        |        |        |        |        |        |        |        |         |
| ILS autoland approach                     |        | C      |        | C      |        |        |        |        | C      |         |
| ILS manual approach                       |        | C      |        | C      | C      | C      | C      | C      | C      |         |
| ILS raw data                              |        |        |        |        |        |        | C      | C      |        |         |
| ILS manual engine inoperative             |        |        |        |        | C      | C      | C      |        | C      |         |
| Non-ILS VNAV CDA approach                 |        |        | C      | I      | C      | C      |        | C      | C      |         |
| Non-ILS V/S CDA procedures                |        |        |        | C      |        |        | C      |        |        |         |
| Missed Approach / Go around               |        |        | C      | C      | C      | C      |        |        | C      |         |
| Visual traffic pattern                    |        | C      | C      | C      |        |        | C      | C      | C      |         |

**FULL FLIGHT SIMULATOR**

Trainee Name Aska, Conrad  
(Last, First, MI)

Employee No.                     
☐ Captain ☒ First Officer

| Year <u>2017</u> mm/dd                     | 8/27   | 8/29   | 8/30   | 8/31   | 09/02  | 09/03  | 9/10   | 9/19   | 9/27   | 10/2    |
|--------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Landing                                    | FFSI-0 | FFSI-1 | FFSI-2 | FFSI-3 | FFSI-4 | FFSI-5 | FFSI-6 | FFSI-7 | FFSI-8 | FFSI-11 |
| Crosswind landing                          |        | C      | C      | C      | C      | C      | C      | C      | C      |         |
| Manual brakes landing                      |        |        | C      |        |        |        |        |        |        |         |
| <b>Taxi-in &amp; Parking</b>               |        |        |        |        |        |        |        |        |        |         |
| After landing procedure                    |        | C      |        | C      | C      | C      |        | C      | C      |         |
| Shutdown procedure                         |        | C      |        | C      | C      | C      |        | C      | C      |         |
| Securing procedure                         |        | C      |        |        |        | C      |        |        |        |         |
| <b>Non-Normal Procedures</b>               |        |        |        |        |        |        |        |        |        |         |
| Airspeed unreliable                        |        |        |        | C      |        |        |        |        |        |         |
| Air System                                 |        | C      |        |        |        |        |        | C      |        |         |
| Anti Ice Engine / Wing                     |        |        | C      |        |        |        |        |        |        |         |
| APU Non-Normal                             |        |        | C      |        |        |        |        |        |        |         |
| Doors                                      |        |        | C      |        |        |        |        |        | C      |         |
| Electrical                                 |        |        | C      |        |        |        |        | C      |        |         |
| Engine Fail / Shutdown / Inflight Start    |        |        |        |        | C      |        | C      |        |        |         |
| Engine Fire / Severe damage / Separation   |        |        |        |        | C      | C      | C      |        | C      |         |
| Engine start                               |        | C      | C      |        |        | C      |        |        | C      |         |
| Evacuation                                 |        |        | C      |        |        |        | C      |        | C      |         |
| Fire Detection / Protection                |        |        | C      | C      | C      | C      | C      |        | C      |         |
| Flight controls                            |        |        |        | C      |        |        | C      |        |        |         |
| Fuel system                                |        |        |        |        | C      | C      |        |        |        |         |
| Hydraulic                                  |        |        |        | C      |        |        | C      |        |        |         |
| Instrument switching                       |        |        | C      |        |        |        |        |        | C      |         |
| Landing Gear                               |        |        | C      |        |        |        | C      |        |        |         |
| Rapid Depressurization / Emergency descent |        |        |        |        |        |        |        | C      | NA     |         |
| Smoke / Fumes / Fire                       |        |        |        | C      |        |        |        |        |        |         |
| Standby flight instruments                 |        |        |        |        |        |        |        | C      |        |         |
| Wheel Well fire                            |        |        |        | C      |        |        | C      |        |        |         |
| <b>Miscellaneous</b>                       |        |        |        |        |        |        |        |        |        |         |
| Oxygen mask operation & use                |        |        |        |        |        |        |        | C      |        |         |





Aska, Conrad

**767**  
**GRADE SHEET**

- ☐ INITIAL NEW HIRE
  - ☐ INITIAL EQUIPMENT
- 

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767

## COMMENTS / RECOMMEND FOR RTG/PC

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FULL FLIGHT SIMULATOR

Trainee Name Aska, Conrad  
(Last, First, MI)Employee No. [REDACTED]☐ Captain ☒ First Officer

|                                                                                                                      |                                    |                                                         |                                                                    |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------|
| FFSI-0                                                                                                               | Date <u>8/27/17</u><br>(mm/dd/yy)  | <u>MARTIN SPEIJER</u><br>Instructor / Check Airman Name | Signature <u>[REDACTED]</u>                                        |
| Comments:<br><br>FFSI-0 completed satisfactory.                                                                      |                                    |                                                         |                                                                    |
| FFSI-1                                                                                                               | Date <u>8/29/17</u><br>(mm/dd/yy)  | <u>MARTIN SPEIJER</u><br>Instructor / Check Airman Name | Student Initials: <u>[REDACTED]</u><br>Signature <u>[REDACTED]</u> |
| Comments:<br><br>FFSI-1 completed satisfactory.                                                                      |                                    |                                                         |                                                                    |
| FFSI-2                                                                                                               | Date <u>08/30/17</u><br>(mm/dd/yy) | <u>MARTIN SPEIJER</u><br>Instructor / Check Airman Name | Student Initials: <u>[REDACTED]</u><br>Signature <u>[REDACTED]</u> |
| Comments:<br><br>Review GA procedure.<br>Don't slow below F-bug before calling flaps and watch<br>Flap limit speeds. |                                    |                                                         |                                                                    |
| Student Initials: <u>[REDACTED]</u>                                                                                  |                                    |                                                         |                                                                    |



## COMMENTS / RECOMMEND FOR RTG/PC

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FULL FLIGHT SIMULATOR

 Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)
Employee No. [REDACTED]
☐ Captain ☒ First Officer

|                                                                                                                                                                                                                 |                                    |                                                         |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------|-------------------------------------|
| FFSI-3                                                                                                                                                                                                          | Date <u>08/31/17</u><br>(mm/dd/yy) | <u>MARTIN SPEIJER</u><br>Instructor / Check Airman Name | Signature <u>[REDACTED]</u>         |
| Comments:                                                                                                                                                                                                       |                                    |                                                         |                                     |
| Regression on situational awareness.<br>Don't forget to hold when cleared for approach. When cleared for approach, do LAVS. Be aware how high/low you are in reference off your Vpi. Review Go around procedure |                                    |                                                         |                                     |
|                                                                                                                                                                                                                 |                                    |                                                         | Student Initials: <u>[REDACTED]</u> |
| FFSI-4                                                                                                                                                                                                          | Date <u>09/02/17</u><br>(mm/dd/yy) | <u>MARTIN SPEIJER</u><br>Instructor / Check Airman Name | Signature <u>[REDACTED]</u>         |
| Comments:                                                                                                                                                                                                       |                                    |                                                         |                                     |
| Don't forget to turn on EFP. Remember relation between Thrust and rudder (Trim)                                                                                                                                 |                                    |                                                         |                                     |
|                                                                                                                                                                                                                 |                                    |                                                         | Student Initials: <u>[REDACTED]</u> |
| FFSI-5                                                                                                                                                                                                          | Date <u>09/03/17</u><br>(mm/dd/yy) | <u>MARTIN SPEIJER</u><br>Instructor / Check Airman Name | Signature <u>[REDACTED]</u>         |
| Comments:                                                                                                                                                                                                       |                                    |                                                         |                                     |
| slow down! Review GA procedure. Need to be more consistant in Sop.                                                                                                                                              |                                    |                                                         |                                     |
|                                                                                                                                                                                                                 |                                    |                                                         | Student Initials: <u>[REDACTED]</u> |



## COMMENTS / RECOMMEND FOR RTG/PC

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FULL FLIGHT SIMULATOR

Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

Employee No. [REDACTED] ☐ Captain ☒ First Officer

|                                                                                                                                                                    |                                    |                                                           |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------|-------------------------------------|
| FFSI-6                                                                                                                                                             | Date <u>09/18/17</u><br>(mm/dd/yy) | <u>Miller</u><br>Instructor / Check Airman Name           | <u>[Signature]</u><br>Signature     |
| Comments: Needs to work on checklist usage and responses<br>work on following Apper profile per SMAC<br>Engine out speed control<br>preflight flow out of sequence |                                    |                                                           |                                     |
|                                                                                                                                                                    |                                    |                                                           | Student Initials: <u>[REDACTED]</u> |
| FFSI-7                                                                                                                                                             | Date <u>09/19/17</u><br>(mm/dd/yy) | <u>Jay Miller</u><br>Instructor / Check Airman Name       | <u>[Signature]</u><br>Signature     |
| Comments: Complete IAW Atw FOTM                                                                                                                                    |                                    |                                                           |                                     |
|                                                                                                                                                                    |                                    |                                                           | Student Initials: <u>[REDACTED]</u> |
| FFSI-8                                                                                                                                                             | Date <u>9/22/17</u><br>(mm/dd/yy)  | <u>FRANCHELLA DAVID</u><br>Instructor / Check Airman Name | <u>[Signature]</u><br>Signature     |
| Comments: completed IAW FOTM RECOMMENDED FOR TYPE RATING<br>check                                                                                                  |                                    |                                                           |                                     |
|                                                                                                                                                                    |                                    |                                                           | Student Initials: <u>[REDACTED]</u> |



## COMMENTS / RECOMMEND FOR RTG/PC

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

## FULL FLIGHT SIMULATOR

 Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

 Employee No. [REDACTED] ☐ Captain ☒ First Officer

☒ Recommended for Type Rating / PC

☐ Not Recommended for Type Rating / PC

FRANCHELLA DAVID R

Instructor / Check Airman (Print)

[REDACTED]

Employee No.

[REDACTED]

Instructor / Check Airman (Signature)

9/22/17

Date

|                                                   |                                   |                                |                                 |
|---------------------------------------------------|-----------------------------------|--------------------------------|---------------------------------|
| FFSI-11                                           | Date <u>10/2/17</u><br>(mm/dd/yy) | <u>FRANCHELLA DAVID</u>        |                                 |
|                                                   |                                   | Instructor / Check Airman Name | Signature <u>[REDACTED]</u>     |
| Comments: <u>ALL ITEMS COMPLETED SATISFACTORY</u> |                                   |                                |                                 |
|                                                   |                                   |                                |                                 |
|                                                   |                                   |                                |                                 |
|                                                   |                                   |                                |                                 |
|                                                   |                                   |                                |                                 |
|                                                   |                                   |                                |                                 |
|                                                   |                                   |                                |                                 |
|                                                   |                                   |                                |                                 |
|                                                   |                                   |                                |                                 |
| Student Initials:                                 |                                   |                                | <u>NPS</u><br><u>COPY GIVEN</u> |

**Instructors Note:** First Officer Trainees - Complete PC form TO/LDG Currency block and document a minimum of 3 takeoff & landings to establish 90 day currency.



COMMENTS / RECOMMEND FOR RTG/PC

☐ INITIAL NEW HIRE  
☐ INITIAL EQUIPMENT

RIGHT SEAT TRAINING / LINE ORIENTED FLIGHT TRAINING

Trainee Name Aska, Conrad J.A.  
 (Last, First, MI)

Employee No. 4 [REDACTED] ☐ Captain ☒ First Officer

☒ RIGHT SEAT TAKEOFF AND LANDINGS TRAINING COMPLETED

FRANCHELLA DAVID R  
 Instructor / Check Airman (Print)

[REDACTED]  
 Employee No.

[REDACTED]  
 Instructor / Check Airman (Signature)

10/2/17  
 Date (mm/dd/yy)

**Instructors Note:** First Officer Trainees - Complete PC form TO/LDG Currency block and document a minimum of 3 takeoff & landings to establish 90 day currency.

☒ LOFT COMPLETED (PLEASE COMPLETE THE QUALIFICATION FORM INCLUDED IN THE STUDENTS TRAINING FOLDER)

FRANCHELLA DAVID  
 Instructor / Check Airman (Print)

[REDACTED]  
 Employee No.

[REDACTED]  
 Instructor / Check Airman (Signature)

10/4/17  
 Date (mm/dd/yy)



COMMENTS / RECOMMEND FOR RTG/PC

- ☐ INITIAL NEW HIRE
  - ☐ INITIAL EQUIPMENT
- 

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# REMEDIAL TRAINING RECORD

RECOMMENDS & ORALS (CBA 11.D) / CHECKRIDES (CBA 11.E)

Name Aska, Conrad Employee No. [REDACTED]  
(Last, First, mi)

☐ CA ☒ FO

FTN A3974925 (enter if Type Rating or Type Rating Oral)

Aircraft Type 767

|                                                                                                                                                                                                                                                                                                                                 |                                           |                                 |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|
| Instructor / Check Airman Name<br>Bill Peavley                                                                                                                                                                                                                                                                                  |                                           | Date<br>09/22/2017              |                                   |
| <input checked="" type="checkbox"/> Unsatisfactory                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Type Rating Oral | <input type="checkbox"/> PC     | <input type="checkbox"/> LC       |
| <input type="checkbox"/> Incomplete                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Oral Rec         | <input type="checkbox"/> PC Rec | <input type="checkbox"/> Type Rec |
| <input checked="" type="checkbox"/> Type Rating                                                                                                                                                                                                                                                                                 |                                           |                                 |                                   |
| <input type="checkbox"/> RFT*                                                                                                                                                                                                                                                                                                   |                                           |                                 |                                   |
| <input type="checkbox"/> FFS Rec                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   |
| <input type="checkbox"/> FBS Rec                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   |
| <input type="checkbox"/> Remedial                                                                                                                                                                                                                                                                                               |                                           |                                 |                                   |
| <b>Required Remedial Training</b>                                                                                                                                                                                                                                                                                               |                                           |                                 |                                   |
| One 4 hour Remedial/Recommend period.                                                                                                                                                                                                                                                                                           |                                           |                                 |                                   |
| Areas of emphasis and review:                                                                                                                                                                                                                                                                                                   |                                           |                                 |                                   |
| Situational awareness was lacking. Procedures were incorrect. Limitations were exceeded. Judgment was poor and CRM/TEM skills were poor.                                                                                                                                                                                        |                                           |                                 |                                   |
| Exceeded flap speed on initial departure. Didn't work well with the PM during an in-flight emergency. Coordination with the cabin was poor. Steep turns exceeded all PTS limits. Non-precision procedures were non-existent, totally unstable approach resulted. Re-automation with proper mode selection and aircraft in trim. |                                           |                                 |                                   |
| Lack of confidence and tunnel vision were definite contributing factors.                                                                                                                                                                                                                                                        |                                           |                                 |                                   |
| Fleet Captain / Authorized Representative<br>Mark Hoover                                                                                                                                                                                                                                                                        |                                           | Signature<br>[REDACTED]         | Date<br>09/22/2017                |

\*Use this form for RFT followed by PC

|                                                                                           |                                                                                  |                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------|
| Remedial Training Status:                                                                 |                                                                                  |                  |
| <input checked="" type="checkbox"/> Remedial Training Complete (Enter comments on page 3) | <input type="checkbox"/> Remedial Training Incomplete (Enter comments on page 3) |                  |
| Check Airman / Instructor<br>[REDACTED]                                                   | Signature<br>[REDACTED]                                                          | Date<br>09/25/17 |

|                                                                             |                                    |                                                                             |
|-----------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------|
| Recommendation Status (for SIT, FFS, PC, Type Rating, or Type Rating Oral): |                                    |                                                                             |
| <input type="checkbox"/> PC                                                 | <input type="checkbox"/> Type Oral | <input checked="" type="checkbox"/> Type Rtg                                |
| <input type="checkbox"/> FFS                                                | <input type="checkbox"/> FBS       | <input checked="" type="checkbox"/> Recommended** (Enter comment on page 3) |
| <input type="checkbox"/> Not Recommended (Enter comments on page 3)         |                                    |                                                                             |
| Check Airman / Instructor<br>[REDACTED]                                     | Signature<br>[REDACTED]            | Date<br>09/25/17                                                            |

\*\*When recommending for retest of Type Rating or Type Rating Oral you must also enter the recommendation in the students' IACRA application. Checking this box indicates the crewmember is recommended and the IACRA entry has been completed.

## Instructions:

The Remedial Training Record will be filled out by the Fleet Captain / Authorized Representative with the required training for the crewmember. The fillable form will then be emailed to the Instructor performing the remedial training prior to the lesson.

The Remedial Training Record will be electronically completed, to include Instructor notes, by the Instructor performing the remedial training. The Instructor will then print the completed form and insert the record into the crewmembers folder.

- **Remedial Training**

The Instructor / Check Airman will make the required entries in the "Remedial Training Status" box to indicate whether the Remedial Training is Complete or Incomplete. The Remedial Training is considered Complete only when all of the items listed have been re-mediated to proficiency and the crewmember is ready for the Recommend lesson. The Instructor / Check Airman will sign his / her name and date.

The Instructor / Check Airman will record comments for the remedial training session in the Comments block on page 3 and sign his / her name and date. The student should read and initial the comments.

If the remedial training is incomplete the Instructor / Check Airman shall record elements which were found incomplete.

- **Recommending**

The Instructor / Check Airman will make the required entries in the "Recommendation Status" box to indicate whether the crewmember is Recommended or Not Recommended.

First, select what the crewmember is being Recommended/Not Recommended for by checking the appropriate box: PC, Type Rating Oral, or Type Rating ride. Indicate whether or not they are Recommended by checking the appropriate box. Enter your name, signature, and date, and enter comments on page 3 in the Recommend comment block.

If not recommended the Instructor / Check Airman shall record elements which were found unsatisfactory/incomplete.

In some cases, a Crewmember will receive the Required Remedial Training and the Recommendation in the same training lesson, in which case the Instructor / Check-Airman giving the training should check the boxes for both Remedial Training Status and Recommendation Status.

Following the failure of a Type Rating Oral or Type Rating, remedial training must be completed and a recommendation entered on this form and in the students' IACRA application.

- **Identification (To be entered by the Training Records Department)**

The Training / Records Department will enter the Crew Member Name, Employee No., Position, and A/C Type from the failed event.

- **Information Blocks**

The Fleet Captain or Authorized Representative will enter the name and employee number of the Check Airman and the date from the failed event.

The fleet Captain / Authorized Representative will check the appropriate blocks.

- **Required Training**

The Fleet Captain / Authorized Representative will enter the areas found to be unsatisfactory requiring remedial training. The Fleet Captain / Authorized Representative will also enter the type and amount of remedial training required.

## REMEDIAL TRAINING RECORD

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                   |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------|------------------------------|
| Remedial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date <u>9/25/17</u> | Instructor / Check Airman Name <u>[Signature]</u> |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (mm/dd/yy)          | Print <u>ROB BLUMEL</u>                           | Signature <u>[Signature]</u> |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                   |                              |
| <p>① REVIEWED ALL NORMAL PROCEDURES AND FLOWS;<br/>SATISFACTORY</p> <p>② REVIEWED MANEUVERS, STEEP TURNS AND DEPART.<br/>STALLS -<br/>SATISFACTORY</p> <p>③ REVIEWED NON PRECISION APPROACHES, RNAV, LOC;<br/>SATISFACTORY</p> <p>④ REVIEWED HOLDING AND PROCEDURES;<br/>SATISFACTORY</p> <p>⑤ REVIEWED NON NORMAL EVENTS; WHEEL WELL FIRE<br/>CARGO DOOR, GPWS,<br/>SATISFACTORY</p> <p>⑥ REVIEWED ENGINE FAILURE AT V<sub>1</sub>, A/S, E<br/>MISSED APPROACH, VISUAL APPROACH W/O<br/>EXTERNAL GUIDANCE,<br/>SATISFACTORY</p> |                     |                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     | Student Initials <u>[Signature]</u>               |                              |
| Recommend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date <u>9/25/17</u> | Instructor / Check Airman Name <u>[Signature]</u> |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (mm/dd/yy)          | Print <u>ROB BLUMEL</u>                           | Signature <u>[Signature]</u> |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                   |                              |
| <p>RECOMMENDED FOR TYPE RATING</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     | Student Initials <u>[Signature]</u>               |                              |





Name Aska, Conrad, J.A.  
(Last, First, MI)

Employee #



☐ Captain

☒ First Officer

Aircraft Type

744/-8 ☐

767 ☒

777 ☐

*Has successfully completed the selected FAA approved course in accordance with the Company's Flight Operations Training Manual (FOTM).*

☐ Basic Indoctrination

☐ Initial Transition

☐ Requalification

☒ Other LQT

☐ Recurrent

☐ Upgrade

☐ Differences

Cobb, Dennis

Instructor (Print)



Instructor (Signature)



Fleet Captain (Signature)

Employee #

09/29/17

Date (mm/dd/yy)



Name Aska, Conrad J.A. Employee # [REDACTED] ☐ Captain ☒ First Officer  
(Last, First, MI)

Aircraft Type

744/-8 ☐

767 ☒

777 ☐

*Has successfully completed the selected FAA approved course in accordance with the Company's Flight Operations Training Manual (FOTM).*

☐ Basic Indoctrination

☒ Initial Transition

☐ Requalification

☒ Other FACAOSSP/AOSSP

☐ Recurrent

☐ Upgrade

☐ Differences

Mata, Cesar  
Instructor (Print)

[REDACTED]  
Instructor (Signature)

[REDACTED]  
Fleet Captain (Signature)

[REDACTED]  
Employee #

07/22/17  
Date (mm/dd/yy)



Name Aska, Conrad Jules Andrian  
(Last, First, MI)

Employee # [REDACTED]

☐ Captain ☒ First Officer

Aircraft Type

744/-8 ☐

767 ☒

777 ☐

*Has successfully completed the selected FAA approved course in accordance with the Company's Flight Operations Training Manual (FOTM).*

☒ Basic Indoctrination

☐ Initial Transition

☐ Requalification

☐ Other \_\_\_\_\_

☐ Recurrent

☐ Upgrade

☐ Differences

Pate, Vernon

Instructor (Print)

Employee # [REDACTED]

07/07/17

Instructor (Signature)

Date (mm/dd/yy)

Fleet Captain (Signature)



# PILOT TRAINING / CHECK GRADE SHEET

TRAINING RECORDS FAX 1-866-329-2857 OR 1-786 265-8175

|                                                                                                                                                                                                                        |                                      |                                                                                                                                                                                             |                                    |                                                                                                                                                                                                                                                                                                      |                                            |                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|--|
| Name of Airman (last, first, mi)<br><b>Aska Conrad J</b>                                                                                                                                                               |                                      | Employee No.<br>[REDACTED]                                                                                                                                                                  |                                    | EVENT<br><input type="checkbox"/> CA PIC PC <input type="checkbox"/> TO/LDG REGENCY (EXPIRED LDG)<br><input type="checkbox"/> FO PIC PC <input type="checkbox"/> TYPE RATING<br><input type="checkbox"/> RFT <input checked="" type="checkbox"/> RLOFT <input type="checkbox"/> CAT II / III         |                                            | <input type="checkbox"/> TO/LDG CURRENCY |  |
| Signature of Airman<br>[REDACTED]                                                                                                                                                                                      |                                      | <input type="checkbox"/> CA <input checked="" type="checkbox"/> FO <b>B-767</b><br>A/C Type                                                                                                 |                                    | CATEGORY OF EVENT<br><input type="checkbox"/> INITIAL <input type="checkbox"/> REQUALIFICATION<br><input type="checkbox"/> TRANSITION <input type="checkbox"/> REFRESHER<br><input type="checkbox"/> UPGRADE <input type="checkbox"/> CONSOLIDATION<br><input checked="" type="checkbox"/> RECURRENT |                                            | <input type="checkbox"/> PWP             |  |
| Certificate - <input checked="" type="checkbox"/> ATP<br><input checked="" type="checkbox"/> English Proficient                                                                                                        | Airman Certificate No.<br>[REDACTED] | Medical Date: <b>1 NOV 17</b><br><input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> N/A                                                     | TO/LDG's (3 Minimum)<br><b>313</b> |                                                                                                                                                                                                                                                                                                      | PC/RFT/RLOFT Time (Hrs+Min)<br><b>4+00</b> |                                          |  |
| Simulator ID #<br><b>679 /</b>                                                                                                                                                                                         | FCC Permit<br>Photo ID               | PC/RFT/RLOFT Time (Hrs+Min)<br><b>4+00</b>                                                                                                                                                  |                                    | PC/RFT/RLOFT / Oral / Other - Instructor / Ck Amn / APD (Last, First)<br><b>HENDER, MARK</b>                                                                                                                                                                                                         |                                            | Employee No.<br>[REDACTED]               |  |
| Signature of PC/RFT/RLOFT / Oral / Other - Instructor / Ck Amn / APD<br>[REDACTED]                                                                                                                                     |                                      | Date (mm/dd/yy)<br><b>02/19/18</b>                                                                                                                                                          |                                    | RESULT<br><input checked="" type="checkbox"/> SATISFACTORY / COMPLETE<br><input type="checkbox"/> UNSAT / INCOMPLETE - REMOVED FROM FLIGHT STATUS<br><input type="checkbox"/> INCOMPLETE - SIMULATOR MALFUNCTION OR ILLNESS                                                                          |                                            |                                          |  |
| Signature of PC Check Airman / APD                                                                                                                                                                                     |                                      | Date (mm/dd/yy)                                                                                                                                                                             |                                    | FAA OBSERVATION                                                                                                                                                                                                                                                                                      |                                            |                                          |  |
| Codes used for Repeat, Unsatisfactory or Incomplete Status<br>A= Systems Knowledge<br>B= Control Tech or Execution<br>C= Procedural Error                                                                              |                                      | Status Grading Key<br>S = Satisfactory<br>C = Complete<br>W = Waived<br>* - waiver authority (PC)<br>U = Unsatisfactory<br>I = Incomplete<br>/ = Not Observed<br>* - Creditable during PCWU |                                    | Name of Observing FAA Inspector / Examiner (Last, First, Mi)                                                                                                                                                                                                                                         |                                            | FSDO                                     |  |
|                                                                                                                                                                                                                        |                                      |                                                                                                                                                                                             |                                    | Signature of Observing FAA Inspector / Examiner                                                                                                                                                                                                                                                      |                                            | Date (mm/dd/yy)                          |  |
|                                                                                                                                                                                                                        |                                      | PC/RFT PCWU                                                                                                                                                                                 |                                    |                                                                                                                                                                                                                                                                                                      |                                            | PC/RFT PCWU                              |  |
|                                                                                                                                                                                                                        |                                      | Repeat Status Status                                                                                                                                                                        |                                    |                                                                                                                                                                                                                                                                                                      |                                            | Repeat Status Status                     |  |
| 1. Equipment / Oral Examination / Briefing                                                                                                                                                                             |                                      |                                                                                                                                                                                             |                                    | LANDINGS                                                                                                                                                                                                                                                                                             |                                            |                                          |  |
| GROUND OPERATIONS                                                                                                                                                                                                      |                                      |                                                                                                                                                                                             |                                    | 22. Landing from an ILS                                                                                                                                                                                                                                                                              |                                            |                                          |  |
| 2. Preflight Inspection                                                                                                                                                                                                |                                      |                                                                                                                                                                                             |                                    | 23. Crosswind Landing                                                                                                                                                                                                                                                                                |                                            |                                          |  |
| 3. Taxi / Runway Operations                                                                                                                                                                                            |                                      |                                                                                                                                                                                             |                                    | 24. Rejected Landing *                                                                                                                                                                                                                                                                               |                                            |                                          |  |
| 4. Powerplant Checks                                                                                                                                                                                                   |                                      |                                                                                                                                                                                             |                                    | 25. Landing with an Engine Inoperative                                                                                                                                                                                                                                                               |                                            |                                          |  |
| TAKEOFFS                                                                                                                                                                                                               |                                      |                                                                                                                                                                                             |                                    | 26. Landing with 50% Power Loss                                                                                                                                                                                                                                                                      |                                            |                                          |  |
| 5. Normal                                                                                                                                                                                                              |                                      |                                                                                                                                                                                             |                                    | NON APPENDIX F MANEUVERS ( C, I or / )                                                                                                                                                                                                                                                               |                                            |                                          |  |
| 6. Instrument                                                                                                                                                                                                          |                                      |                                                                                                                                                                                             |                                    | 27. Windshear                                                                                                                                                                                                                                                                                        |                                            |                                          |  |
| 7. Crosswind                                                                                                                                                                                                           |                                      |                                                                                                                                                                                             |                                    | 28. Unusual Attitude / Airplane Upset Recovery                                                                                                                                                                                                                                                       |                                            |                                          |  |
| 8. With Powerplant Failure                                                                                                                                                                                             |                                      |                                                                                                                                                                                             |                                    | 29. CFIT                                                                                                                                                                                                                                                                                             |                                            |                                          |  |
| 9. Rejected T/O *                                                                                                                                                                                                      |                                      |                                                                                                                                                                                             |                                    | 30. TCAS                                                                                                                                                                                                                                                                                             |                                            |                                          |  |
| INSTRUMENT PROCEDURES                                                                                                                                                                                                  |                                      |                                                                                                                                                                                             |                                    | 31. Seat Specific (CA)                                                                                                                                                                                                                                                                               |                                            |                                          |  |
| 10. RNAV1 Departure * / RNAV1 Arrival * (one required)                                                                                                                                                                 |                                      |                                                                                                                                                                                             |                                    | 32. PRM                                                                                                                                                                                                                                                                                              |                                            |                                          |  |
| 11. Holding **                                                                                                                                                                                                         |                                      |                                                                                                                                                                                             |                                    | 33. PAR                                                                                                                                                                                                                                                                                              |                                            |                                          |  |
| 12. Normal ILS Approach <input type="checkbox"/> Manual <input type="checkbox"/> Autoland                                                                                                                              |                                      |                                                                                                                                                                                             |                                    | GENERAL                                                                                                                                                                                                                                                                                              |                                            |                                          |  |
| 13. Engine out ILS                                                                                                                                                                                                     |                                      |                                                                                                                                                                                             |                                    | 34. CRM / TEM                                                                                                                                                                                                                                                                                        |                                            |                                          |  |
| 14. CAT II ILS Approach PF (CA) / PM (FO) *<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                                         |                                      |                                                                                                                                                                                             |                                    | 35. Emergency / Abnormal Procedures                                                                                                                                                                                                                                                                  |                                            |                                          |  |
| 15. Cat III ILS Approach PF (CA) / PM (FO) *<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                                        |                                      |                                                                                                                                                                                             |                                    | 36. Use of Checklists                                                                                                                                                                                                                                                                                |                                            |                                          |  |
| 16. Non-Precision approach <input type="checkbox"/> Manual<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV        |                                      |                                                                                                                                                                                             |                                    | 37. FMC / CDU                                                                                                                                                                                                                                                                                        |                                            |                                          |  |
| 17. Second Non-Precision approach <input type="checkbox"/> Manual<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV |                                      |                                                                                                                                                                                             |                                    | 38. English Proficient                                                                                                                                                                                                                                                                               |                                            |                                          |  |
| 18. Missed Approach from ILS                                                                                                                                                                                           |                                      |                                                                                                                                                                                             |                                    | 39. Judgment                                                                                                                                                                                                                                                                                         |                                            |                                          |  |
| 19. Second Missed Approach                                                                                                                                                                                             |                                      |                                                                                                                                                                                             |                                    | REMARKS                                                                                                                                                                                                                                                                                              |                                            |                                          |  |
| IN-FLIGHT MANEUVERS                                                                                                                                                                                                    |                                      |                                                                                                                                                                                             |                                    | (SPACE PROVIDED ON BACK OF FORM) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                    |                                            |                                          |  |
| 20. Steep Turns *                                                                                                                                                                                                      |                                      |                                                                                                                                                                                             |                                    |                                                                                                                                                                                                                                                                                                      |                                            |                                          |  |
| 21. Approach to Stall - (One in turn T/O Config Req.) *<br><input type="checkbox"/> T/O <input type="checkbox"/> LDG <input type="checkbox"/> Clean                                                                    |                                      |                                                                                                                                                                                             |                                    |                                                                                                                                                                                                                                                                                                      |                                            |                                          |  |

## INSTRUCTIONS

**Proficiency Check Warm-up** - use the PCWU column to record an S - Satisfactory for PC creditable items or leave blank if not proficient in creditable items. Do not use Repeat column or shaded blocks.

**Instructors** - Place a diagonal line through all PCWU non-shaded boxes, with the exception of Non Appendix F Maneuvers.

**Non Appendix F Maneuvers** - use the PCWU column to record a C - Complete for Non-Appendix F Maneuvers or leave blank if not proficient. Non proficient items must be completed during the PC. Maneuvers not observed per the lesson profile are marked with a diagonal line. Do not use shaded repeat blocks.

**Proficiency Check** - use the PC/RFT column (Status) to record an S - Satisfactory or U - Unsatisfactory. Items left blank from the PCWU must be completed during the PC.

**Repeat** - Enter applicable repeat code in repeat column. If more than one repeat for any one item enter U in status column.

**Recurrent Flight Training** - use the PC/RFT column (status) to record a C - Complete or I - Incomplete. Enter applicable status code for incomplete in the repeat column. Use a diagonal line for Non-Appendix F Maneuvers during the RFT.

**Landing Recency** - Complete the information areas including the number of takeoffs and landings. Check the T/O/LDG Recency Box. Use the PC/RFT columns to enter a grade. Record the time in "Other Training Time" box.

**Landing Currency** - Complete the information areas including the number of takeoffs and landings. Check the TO/LDG Currency Box. Record the time in "Other Training Time" box. No grades. Place a "/" in all PC/RFT boxes.

**CAT II/III Check** - When a CAT II/III - PAR/PRM training qualification period is conducted independently of the PC/Type Rating, record the number of TO/LDG's, use "Other Training Time".

Use the CAT II/III PC/RFT and the applicable Non Appendix F status boxes to record S/U or C/I as appropriate.

Place a "/" (not observed) in all other PC/RFT and Non Appendix F status boxes.

### GENERAL

- Airman Signature** - Airman should sign the completed form. If the Airman refuses to sign enter "RTS".
- A/C Type** - Use 744, -8, 767 or as applicable
- Certificate** - Place an "X" in the Airman Certificates, English Proficient (must be displayed on certificate), Medical, FCC Permit and Photo ID (Government Issue) boxes after reviewing airman certificate, FCC radiotelephone operator permit, medical, and photo ID.  
  
English Proficiency: (PC Only) In the PC/RFT columns (Status), record an S - Satisfactory, or U - Unsatisfactory if ICAO level 4 proficiency is not demonstrated. English Proficiency is ascertained during both the briefing/oral and during the simulator evaluation (communication with other crewmember and ATC).
- Simulator ID #** - Record the simulator FAA ID number for the PCWU and PC or a single entry for the RFT.

- Takeoff and Landings** - Record the number of takeoff and landings. A minimum of three takeoffs and landings are required.
- PCWU - PC/RFT Time** - Record the total simulator time. Do not divide the time between PF and PM activities.
- Waived Items** - Mark any waived items (Indicated by ★) with a "W" as applicable.
- Credit during PCWU** - Items marked with "★" can be evaluated during the PCWU and credited toward the PC if found proficient by a Check Airman only.
- Status** - Enter a mark in every status block for PC / RFT. Acceptable entries are restricted to S, U, C, I, W, or a diagonal line. For the PCWU - Shaded blocks are not marked. Creditable Items which are not found proficient are left blank. For the PC - the PC / RFT status box should be marked with a diagonal line for those items in which credit was given for creditable items and for Non Appendix F maneuvers found proficient during the PCWU.
- Emergency / Abnormal Procedures** - If any Emergency / Abnormal procedure is graded with a U or I, identify which procedure was graded as such in the remarks section.
- Repeat** - (PC only) Identify the reason for repeated, incomplete or unsatisfactory events by using the letter codes A (*systems knowledge*), B (*control technique or execution*), or C (*procedural error*). Do not use for Non Appendix F maneuvers as these maneuvers are to be trained and not checked.  
  
Only ONE repeat is allowed for each item. The number of items that may be repeated is a function of available time and the discretion of the check airman. If the first attempt is unsuccessful, a repeat may only be given after training in that maneuver has been accomplished. If there were no repeats, the repeat columns should remain blank.
- Result** - Place an "X" in the appropriate RESULT box. If the simulator fails for an extended period during an event or the crewmember is incapacitated due to illness the event will be suspended and an "X" will be placed in the appropriate box.
- Remarks** - Place an X in the appropriate box indicating that remarks have been included on the reverse side of the form. Remarks should be made for Unsatisfactory or Repeated events. Make remarks brief and specific, avoiding vague or immeasurable comments. For example, for a repeated ILS approach due to inability to maintain glide slope, enter "deviation exceeded one dot." The remarks section is also used to note additional procedures e.g. special training at a specific airport.
- LTFC / PWP** - The event will be either a RFT or PC as directed by the Fleet Captain
- Disposition of Paperwork** - return completed form to Training Records. In the event of a PCWU place the form in the students "V" file in the records department.
- PAR / PRM** - Conducted during Initial Training as part of the CAT II/III qualification syllabus. Enter C or I to indicate status of training when conducted.

### REMARKS / ADDITIONAL PROCEDURES:



**CREW PAIRING  
CONSOLIDATION OF KNOWLEDGE AND SKILLS  
PIC HIGH MINIMUMS REQUIREMENTS**

TRAINING RECORDS FAX 1-866-329-2857  
1-786-265-8175

|                                                                                    |  |  |                                   |  |                                                                           |  |  |
|------------------------------------------------------------------------------------|--|--|-----------------------------------|--|---------------------------------------------------------------------------|--|--|
| NAME (Last, First, MI)<br><b>ASKA, Conrad J-A</b>                                  |  |  | EMPLOYEE NO.<br><b>[REDACTED]</b> |  | 120 / 150 DAY COMPLETION DATE<br><b>/</b>                                 |  |  |
| <input type="checkbox"/> CAPTAIN <input checked="" type="checkbox"/> FIRST OFFICER |  |  | PC/RATING DATE                    |  | ENTER TOTAL FLT TIME IN TYPE INC OE AND OTHER PART 121 IN TYPE EXPERIENCE |  |  |

| DATE                                                                                                                                           | FROM | TO   | LEG BLOCK TIME                                                                                                                                                                            | LEG LANDINGS | ADJUSTED HIGH MINS HRS (NOT INC OE)                         | TOTAL FLT TIME (INC OE) | TOTAL FLT TIME (INC OE)                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------|-------------------------|-----------------------------------------------|
| 26 OCT 17                                                                                                                                      | BAH  | NKW  | 6+18                                                                                                                                                                                      | φ            |                                                             | 6+18                    | 6+18                                          |
| 26 OCT 17                                                                                                                                      | NKW  | BAH  | 6+30                                                                                                                                                                                      | 1            |                                                             | 12+48                   | 12+48                                         |
| 28 OCT 17                                                                                                                                      | KWI  | ITHN | 7+15                                                                                                                                                                                      | φ            |                                                             | 20+03                   | 20+03                                         |
| 07 NOV 17                                                                                                                                      | YOW  | ARN  | 7+22                                                                                                                                                                                      | φ            |                                                             | 27+25                   | 27+25                                         |
| 12 NOV 17                                                                                                                                      | ARN  | YOW  | 8+53                                                                                                                                                                                      | 1            |                                                             | 36+18                   | 36+18                                         |
| 18 NOV 17                                                                                                                                      | TPA  | CUG  | 2+22                                                                                                                                                                                      | 1            |                                                             | 38+40                   | 38+40                                         |
| 18 NOV 17                                                                                                                                      | CUG  | IAH  | 2+44                                                                                                                                                                                      | 1            |                                                             | 41+24                   | 41+24                                         |
| 20 NOV 17                                                                                                                                      | IAH  | BWI  | 2+38                                                                                                                                                                                      | 1            |                                                             | 44+02                   | 44+02                                         |
| 20 NOV 17                                                                                                                                      | BWI  | TPA  | 2+22                                                                                                                                                                                      | 1            |                                                             | 46+24                   | 46+24                                         |
| 21 NOV 17                                                                                                                                      | TPA  | CUG  | 1+54                                                                                                                                                                                      | 1            |                                                             | 48+18                   | 48+18                                         |
| 21 NOV 17                                                                                                                                      | CUG  | IAH  | 2+24                                                                                                                                                                                      | φ            |                                                             | 50+42                   | 50+42                                         |
| 22 NOV 17                                                                                                                                      | IAH  | CUG  | 2+23                                                                                                                                                                                      | 1            |                                                             | 53+07                   | 53+07                                         |
| 11 Dec 17                                                                                                                                      | MIA  | MIA  | +15                                                                                                                                                                                       | φ            |                                                             | 53+22                   | 53+22                                         |
| 12 Dec 17                                                                                                                                      | MIA  | CUG  | 2+43                                                                                                                                                                                      | 1            |                                                             | 55+65                   | 55+65                                         |
| 12 Dec 17                                                                                                                                      | CUG  | BDS  | 2+03                                                                                                                                                                                      | φ            |                                                             | 57+68                   | 57+68                                         |
| 13 Dec 17                                                                                                                                      | BDS  | CUG  | 2+21                                                                                                                                                                                      | 1            |                                                             | 59+89                   | 59+89                                         |
| 14 Dec 17                                                                                                                                      | CUG  | GSO  | 1+17                                                                                                                                                                                      | 1            |                                                             | 61.06                   | 61.06                                         |
| 14 Dec 17                                                                                                                                      | GSO  | RIC  | 0+51                                                                                                                                                                                      | 1            |                                                             | 61.57                   | 61.57                                         |
| 14 Dec 17                                                                                                                                      | RIC  | GSO  | 0+43                                                                                                                                                                                      | 1            |                                                             | 62.0                    | 62.0                                          |
| 15 Dec 17                                                                                                                                      | GSO  | CUG  | 1+17                                                                                                                                                                                      | φ            |                                                             | 63.17                   | 63.17                                         |
| 01 Jan 18                                                                                                                                      | TPA  | CAE  | 1+13                                                                                                                                                                                      | φ            |                                                             | 64.30                   | 64.30                                         |
| 07 Jan 18                                                                                                                                      | BWI  | SKF  | 4+35                                                                                                                                                                                      | φ            |                                                             | 68.68                   | 68.68                                         |
| 11 Jan 18                                                                                                                                      | SEA  | OKO  | 11+33                                                                                                                                                                                     | φ            |                                                             | 80.01                   | 80.01                                         |
| 13 Jan 18                                                                                                                                      | OKO  | SRA  | 9+07                                                                                                                                                                                      | 1            |                                                             | 89.08                   | 89.08                                         |
| Record each flight and applicable details. Carry subtotals in the appropriate column until the respective regulatory requirement is satisfied. |      |      | Notify crew scheduling and training records as each COS and high minimums requirement is satisfied.<br><br>Fax completed form to training records, Miami TC. 866-329-2857 / 914-697-5070. |              | Totals                                                      |                         |                                               |
|                                                                                                                                                |      |      |                                                                                                                                                                                           |              | <div style="font-size: 2em; font-family: cursive;">14</div> | §121.652 (a) (c)        | §121.438 (b) 75 Hour crew pairing requirement |





**CREW PAIRING  
CONSOLIDATION OF KNOWLEDGE AND SKILLS  
PIC HIGH MINIMUMS REQUIREMENTS**

TRAINING RECORDS FAX 1-866-329-2857  
1-786-265-8175

| NAME (Last, First, MI)<br><b>Aska, Conrad J.A</b>                                                                                              |      |     | EMPLOYEE NO.<br><div style="background-color: black; width: 100px; height: 1.2em;"></div>                                                                                                 |              | 120 / 150 DAY COMPLETION DATE<br><b>/</b>                                 |                                                  |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> CAPTAIN <input checked="" type="checkbox"/> FIRST OFFICER                                                             |      |     | PC/RATING DATE                                                                                                                                                                            |              | ENTER TOTAL FLT TIME IN TYPE INC OE AND OTHER PART 121 IN TYPE EXPERIENCE |                                                  |                                                       |
| DATE                                                                                                                                           | FROM | TO  | LEG BLOCK TIME                                                                                                                                                                            | LEG LANDINGS | ADJUSTED HIGH MINS HRS (NOT INC OE)                                       | TOTAL FLT TIME (INC OE)                          | TOTAL FLT TIME (INC OE)                               |
| 16/Jan/18                                                                                                                                      | RMS  | KWI | 5+59                                                                                                                                                                                      | 1            |                                                                           | 94.67                                            | 94.67                                                 |
| 21 Jan 18                                                                                                                                      | HHN  | XJD | 7+04                                                                                                                                                                                      | Ø            |                                                                           | 101.71                                           | 101.71                                                |
| 21 Jan 18                                                                                                                                      | XJD  | KWI | 1+28                                                                                                                                                                                      | 1            |                                                                           | 102.99                                           | 102.99                                                |
| 23 Jan 18                                                                                                                                      | KWI  | HHN | 6+36                                                                                                                                                                                      | Ø            |                                                                           | 109.75                                           | 109.35                                                |
| 24 Jan 18                                                                                                                                      | HHN  | KWI | 6+20                                                                                                                                                                                      | 1            |                                                                           | 115.55                                           | 115.55                                                |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              |                                                                           |                                                  |                                                       |
| Record each flight and applicable details. Carry subtotals in the appropriate column until the respective regulatory requirement is satisfied. |      |     | Notify crew scheduling and training records as each COS and high minimums requirement is satisfied.<br><br>Fax completed form to training records, Miami TC. 866-329-2857 / 914-697-5070. |              | Totals                                                                    | <b>115.55</b>                                    | <b>115.55</b>                                         |
|                                                                                                                                                |      |     |                                                                                                                                                                                           |              | §121.652 (a) (c)                                                          | §121.438 (b)<br>75 Hour crew pairing requirement | §121.434 (g)<br>100 hrs as PIC/SIC COS<br>Know/Skills |



# GROUND TRAINING RECORD

PILOT

TRAINING RECORDS FAX 1-866-329-2857

Name Aska, Conrad  
(Last, First, MI)

Employee # [REDACTED]

☐ Captain

☒ First Officer

Aircraft Type

744/-8 ☐

767 ☒

777 ☐

*Has successfully completed the selected FAA approved course in accordance with the Company's Flight Operations Training Manual (FOTM).*

☐ Basic Indoctrination

☐ Initial Transition

☐ Requalification

☒ Other FACAOSSP/AOSSP

☒ Recurrent

☐ Upgrade

☐ Differences

Braswell, Joseph

Instructor (Print)

Employee # [REDACTED]

07/07/18

Instructor (Signature)

Date (mm/dd/yy)

Fleet Captain (Signature)



# PILOT TRAINING / CHECK GRADE SHEET

TRAINING RECORDS FAX 1-866-329-2857 OR 1-786 265-8175

|                                                                                                                                                                                                                                   |  |                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                      |  |                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| Name of Airman (last, first, mi)<br><b>ASKA, Conrad</b>                                                                                                                                                                           |  | Employee No.<br>[REDACTED]                                                                                                                                                                  |  | EVENT<br><input type="checkbox"/> CA PIC PC <input type="checkbox"/> TO/LDG REGENCY (EXPIRED LDG)<br><input checked="" type="checkbox"/> FO PIC PC <input type="checkbox"/> TYPE RATING<br><input type="checkbox"/> RFT <input type="checkbox"/> RLOFT <input type="checkbox"/> CAT II / III         |  | <input type="checkbox"/> TO/LDG CURRENCY                         |  |
| Signature of Airman<br>[REDACTED]                                                                                                                                                                                                 |  | <input type="checkbox"/> CA <input checked="" type="checkbox"/> FO <b>767</b><br>A/C Type                                                                                                   |  | CATEGORY OF EVENT<br><input type="checkbox"/> INITIAL <input type="checkbox"/> REQUALIFICATION<br><input type="checkbox"/> TRANSITION <input type="checkbox"/> REFRESHER<br><input type="checkbox"/> UPGRADE <input type="checkbox"/> CONSOLIDATION<br><input checked="" type="checkbox"/> RECURRENT |  | <input type="checkbox"/> PWP                                     |  |
| Certificate <input checked="" type="checkbox"/> ATP <input type="checkbox"/> English Proficient                                                                                                                                   |  | Airman Certificate No.<br>[REDACTED]                                                                                                                                                        |  | Medical Date: <b>5/17/18</b><br><input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> N/A                                                                                                                                                               |  |                                                                  |  |
| Simulator ID #<br><b>679 / 679</b>                                                                                                                                                                                                |  | <input checked="" type="checkbox"/> FCC Permit<br><input type="checkbox"/> Photo ID                                                                                                         |  | TO/LDG's (3 Minimum)<br><b>3/3</b>                                                                                                                                                                                                                                                                   |  |                                                                  |  |
| Other Training Time (Hrs+Min)<br><b>4:00</b>                                                                                                                                                                                      |  | PCWU Time (Hrs+Min)<br><b>3:45</b>                                                                                                                                                          |  | PC/RFT/RLOFT Time (Hrs+Min)<br><b>3:45</b>                                                                                                                                                                                                                                                           |  |                                                                  |  |
| PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD (Last, First)<br><b>SPEYER, MARTIN</b>                                                                                                                              |  | Employee No.<br>[REDACTED]                                                                                                                                                                  |  | RESULT<br><input checked="" type="checkbox"/> SATISFACTORY / COMPLETE<br><input type="checkbox"/> UNSAT / INCOMPLETE - REMOVED FROM FLIGHT STATUS<br><input type="checkbox"/> INCOMPLETE - SIMULATOR MALFUNCTION OR ILLNESS                                                                          |  |                                                                  |  |
| Signature of PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD<br>[REDACTED]                                                                                                                                          |  | Date (mm/dd/yy)<br><b>07/08/18</b>                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                      |  |                                                                  |  |
| PC Check Airman / APD (Last, First)<br><b>NEVES, WILLIAM</b>                                                                                                                                                                      |  | Employee No.<br>[REDACTED]                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                      |  |                                                                  |  |
| Signature<br>[REDACTED]                                                                                                                                                                                                           |  | Date (mm/dd/yy)<br><b>07/09/18</b>                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                      |  |                                                                  |  |
| Codes used for Repeat, Unsatisfactory or Incomplete Status<br>A= Systems Knowledge<br>B= Control Tech or Execution<br>C= Procedural Error                                                                                         |  | Status Grading Key<br>S = Satisfactory<br>C = Complete<br>W = Waived<br>* = Waiver authority (PC)<br>U = Unsatisfactory<br>I = Incomplete<br>/ = Not Observed<br>✱ = Creditable during PCWU |  | Name of Observing FAA Inspector / Examiner (Last, First, Mi)<br>[REDACTED]                                                                                                                                                                                                                           |  | FSDO                                                             |  |
|                                                                                                                                                                                                                                   |  |                                                                                                                                                                                             |  | Signature of Observing FAA Inspector / Examiner<br>[REDACTED]                                                                                                                                                                                                                                        |  | Date (mm/dd/yy)<br>[REDACTED]                                    |  |
|                                                                                                                                                                                                                                   |  | PC/RFT PCWU                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                      |  | PC/RFT PCWU                                                      |  |
|                                                                                                                                                                                                                                   |  | Repeat Status Status                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                      |  | Repeat Status Status                                             |  |
| 1. Equipment / Oral Examination / Briefing                                                                                                                                                                                        |  | / S                                                                                                                                                                                         |  | LANDINGS                                                                                                                                                                                                                                                                                             |  |                                                                  |  |
| GROUND OPERATIONS                                                                                                                                                                                                                 |  |                                                                                                                                                                                             |  | 22. Landing from an ILS                                                                                                                                                                                                                                                                              |  | / S                                                              |  |
| 2. Preflight Inspection                                                                                                                                                                                                           |  | / S                                                                                                                                                                                         |  | 23. Crosswind Landing                                                                                                                                                                                                                                                                                |  | / S                                                              |  |
| 3. Taxi / Runway Operations                                                                                                                                                                                                       |  | / S                                                                                                                                                                                         |  | 24. Rejected Landing ✱                                                                                                                                                                                                                                                                               |  | / S /                                                            |  |
| 4. Powerplant Checks                                                                                                                                                                                                              |  | / S                                                                                                                                                                                         |  | 25. Landing with an Engine Inoperative                                                                                                                                                                                                                                                               |  | / S                                                              |  |
| TAKEOFFS                                                                                                                                                                                                                          |  |                                                                                                                                                                                             |  | 26. Landing with 50% Power Loss                                                                                                                                                                                                                                                                      |  | / S                                                              |  |
| 5. Normal                                                                                                                                                                                                                         |  | / S                                                                                                                                                                                         |  | NON APPENDIX F MANEUVERS ( C, I or / )                                                                                                                                                                                                                                                               |  |                                                                  |  |
| 6. Instrument                                                                                                                                                                                                                     |  | / S                                                                                                                                                                                         |  | 27. Windshear                                                                                                                                                                                                                                                                                        |  | / C                                                              |  |
| 7. Crosswind                                                                                                                                                                                                                      |  | / S                                                                                                                                                                                         |  | 28. Unusual Attitude / Airplane Upset Recovery                                                                                                                                                                                                                                                       |  | / C                                                              |  |
| 8. With Powerplant Failure                                                                                                                                                                                                        |  | / S                                                                                                                                                                                         |  | 29. CFIT                                                                                                                                                                                                                                                                                             |  | / C                                                              |  |
| 9. Rejected T/O ✱                                                                                                                                                                                                                 |  | / / S                                                                                                                                                                                       |  | 30. TCAS                                                                                                                                                                                                                                                                                             |  | / C                                                              |  |
| INSTRUMENT PROCEDURES                                                                                                                                                                                                             |  |                                                                                                                                                                                             |  | 31. Seat Specific (CA)                                                                                                                                                                                                                                                                               |  | / /                                                              |  |
| 10. RNAV1 Departure ✱ / RNAV1 Arrival ✱ (one required)                                                                                                                                                                            |  | / S                                                                                                                                                                                         |  | 32. PRM                                                                                                                                                                                                                                                                                              |  | / /                                                              |  |
| 11. Holding ✱ ✱                                                                                                                                                                                                                   |  | / / S                                                                                                                                                                                       |  | 33. PAR                                                                                                                                                                                                                                                                                              |  | / /                                                              |  |
| 12. Normal ILS Approach <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Autoland                                                                                                                              |  | / S                                                                                                                                                                                         |  | GENERAL                                                                                                                                                                                                                                                                                              |  |                                                                  |  |
| 13. Engine out ILS                                                                                                                                                                                                                |  | / S                                                                                                                                                                                         |  | 34. CRM / TEM                                                                                                                                                                                                                                                                                        |  | / S                                                              |  |
| 14. CAT II ILS Approach PF (CA) / PM (FO) ✱<br>Normal <input checked="" type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                                         |  | / / S                                                                                                                                                                                       |  | 35. Emergency / Abnormal Procedures                                                                                                                                                                                                                                                                  |  | /                                                                |  |
| 15. Cat III ILS Approach PF (CA) / PM (FO) ✱<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                                                   |  | / S                                                                                                                                                                                         |  | 36. Use of Checklists                                                                                                                                                                                                                                                                                |  | / S                                                              |  |
| 16. Non-Precision approach <input checked="" type="checkbox"/> Manual<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV        |  | / S                                                                                                                                                                                         |  | 37. FMC / CDU                                                                                                                                                                                                                                                                                        |  | / S                                                              |  |
| 17. Second Non-Precision approach <input type="checkbox"/> Manual<br><input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input checked="" type="checkbox"/> RNAV |  | / S                                                                                                                                                                                         |  | 38. English Proficient                                                                                                                                                                                                                                                                               |  | / S                                                              |  |
| 18. Missed Approach from ILS                                                                                                                                                                                                      |  | / S                                                                                                                                                                                         |  | 39. Judgment                                                                                                                                                                                                                                                                                         |  | / S                                                              |  |
| 19. Second Missed Approach                                                                                                                                                                                                        |  | / S                                                                                                                                                                                         |  | REMARKS                                                                                                                                                                                                                                                                                              |  |                                                                  |  |
| IN-FLIGHT MANEUVERS                                                                                                                                                                                                               |  |                                                                                                                                                                                             |  | (SPACE PROVIDED ON BACK OF FORM)                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  |
| 20. Steep Turns ✱ ✱                                                                                                                                                                                                               |  | / / S                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                      |  |                                                                  |  |
| 21. Approach to Stall - (One in turn T/O Config Req) ✱ ✱<br><input checked="" type="checkbox"/> T/O <input type="checkbox"/> LDG <input type="checkbox"/> Clean                                                                   |  | / / S                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                      |  |                                                                  |  |

07 JUN 17

TC\_PC\_RFT\_REC

## INSTRUCTIONS

**Proficiency Check Warm-up** - use the PCWU column to record an S - Satisfactory for PC creditable items or leave blank if not proficient in creditable items. Do not use Repeat column or shaded blocks.

**Instructors** - Place a diagonal line through all PCWU non-shaded boxes, with the exception of Non Appendix F Maneuvers.

**Non Appendix F Maneuvers** - use the PCWU column to record a C - Complete for Non-Appendix F Maneuvers or leave blank if not proficient. Non proficient items must be completed during the PC. Maneuvers not observed per the lesson profile are marked with a diagonal line. Do not use shaded repeat blocks.

**Proficiency Check** - use the PC/RFT column (Status) to record an S - Satisfactory or U - Unsatisfactory. Items left blank from the PCWU must be completed during the PC.

**Repeat** - Enter applicable repeat code in repeat column. If more than one repeat for any one item enter U in status column.

**Recurrent Flight Training** - use the PC/RFT column (status) to record a C - Complete or I - Incomplete. Enter applicable status code for incomplete in the repeat column. Use a diagonal line for Non-Appendix F Maneuvers during the RFT.

**Landing Recency** - Complete the information areas including the number of takeoffs and landings. Check the T/O/LDG Recency Box. Use the PC/RFT columns to enter a grade. Record the time in "Other Training Time" box.

**Landing Currency** - Complete the information areas including the number of takeoffs and landings. Check the TO/LDG Currency Box. Record the time in "Other Training Time" box. No grades. Place a " / " in all PC/RFT boxes.

**CAT II/III Check** - When a CAT II/III - PAR/PRM training qualification period is conducted independently of the PC/Type Rating, record the number of TO/LDG's, use "Other Training Time".

Use the CAT II/III PC/RFT and the applicable Non Appendix F status boxes to record S/U or C/I as appropriate.

Place a " / " (not observed) in all other PC/RFT and Non Appendix F status boxes.

### GENERAL

- Airman Signature** - Airman should sign the completed form. If the Airman refuses to sign enter "RTS".
- A/C Type** - Use 744, -8, 767 or as applicable
- Certificate** - Place an "X" in the Airman Certificates, English Proficient (must be displayed on certificate), Medical, FCC Permit and Photo ID (Government Issue) boxes after reviewing airman certificate, FCC radiotelephone operator permit, medical, and photo ID.  
English Proficiency: (PC Only) In the PC/RFT columns (Status), record an S - Satisfactory, or U - Unsatisfactory if ICAO level 4 proficiency is not demonstrated. English Proficiency is ascertained during both the briefing/oral and during the simulator evaluation (communication with other crewmember and ATC).
- Simulator ID #** - Record the simulator FAA ID number for the PCWU and PC or a single entry for the RFT.

- Takeoff and Landings** - Record the number of takeoff and landings. A minimum of three takeoffs and landings are required.
- PCWU - PC/RFT Time** - Record the total simulator time. Do not divide the time between PF and PM activities.
- Waived Items** - Mark any waived items (Indicated by ★) with a "W" as applicable.
- Credit during PCWU** - Items marked with "★" can be evaluated during the PCWU and credited toward the PC if found proficient by a Check Airman only.
- Status** - Enter a mark in every status block for PC / RFT. Acceptable entries are restricted to S, U, C, I, W, or a diagonal line. For the PCWU - Shaded blocks are not marked. Creditable items which are not found proficient are left blank. For the PC - the PC / RFT status box should be marked with a diagonal line for those items in which credit was given for creditable items and for Non Appendix F maneuvers found proficient during the PCWU.
- Emergency / Abnormal Procedures** - If any Emergency / Abnormal procedure is graded with a U or I, identify which procedure was graded as such in the remarks section.
- Repeat** - (PC only) Identify the reason for repeated, incomplete or unsatisfactory events by using the letter codes A (*systems knowledge*), B (*control technique or execution*), or C (*procedural error*). Do not use for Non Appendix F maneuvers as these maneuvers are to be trained and not checked.  
Only ONE repeat is allowed for each item. The number of items that may be repeated is a function of available time and the discretion of the check airman. If the first attempt is unsuccessful, a repeat may only be given after training in that maneuver has been accomplished. If there were no repeats, the repeat columns should remain blank.
- Result** - Place an "X" in the appropriate RESULT box. If the simulator fails for an extended period during an event or the crewmember is incapacitated due to illness the event will be suspended and an "X" will be placed in the appropriate box.
- Remarks** - Place an X in the appropriate box indicating that remarks have been included on the reverse side of the form. Remarks should be made for Unsatisfactory or Repeated events. Make remarks brief and specific, avoiding vague or immeasurable comments. For example, for a repeated ILS approach due to inability to maintain glide slope, enter "deviation exceeded one dot." The remarks section is also used to note additional procedures e.g. special training at a specific airport.
- LTFC / PWP** - The event will be either a RFT or PC as directed by the Fleet Captain
- Disposition of Paperwork** - return completed form to Training Records. In the event of a PCWU place the form in the students "V" file in the records department.
- PAR / PRM** - Conducted during Initial Training as part of the CAT II/III qualification syllabus. Enter C or I to indicate status of training when conducted.

| REMARKS / ADDITIONAL PROCEDURES: |
|----------------------------------|
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |
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|                                  |
|                                  |



# PILOT TRAINING / CHECK GRADE SHEET

TRAINING RECORDS FAX 1-866-329-2857 OR 1-786 265-8175

|                                                                                                                                                                                                                     |  |                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                              |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Name of Airman (last, first, mi)<br><b>Aske Conrad</b>                                                                                                                                                              |  | Employee No.<br><b>[REDACTED]</b>                                                                                                                                                         |  | EVENT<br><input type="checkbox"/> CA PIC PC <input type="checkbox"/> TO/LDG REGENCY (EXPIRED LDG)<br><input type="checkbox"/> FO PIC PC <input type="checkbox"/> TYPE RATING<br><input checked="" type="checkbox"/> RFT <input type="checkbox"/> RLOFT <input type="checkbox"/> CAT II / III | <input type="checkbox"/> TO/LDG CURRENCY |
| Signature<br><b>[REDACTED]</b>                                                                                                                                                                                      |  | <input type="checkbox"/> CA <input checked="" type="checkbox"/> FO <b>AVC Type 767</b>                                                                                                    |  |                                                                                                                                                                                                                                                                                              |                                          |
| Certificate - <input type="checkbox"/> ATP <input checked="" type="checkbox"/> English Proficient                                                                                                                   |  | Airman Certificate No.<br><b>[REDACTED]</b>                                                                                                                                               |  | CATEGORY OF EVENT<br><input type="checkbox"/> INITIAL <input type="checkbox"/> REQUALIFICATION<br><input type="checkbox"/> TRANSITION <input type="checkbox"/> REFRESHER<br><input type="checkbox"/> UPGRADE <input type="checkbox"/> CONSOLIDATION<br><input type="checkbox"/> RECURRENT    | <input type="checkbox"/> PWP             |
| Simulator ID #<br><b>6791</b>                                                                                                                                                                                       |  | <input checked="" type="checkbox"/> FCC Permit <input checked="" type="checkbox"/> Photo ID                                                                                               |  |                                                                                                                                                                                                                                                                                              |                                          |
| Other Training Time (Hrs+Min)                                                                                                                                                                                       |  | PCWU Time (Hrs+Min)                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                              |                                          |
| PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD (Last, First)<br><b>HUNKEL JOSEPH</b>                                                                                                                 |  | Employee No.<br><b>[REDACTED]</b>                                                                                                                                                         |  | RESULT<br><input checked="" type="checkbox"/> SATISFACTORY / COMPLETE<br><input type="checkbox"/> UNSAT / INCOMPLETE - REMOVED FROM FLIGHT STATUS<br><input type="checkbox"/> INCOMPLETE - SIMULATOR MALFUNCTION OR ILLNESS                                                                  |                                          |
| Signature of PCWU / RFT / RLOFT / Oral / Other - Instructor / Ck Amn / APD<br><b>[REDACTED]</b>                                                                                                                     |  | Date (mm/dd/yy)<br><b>01/07/19</b>                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                              |                                          |
| PC Check Airman / APD (Last, First)                                                                                                                                                                                 |  | Employee No.                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                              |                                          |
| Signature of PC Check Airman / APD                                                                                                                                                                                  |  | Date (mm/dd/yy)                                                                                                                                                                           |  | FAA OBSERVATION                                                                                                                                                                                                                                                                              |                                          |
| Codes used for Repeat, Unsatisfactory or Incomplete Status<br>A= Systems Knowledge<br>B= Control Tech or Execution<br>C= Procedural Error                                                                           |  | Status Grading Key<br>S = Satisfactory<br>C = Complete<br>W = Waived<br>★ - Waiver authority (PC)<br>U = Unsatisfactory<br>I = Incomplete<br>/ = Not Observed<br>★ Creditable during PCWU |  | Name of Observing FAA Inspector / Examiner (Last, First, MI)<br>FSDO                                                                                                                                                                                                                         |                                          |
|                                                                                                                                                                                                                     |  |                                                                                                                                                                                           |  | Signature of Observing FAA Inspector / Examiner<br>Date (mm/dd/yy)                                                                                                                                                                                                                           |                                          |
|                                                                                                                                                                                                                     |  | PC/RFT PCWU<br>Repeat Status Status                                                                                                                                                       |  | PC/RFT PCWU<br>Repeat Status Status                                                                                                                                                                                                                                                          |                                          |
| 1. Equipment / Oral Examination / Briefing                                                                                                                                                                          |  |                                                                                                                                                                                           |  | LANDINGS                                                                                                                                                                                                                                                                                     |                                          |
| GROUND OPERATIONS                                                                                                                                                                                                   |  |                                                                                                                                                                                           |  | 22. Landing from an ILS                                                                                                                                                                                                                                                                      |                                          |
| 2. Preflight Inspection                                                                                                                                                                                             |  |                                                                                                                                                                                           |  | 23. Crosswind Landing                                                                                                                                                                                                                                                                        |                                          |
| 3. Taxi / Runway Operations                                                                                                                                                                                         |  |                                                                                                                                                                                           |  | 24. Rejected Landing ★                                                                                                                                                                                                                                                                       |                                          |
| 4. Powerplant Checks                                                                                                                                                                                                |  |                                                                                                                                                                                           |  | 25. Landing with an Engine Inoperative                                                                                                                                                                                                                                                       |                                          |
| TAKEOFFS                                                                                                                                                                                                            |  |                                                                                                                                                                                           |  | 26. Landing with 50% Power Loss                                                                                                                                                                                                                                                              |                                          |
| 5. Normal                                                                                                                                                                                                           |  |                                                                                                                                                                                           |  | NON APPENDIX F MANEUVERS (C, I or /)                                                                                                                                                                                                                                                         |                                          |
| 6. Instrument                                                                                                                                                                                                       |  |                                                                                                                                                                                           |  | 27. Windshear                                                                                                                                                                                                                                                                                |                                          |
| 7. Crosswind                                                                                                                                                                                                        |  |                                                                                                                                                                                           |  | 28. Unusual Attitude / Airplane Upset Recovery                                                                                                                                                                                                                                               |                                          |
| 8. With Powerplant Failure                                                                                                                                                                                          |  |                                                                                                                                                                                           |  | 29. CFIT                                                                                                                                                                                                                                                                                     |                                          |
| 9. Rejected T/O ★                                                                                                                                                                                                   |  |                                                                                                                                                                                           |  | 30. TCAS                                                                                                                                                                                                                                                                                     |                                          |
| INSTRUMENT PROCEDURES                                                                                                                                                                                               |  |                                                                                                                                                                                           |  | 31. Seat Specific (CA)                                                                                                                                                                                                                                                                       |                                          |
| 10. RNAV1 Departure ★ / RNAV1 Arrival ★ (one required)                                                                                                                                                              |  |                                                                                                                                                                                           |  | 32. PRM                                                                                                                                                                                                                                                                                      |                                          |
| 11. Holding ★★                                                                                                                                                                                                      |  |                                                                                                                                                                                           |  | 33. PAR                                                                                                                                                                                                                                                                                      |                                          |
| 12. Normal ILS Approach <input type="checkbox"/> Manual <input type="checkbox"/> Autoland                                                                                                                           |  |                                                                                                                                                                                           |  | GENERAL                                                                                                                                                                                                                                                                                      |                                          |
| 13. Engine out ILS                                                                                                                                                                                                  |  |                                                                                                                                                                                           |  | 34. CRM / TEM                                                                                                                                                                                                                                                                                |                                          |
| 14. CAT II ILS Approach PF (CA) / PM (FO) ★<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                                      |  |                                                                                                                                                                                           |  | 35. Emergency / Abnormal Procedures                                                                                                                                                                                                                                                          |                                          |
| 15. Cat III ILS Approach PF (CA) / PM (FO) ★<br>Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                                     |  |                                                                                                                                                                                           |  | 36. Use of Checklists                                                                                                                                                                                                                                                                        |                                          |
| 16. Non-Precision approach <input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV <input type="checkbox"/> Manual        |  |                                                                                                                                                                                           |  | 37. FMC / CDU                                                                                                                                                                                                                                                                                |                                          |
| 17. Second Non-Precision approach <input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input type="checkbox"/> RNAV <input type="checkbox"/> Manual |  |                                                                                                                                                                                           |  | 38. English Proficient                                                                                                                                                                                                                                                                       |                                          |
| 18. Missed Approach from ILS                                                                                                                                                                                        |  |                                                                                                                                                                                           |  | 39. Judgment                                                                                                                                                                                                                                                                                 |                                          |
| 19. Second Missed Approach                                                                                                                                                                                          |  |                                                                                                                                                                                           |  | REMARKS                                                                                                                                                                                                                                                                                      |                                          |
| IN-FLIGHT MANEUVERS                                                                                                                                                                                                 |  |                                                                                                                                                                                           |  | (SPACE PROVIDED ON BACK OF FORM) <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                       |                                          |
| 20. Steep Turns ★★                                                                                                                                                                                                  |  |                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                              |                                          |
| 21. Approach to Stall - (One in turn T/O Config Req.) ★★<br><input type="checkbox"/> T/O <input type="checkbox"/> LDG <input type="checkbox"/> Clean                                                                |  |                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                              |                                          |

07 JUN 17

TC\_PC\_RFT\_REC



## PILOT TRAINING / CHECK GRADE SHEET

TRAINING RECORDS FAX 1-866-329-2857 OR 1-786 265-8175

|                                                                                                                                                              |  |                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Airman (last, first, mi)<br><b>Aska, Conrad J.A.</b>                                                                                                 |  | Employee No.<br>[REDACTED]                                                                                                             |  | <input checked="" type="checkbox"/> CA PIC PC <input checked="" type="checkbox"/> TO/LDG REGENCY (EXPIRED LDG)<br><input checked="" type="checkbox"/> FO PIC PC <input checked="" type="checkbox"/> TYPE RATING<br><input checked="" type="checkbox"/> RFT <input checked="" type="checkbox"/> RLOFT <input checked="" type="checkbox"/> CAT II / III |  | <input checked="" type="checkbox"/> TO/LDG CURRENCY                                                                                                                                                                                                                             |  |
| Signature<br>[REDACTED]                                                                                                                                      |  | <input type="checkbox"/> CA    A/C Type<br><input checked="" type="checkbox"/> FO    B-767                                             |  | EVENT                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                 |  |
| Certificate - <input checked="" type="checkbox"/> ATP<br><input checked="" type="checkbox"/> English Proficient                                              |  | Medical Date <b>04/11/17</b><br><input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> N/A |  | CATEGORY OF EVENT                                                                                                                                                                                                                                                                                                                                     |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REQUALIFICATION<br><input type="checkbox"/> TRANSITION <input type="checkbox"/> REFRESHER<br><input type="checkbox"/> UPGRADE <input type="checkbox"/> CONSOLIDATION<br><input type="checkbox"/> RECURRENT |  |
| Simulator ID #<br><b>330 /</b>                                                                                                                               |  | FCC Permit<br>Photo ID                                                                                                                 |  | TO/LDG's (3 minimum)<br><b>2/2</b>                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> PWP                                                                                                                                                                                                                                                    |  |
| Other Training Time (Hrs+Min)                                                                                                                                |  | PCWU Time (Hrs+Min)                                                                                                                    |  | PC/RFT/RLOFT Time (Hrs+Min)<br><b>1:45</b>                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                 |  |
| PCWU / RFT / RLOFT / Other<br><b>TEAVLEY, Billy R.</b>                                                                                                       |  | Instructor / Ck Amn / APD (Last, First)<br>[REDACTED]                                                                                  |  | Employee No.<br>[REDACTED]                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> SATISFACTORY / COMPLETE<br><input checked="" type="checkbox"/> UNSAT / INCOMPLETE - REMOVED FROM FLIGHT STATUS<br><input type="checkbox"/> INCOMPLETE - SIMULATOR MALFUNCTION OR ILLNESS                                                               |  |
| Check Airman / APD (Last, First)<br><b>TEAVLEY, Billy R.</b>                                                                                                 |  | Date (mm/dd/yy)<br><b>07/29/17</b>                                                                                                     |  | RESULT                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                 |  |
| Date (mm/dd/yy)<br><b>09/22/17</b>                                                                                                                           |  | Date (mm/dd/yy)<br><b>09/22/17</b>                                                                                                     |  | FAA OBSERVATION                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |
| Reason Used for Repeat, Unsatisfactory or Incomplete Status                                                                                                  |  | Status Grading Key                                                                                                                     |  | Name<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                    |  | FSDO<br><b>61-05</b>                                                                                                                                                                                                                                                            |  |
| A= Systems Knowledge<br>B= Control Tech or Execution<br>C= Procedural Error                                                                                  |  | S = Satisfactory<br>C = Complete<br>W = Waived<br>* = Waiver authority (PC)                                                            |  | I = Incomplete<br>/ = Not Observed<br>* = Creditable during PCWU                                                                                                                                                                                                                                                                                      |  | Date (mm/dd/yy)<br><b>09/22/17</b>                                                                                                                                                                                                                                              |  |
|                                                                                                                                                              |  | PC/RFT    PCWU                                                                                                                         |  | Repeat    Status    Status                                                                                                                                                                                                                                                                                                                            |  | PC/RFT    PCWU                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                              |  | Repeat    Status    Status                                                                                                             |  | Repeat    Status    Status                                                                                                                                                                                                                                                                                                                            |  | Repeat    Status    Status                                                                                                                                                                                                                                                      |  |
| 1. Equipment / Oral Examination / Briefing                                                                                                                   |  | [S]                                                                                                                                    |  | LANDINGS                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                 |  |
| GROUND OPERATIONS                                                                                                                                            |  |                                                                                                                                        |  | 22. Landing from an ILS                                                                                                                                                                                                                                                                                                                               |  | [S]                                                                                                                                                                                                                                                                             |  |
| 2. Preflight Inspection                                                                                                                                      |  | [S]                                                                                                                                    |  | 23. Crosswind Landing                                                                                                                                                                                                                                                                                                                                 |  | [S]                                                                                                                                                                                                                                                                             |  |
| 3. Taxi / Runway Operations                                                                                                                                  |  | [S]                                                                                                                                    |  | 24. Rejected Landing *                                                                                                                                                                                                                                                                                                                                |  | [S]                                                                                                                                                                                                                                                                             |  |
| 4. Powerplant Checks                                                                                                                                         |  | [S]                                                                                                                                    |  | 25. Landing with an Engine Inoperative                                                                                                                                                                                                                                                                                                                |  | [S]                                                                                                                                                                                                                                                                             |  |
| TAKEOFFS                                                                                                                                                     |  |                                                                                                                                        |  | 26. Landing with 50% Power Loss                                                                                                                                                                                                                                                                                                                       |  | [S]                                                                                                                                                                                                                                                                             |  |
| 5. Normal                                                                                                                                                    |  | [S]                                                                                                                                    |  | NON APPENDIX F MANEUVERS (C, I or /)                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                 |  |
| 6. Instrument                                                                                                                                                |  | [S]                                                                                                                                    |  | 27. Windshear                                                                                                                                                                                                                                                                                                                                         |  | [S]                                                                                                                                                                                                                                                                             |  |
| 7. Crosswind                                                                                                                                                 |  | [S]                                                                                                                                    |  | 28. Unusual Attitude / Airplane Upset Recovery                                                                                                                                                                                                                                                                                                        |  | [S]                                                                                                                                                                                                                                                                             |  |
| 8. With Powerplant Failure                                                                                                                                   |  | [S]                                                                                                                                    |  | 29. CFIT                                                                                                                                                                                                                                                                                                                                              |  | [S]                                                                                                                                                                                                                                                                             |  |
| 9. Rejected T/O *                                                                                                                                            |  | [S]                                                                                                                                    |  | 30. TCAS                                                                                                                                                                                                                                                                                                                                              |  | [S]                                                                                                                                                                                                                                                                             |  |
| INSTRUMENT PROCEDURES                                                                                                                                        |  |                                                                                                                                        |  | 31. Seat Specific (CA)                                                                                                                                                                                                                                                                                                                                |  | [S]                                                                                                                                                                                                                                                                             |  |
| 10. RNAV1 Departure * / RNAV1 Arrival * (one required)                                                                                                       |  | [S]                                                                                                                                    |  | 32. PRM                                                                                                                                                                                                                                                                                                                                               |  | [S]                                                                                                                                                                                                                                                                             |  |
| 11. Holding *                                                                                                                                                |  | [S]                                                                                                                                    |  | 33. PAR                                                                                                                                                                                                                                                                                                                                               |  | [S]                                                                                                                                                                                                                                                                             |  |
| 12. Normal ILS Approach <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Autoland                                                         |  | [S]                                                                                                                                    |  | GENERAL                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 |  |
| 13. Engine out ILS                                                                                                                                           |  | [S]                                                                                                                                    |  | 34. CRM / TEM                                                                                                                                                                                                                                                                                                                                         |  | [U]                                                                                                                                                                                                                                                                             |  |
| 14. CAT II ILS Approach    PF (CA) / PM (FO) *                                                                                                               |  | [S]                                                                                                                                    |  | 35. Emergency / Abnormal Procedures                                                                                                                                                                                                                                                                                                                   |  | [S]                                                                                                                                                                                                                                                                             |  |
| Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                              |  | [S]                                                                                                                                    |  | 36. Use of Checklists                                                                                                                                                                                                                                                                                                                                 |  | [S]                                                                                                                                                                                                                                                                             |  |
| 15. CAT III ILS Approach    PF (CA) / PM (FO) *                                                                                                              |  | [S]                                                                                                                                    |  | 37. FMC / CDU                                                                                                                                                                                                                                                                                                                                         |  | [S]                                                                                                                                                                                                                                                                             |  |
| Normal <input type="checkbox"/> One Engine Inoperative <input type="checkbox"/>                                                                              |  | [S]                                                                                                                                    |  | 38. English Proficient                                                                                                                                                                                                                                                                                                                                |  | [S]                                                                                                                                                                                                                                                                             |  |
| 16. Non-Precision approach <input type="checkbox"/> Manual                                                                                                   |  | [S]                                                                                                                                    |  | 39. Judgment                                                                                                                                                                                                                                                                                                                                          |  | [U]                                                                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input checked="" type="checkbox"/> RNAV |  | [S]                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |
| 17. Second Non-Precision approach <input type="checkbox"/> Manual                                                                                            |  | [S]                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> VOR <input type="checkbox"/> NDB <input type="checkbox"/> LOC <input type="checkbox"/> ASR <input checked="" type="checkbox"/> RNAV |  | [S]                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |
| 18. Missed Approach from ILS                                                                                                                                 |  | [S]                                                                                                                                    |  | REMARKS                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 |  |
| 19. Second Missed Approach                                                                                                                                   |  | [S]                                                                                                                                    |  | (SPACE PROVIDED ON BACK OF FORM)                                                                                                                                                                                                                                                                                                                      |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                |  |
| IN-FLIGHT MANEUVERS                                                                                                                                          |  |                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |
| 20. Steep Turns *                                                                                                                                            |  | [S]                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |
| 21. Approach to Stall - (One in turn T/O Config Req) *                                                                                                       |  | [S]                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |
| <input checked="" type="checkbox"/> T/O <input type="checkbox"/> LDG <input type="checkbox"/> Clean                                                          |  | [S]                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |  |



## INSTRUCTIONS

**Proficiency Check Warm-up** - use the PCWU column to record an S - Satisfactory for PC creditable items or leave blank if not proficient in creditable items. Do not use Repeat column or shaded blocks.

**Instructors** - Place a diagonal line through all PCWU non-shaded boxes, with the exception of Non Appendix F Maneuvers.

**Non Appendix F Maneuvers** - use the PCWU column to record a C - Complete for Non-Appendix F Maneuvers or leave blank if not proficient. Non proficient items must be completed during the PC. Maneuvers not observed per the lesson profile are marked with a diagonal line. Do not use shaded repeat blocks.

**Proficiency Check** - use the PC/RFT column (Status) to record an S - Satisfactory or U - Unsatisfactory. Items left blank from the PCWU must be completed during the PC.

**Repeat** - Enter applicable repeat code in repeat column. If more than one repeat for any one item enter U in status column.

**Recurrent Flight Training** - use the PC/RFT column (status) to record a C - Complete or I - Incomplete. Enter applicable status code for incomplete in the repeat column. Use a diagonal line for Non-Appendix F Maneuvers during the RFT.

**Landing Recency** - Complete the information areas including the number of takeoffs and landings. Check the T/O/LDG Recency Box. Use the PC/RFT columns to enter a grade. Record the time in "Other Training Time" box.

**Landing Currency** - Complete the information areas including the number of takeoffs and landings. Check the TO/LDG Currency Box. Record the time in "Other Training Time" box. No grades. Place a "/" in all PC/RFT boxes.

**CAT II/III Check** - When a CAT II/III - PAR/PRM training qualification period is conducted independently of the PC/Type Rating, record the number of TO/LDG's, use "Other Training Time".

Use the CAT II/III PC/RFT and the applicable Non Appendix F status boxes to record S/U or C/I as appropriate.

Place a "I" (not observed) in all other PC/RFT and Non Appendix F status boxes.

### GENERAL

- Airman Signature** - Airman should sign the completed form. If the Airman refuses to sign enter "RTS".
- A/C Type** - Use 744, -8, 767 or as applicable
- Certificate** - Place an "X" in the Airman Certificates, English Proficient (must be displayed on certificate), Medical, FCC Permit and Photo ID (Government Issue) boxes after reviewing airman certificate, FCC radiotelephone operator permit, medical, and photo ID.  
English Proficiency: (PC Only) In the PC/RFT columns (Status), record an S - Satisfactory, or U - Unsatisfactory if ICAO level 4 proficiency is not demonstrated. English Proficiency is ascertained during both the briefing/oral and during the simulator evaluation (communication with other crewmember and ATC).
- Simulator ID #** - Record the simulator FAA ID number for the PCWU and PC or a single entry for the RFT.

- Takeoff and Landings** - Record the number of takeoff and landings. A minimum of three takeoffs and landings are required.
- PCWU - PC/RFT Time** - Record the total simulator time. Do not divide the time between PF and PM activities.
- Waived Items** - Mark any waived items (Indicated by \*) with a "W" as applicable.
- Credit during PCWU** - Items marked with "\*" can be evaluated during the PCWU and credited toward the PC if found proficient by a Check Airman only.
- Status** - Enter a mark in every status block for PC / RFT. Acceptable entries are restricted to S, U, C, I, W, or a diagonal line. For the PCWU - Shaded blocks are not marked. Creditable Items which are not found proficient are left blank. For the PC - the PC / RFT status box should be marked with a diagonal line for those items in which credit was given for creditable items and for Non Appendix F maneuvers found proficient during the PCWU.
- Emergency / Abnormal Procedures** - If any Emergency / Abnormal procedure is graded with a U or I, identify which procedure was graded as such in the remarks section.
- Repeat** - (PC only) Identify the reason for repeated, incomplete or unsatisfactory events by using the letter codes A (*systems knowledge*), B (*control technique or execution*), or C (*procedural error*). Do not use for Non Appendix F maneuvers as these maneuvers are to be trained and not checked.  
Only ONE repeat is allowed for each item. The number of items that may be repeated is a function of available time and the discretion of the check airman. If the first attempt is unsuccessful, a repeat may only be given after training in that maneuver has been accomplished. If there were no repeats, the repeat columns should remain blank.
- Result** - Place an "X" in the appropriate RESULT box. If the simulator fails for an extended period during an event or the crewmember is incapacitated due to illness the event will be suspended and an "X" will be placed in the appropriate box.
- Remarks** - Place an X in the appropriate box indicating that remarks have been included on the reverse side of the form. Remarks should be made for Unsatisfactory or Repeated events. Make remarks brief and specific, avoiding vague or immeasurable comments. For example, for a repeated ILS approach due to inability to maintain glide slope, enter "deviation exceeded one dot." The remarks section is also used to note additional procedures e.g. special training at a specific airport.
- LTFC / PWP** - The event will be either a RFT or PC as directed by the Fleet Captain
- Disposition of Paperwork** - return completed form to Training Records. In the event of a PCWU place the form in the students "V" file in the records department.
- PAR / PRM** - Conducted during Initial Training as part of the CAT II/III qualification syllabus. Enter C or I to indicate status of training when conducted.

### REMARKS / ADDITIONAL PROCEDURES:

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. NON-PRECISION APPROACH. (INCORRECT PROCEDURES. UNSTABLE APPROACH.                                                                              |
| 20. SPEED TURNS. EXCEEDED ALL PTS LIMITS.                                                                                                          |
| 34. CRM/TEM. DURING EMERGENCY, IGNORED PM ATTEMPTS TO ADDRESS EMERGENCY.                                                                           |
| 39. JUDGEMENT. SITUATIONAL AWARENESS VERY LOW. OVERSPED FLAPS ON DEPARTURE. EASILY OUT OF SEQUENCE PROCEDURALLY LEADING TO QUESTIONABLE DECISIONS. |

## OPERATING EXPERIENCE

|                                     |                 |
|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | INITIAL         |
| <input type="checkbox"/>            | TRANSITION      |
| <input type="checkbox"/>            | UPGRADE         |
| <input type="checkbox"/>            | REQUALIFICATION |

TRAINING RECORDS FAX  
USA 1 (866) 329-2857  
INT'L 1 (786) 265-8175

[illegible]

### CHECK AIRMAN CERTIFICATION

I certify that the above named airman is recommended for Initial Line Checks (PF) and (PM).

Check Airman David Telshow [Signature] Employee #: [Redacted] Date 21 Nov 17  
Printed Name Signature

### INITIAL FAA OBSERVATION

I certify that the above named Captain has completed IOE observation required by FAR 121.434, (c) (1) (ii).

FAA Inspector: \_\_\_\_\_ FSDO \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name Signature

# OE Hours Report - 767



Report includes any crewmember designated OE in AIMS. Hours are based on COS start and end dates.

Thursday, October 26, 2017

9:05

| Crew ID | Name                  | AC Type | Pos | DOH | COS Start Date | REQD Legs/Hrs | Hrs To Date | TTL Legs To Date | Hrs By COS End Date | TTL Legs By COS End Date |
|---------|-----------------------|---------|-----|-----|----------------|---------------|-------------|------------------|---------------------|--------------------------|
|         | Hatton, Cameron       | 767     | FO  | //  | 7/16/2017      |               |             |                  |                     |                          |
|         | Rawls, Nicholas       | 767     | FO  | //  | 8/2/2017       |               | 31.96       | 5                | 31.96               | 5                        |
|         | Wean, Jennifer        | 767     | CA  | //  | 8/3/2017       |               | 32.32       | 8                | 36.82               | 9                        |
|         | Gray, James (Jim)     | 767     | CA  | //  | 8/4/2017       |               | 4.3         | 1                | 45.02               | 10                       |
|         | Gray, James (Jim)     | 767     | CA  | //  | 8/4/2017       |               | 40.72       | 9                | 45.02               | 10                       |
|         | Kehmeier, Thomas      | 767     | CA  | //  | 8/5/2017       |               | 39.53       | 8                | 39.53               | 8                        |
|         | Carnett, Christopher  | 767     | FO  | //  | 8/6/2017       |               | 60.83       | 20               | 60.83               | 20                       |
|         | Cornwall, Cordain     | 767     | FO  | //  | 8/6/2017       |               | 76.85       | 16               | 76.85               | 16                       |
|         | Werth, Duncan (Scott) | 767     | CA  | //  | 8/7/2017       |               | 18.46       | 3                | 21.26               | 4                        |
|         | Adams, Stephen        | 767     | CA  | //  | 8/22/2017      |               | 31.94       | 6                | 31.94               | 6                        |
|         | Carlisle, Gregory     | 767     | CA  | //  | 8/22/2017      |               | 31.12       | 6                | 31.12               | 6                        |
|         | Skelton, Scott        | 767     | FO  | //  | 8/25/2017      |               | 19.83       | 5                | 19.83               | 5                        |
|         | Booth, Ralph (Bill)   | 767     | CA  | //  | 8/26/2017      |               | 23.87       | 6                | 27.54               | 8                        |
|         | Wester, Joseph        | 767     | FO  | //  | 8/26/2017      |               | 41.48       | 9                | 41.48               | 9                        |
|         | Chand, Melvina        | 767     | FO  | //  | 8/26/2017      |               | 42.55       | 12               | 42.55               | 12                       |
|         | Connelly, Scott       | 767     | FO  | //  | 8/27/2017      |               | 42.66       | 9                | 42.66               | 9                        |
|         | Miller, Travis        | 767     | FO  | //  | 8/27/2017      |               | 42.78       | 8                | 42.78               | 8                        |
|         | Matay, Michael        | 767     | CA  | //  | 8/27/2017      |               | 41.25       | 8                | 41.25               | 8                        |
|         | Glass, William        | 767     | FO  | //  | 8/28/2017      |               | 43.24       | 10               | 43.24               | 10                       |
|         | Harris, Christopher   | 767     | FO  | //  | 8/28/2017      |               | 23.03       | 6                | 28.5                | 8                        |
|         | Pecastaing, Mathieu   | 767     | FO  | //  | 8/28/2017      |               | 8.25        | 3                | 8.25                | 3                        |
|         | Hunter Jr., David     | 767     | FO  | //  | 8/28/2017      |               | 68.24       | 19               | 68.24               | 19                       |
|         | Van Halm, Tom         | 767     | FO  | //  | 9/21/2017      |               |             |                  |                     |                          |

# OE Hours Report - 767



Report includes any crewmember designated OE in AIMS. Hours are based on COS start and end dates.

Thursday, October 26, 2017

9:05

| Crew ID | Name                | AC Type | Pos | DOH | COS Start Date | REQD Legs/Hrs | Hrs To Date | TTL Legs To Date | Hrs By COS End Date | TTL Legs By COS End Date |
|---------|---------------------|---------|-----|-----|----------------|---------------|-------------|------------------|---------------------|--------------------------|
|         | Racine, Nathan      | 767     | FO  | //  | 9/21/2017      |               |             |                  |                     |                          |
|         | Patterson, Charles  | 767     | FO  | //  | 9/21/2017      |               | 26.82       | 5                | 26.82               | 5                        |
|         | Schreiber, Nickolas | 767     | FO  | //  | 9/22/2017      |               | 7.42        | 1                | 23.5                | 4                        |
|         | Keane, Patrick      | 767     | FO  | //  | 9/23/2017      |               |             |                  |                     |                          |
|         | Thielbar, Todd      | 767     | FO  | //  | 9/24/2017      |               |             |                  |                     |                          |
|         | Aska, Conrad        | 767     | FO  | //  | 9/26/2017      |               | 12.83       | 2                | 19.83               | 3                        |
|         | Longie, Gregory     | 767     | CA  | //  | 9/30/2017      |               | 21.34       | 7                | 24.54               | 9                        |
|         | Brisson, Benjamin   | 767     | CA  | //  | 9/30/2017      |               | 21.95       | 4                | 33.75               | 6                        |
|         | Hargreaves, Mason   | 767     | CA  | //  | 10/1/2017      |               | 18.52       | 2                | 18.52               | 2                        |
|         | Boschen, Dallas     | 767     | CA  | //  | 10/1/2017      |               | 19.78       | 4                | 24.49               | 6                        |
|         | Sturgis, Matthew    | 767     | CA  | //  | 10/3/2017      |               | 20.07       | 2                | 31.72               | 6                        |
|         | Wargo, Justin       | 767     | CA  | //  | 10/3/2017      |               | 20.28       | 2                | 20.28               | 2                        |
|         | Gait, Eduardo       | 767     | CA  | //  | 10/3/2017      |               | 21.27       | 3                | 28.95               | 6                        |
|         | Creveling, James    | 767     | CA  | //  | 10/4/2017      |               | 7.95        | 3                | 26.72               | 6                        |
|         | McCune, Matthew     | 767     | FO  | //  | 10/14/2017     |               |             |                  |                     |                          |
|         | Scherpenisse, Edwin | 767     | FO  | //  | 10/15/2017     |               |             |                  |                     |                          |
|         | Fowler Jr., James   | 767     | FO  | //  | 10/16/2017     |               |             |                  |                     |                          |
|         | Kuitens, Philip     | 767     | FO  | //  | 10/16/2017     |               |             |                  |                     |                          |
|         | Roselli, Matthew    | 767     | FO  | //  | 10/17/2017     |               |             |                  |                     |                          |
|         | Makwana, Jigar      | 767     | FO  | //  | 10/17/2017     |               |             |                  |                     |                          |
|         | Lausmann, Brian     | 767     | FO  | //  | 10/17/2017     |               |             |                  |                     |                          |
|         | Adams, Christopher  | 767     | CA  | //  | 10/24/2017     |               |             |                  |                     |                          |
|         | Hisnay, Timothy     | 767     | CA  | //  | 10/24/2017     |               |             |                  |                     |                          |

# OE Hours Report - 767



Report includes any crewmember designated OE in AIMS. Hours are based on COS start and end dates.

Wednesday, November 01, 2017

9:08

| Crew ID | Name                  | AC Type | Pos | DOH | COS Start Date | REQD Legs/Hrs | Hrs To Date | TTL Legs To Date | Hrs By COS End Date | TTL Legs By COS End Date |
|---------|-----------------------|---------|-----|-----|----------------|---------------|-------------|------------------|---------------------|--------------------------|
|         | Hatton, Cameron       | 767     | FO  | //  | 7/16/2017      |               |             |                  |                     |                          |
|         | Rawls, Nicholas       | 767     | FO  | //  | 8/2/2017       |               | 31.96       | 5                | 52.23               | 13                       |
|         | Werth, Duncan (Scott) | 767     | CA  | //  | 8/7/2017       |               | 20.33       | 4                | 20.33               | 4                        |
|         | Adams, Stephen        | 767     | CA  | //  | 8/22/2017      |               | 31.72       | 6                | 59.24               | 15                       |
|         | Skelton, Scott        | 767     | FO  | //  | 8/25/2017      |               | 26.58       | 8                | 26.58               | 8                        |
|         | Connelly, Scott       | 767     | FO  | //  | 8/27/2017      |               | 42.66       | 9                | 42.66               | 9                        |
|         | Harris, Christopher   | 767     | FO  | //  | 8/28/2017      |               | 28.84       | 8                | 28.84               | 8                        |
|         | Pecastaing, Mathieu   | 767     | FO  | //  | 8/28/2017      |               | 15.58       | 4                | 24.25               | 5                        |
|         | Van Halm, Tom         | 767     | FO  | //  | 9/21/2017      |               |             |                  |                     |                          |
|         | Racine, Nathan        | 767     | FO  | //  | 9/21/2017      |               |             |                  |                     |                          |
|         | Patterson, Charles    | 767     | FO  | //  | 9/21/2017      |               | 26.87       | 5                | 26.87               | 5                        |
|         | Schreiber, Nickolas   | 767     | FO  | //  | 9/22/2017      |               | 16.51       | 2                | 16.51               | 2                        |
|         | Keane, Patrick        | 767     | FO  | //  | 9/23/2017      |               |             |                  |                     |                          |
|         | Thielbar, Todd        | 767     | FO  | //  | 9/24/2017      |               |             |                  | 9.05                | 2                        |
|         | Aska, Conrad          | 767     | FO  | //  | 9/26/2017      |               | 20.05       | 3                | 20.05               | 3                        |
|         | Longie, Gregory       | 767     | CA  | //  | 9/30/2017      |               | 21.17       | 7                | 21.17               | 7                        |
|         | Brisson, Benjamin     | 767     | CA  | //  | 9/30/2017      |               | 30.93       | 5                | 30.93               | 5                        |
|         | Hargreaves, Mason     | 767     | CA  | //  | 10/1/2017      |               | 22.26       | 5                | 22.26               | 5                        |
|         | Wargo, Justin         | 767     | CA  | //  | 10/3/2017      |               | 20.28       | 2                | 20.28               | 2                        |
|         | Creveling, James      | 767     | CA  | //  | 10/4/2017      |               | 24.37       | 6                | 24.37               | 6                        |
|         | McCune, Matthew       | 767     | FO  | //  | 10/14/2017     |               |             |                  |                     |                          |
|         | Taggart, Jeffrey      | 767     | FO  | //  | 10/15/2017     |               |             |                  |                     |                          |
|         | Gourlay, Peter        | 767     | FO  | //  | 10/15/2017     |               |             |                  |                     |                          |

# OE Hours Report - 767



Report includes any crewmember designated OE in AIMS. Hours are based on COS start and end dates.

Wednesday, November 01, 2017

9:08

| Crew ID | Name                | AC Type | Pos | DOH | COS Start Date | REQD Legs/Hrs | Hrs To Date | TTL Legs To Date | Hrs By COS End Date | TTL Legs By COS End Date |
|---------|---------------------|---------|-----|-----|----------------|---------------|-------------|------------------|---------------------|--------------------------|
|         | Scherpenisse, Edwin | 767     | FO  | //  | 10/15/2017     |               |             |                  |                     |                          |
|         | Fowler Jr., James   | 767     | FO  | //  | 10/16/2017     |               |             |                  |                     |                          |
|         | Kuitema, Philip     | 767     | FO  | //  | 10/16/2017     |               |             |                  |                     |                          |
|         | Roselli, Matthew    | 767     | FO  | //  | 10/17/2017     |               |             |                  |                     |                          |
|         | Makwana, Jigar      | 767     | FO  | //  | 10/17/2017     |               |             |                  |                     |                          |
|         | Lausmann, Brian     | 767     | FO  | //  | 10/17/2017     |               |             |                  |                     |                          |
|         | Adams, Christopher  | 767     | CA  | //  | 10/24/2017     |               |             |                  |                     |                          |
|         | Eckert, Nick        | 767     | CA  | //  | 10/24/2017     |               |             |                  |                     |                          |
|         | Hisnay, Timothy     | 767     | CA  | //  | 10/24/2017     |               |             |                  |                     |                          |
|         | Verbsky, Kenneth    | 767     | CA  | //  | 10/26/2017     |               |             |                  |                     |                          |
|         | Croucher, Jonathan  | 767     | CA  | //  | 10/26/2017     |               |             |                  |                     |                          |
|         | Shultz, Rick        | 767     | CA  | //  | 10/27/2017     |               |             |                  |                     |                          |
|         | Tabor, Derek        | 767     | CA  | //  | 10/28/2017     |               |             |                  |                     |                          |



# OE Hours Report - 767



Report includes any crewmember designated OE in AIMS. Hours are based on COS start and end dates.

Thursday, November 09, 2017

9:13

| Crew ID | Name                | AC Type | Pos | DOH | COS Start Date | REQD Legs/Hrs | Hrs To Date | TTL Legs To Date | Hrs By COS End Date | TTL Legs By COS End Date |
|---------|---------------------|---------|-----|-----|----------------|---------------|-------------|------------------|---------------------|--------------------------|
|         | Hatton, Cameron     | 767     | FO  | //  | 7/16/2017      |               |             |                  |                     |                          |
|         | Rawls, Nicholas     | 767     | FO  | //  | 8/2/2017       |               | 45.78       | 9                | 66.05               | 17                       |
|         | Skelton, Scott      | 767     | FO  | //  | 8/25/2017      |               | 26.58       | 8                | 26.58               | 8                        |
|         | Connelly, Scott     | 767     | FO  | //  | 8/27/2017      |               | 42.66       | 9                | 42.66               | 9                        |
|         | Pecastaing, Mathieu | 767     | FO  | //  | 8/28/2017      |               | 24.03       | 5                | 38.96               | 11                       |
|         | Harris, Christopher | 767     | FO  | //  | 8/28/2017      |               | 28.84       | 8                | 28.84               | 8                        |
|         | Van Halm, Tom       | 767     | FO  | //  | 9/21/2017      |               | 10.55       | 2                | 19.22               | 3                        |
|         | Racine, Nathan      | 767     | FO  | //  | 9/21/2017      |               | 5.44        | 2                | 33.98               | 8                        |
|         | Patterson, Charles  | 767     | FO  | //  | 9/21/2017      |               | 26.87       | 5                | 26.87               | 5                        |
|         | Schreiber, Nickolas | 767     | FO  | //  | 9/22/2017      |               | 16.51       | 2                | 16.51               | 2                        |
|         | Keane, Patrick      | 767     | FO  | //  | 9/23/2017      |               |             |                  |                     |                          |
|         | Thielbar, Todd      | 767     | FO  | //  | 9/24/2017      |               | 18.41       | 4                | 23.75               | 6                        |
|         | Aska, Conrad        | 767     | FO  | //  | 9/26/2017      |               | 27.42       | 4                | 35.84               | 5                        |
|         | Longie, Gregory     | 767     | CA  | //  | 9/30/2017      |               | 26.39       | 8                | 27.57               | 9                        |
|         | Brisson, Benjamin   | 767     | CA  | //  | 9/30/2017      |               | 32.8        | 6                | 32.8                | 6                        |
|         | Hargreaves, Mason   | 767     | CA  | //  | 10/1/2017      |               | 22.26       | 5                | 22.26               | 5                        |
|         | Wargo, Justin       | 767     | CA  | //  | 10/3/2017      |               | 28.97       | 5                | 33.69               | 6                        |
|         | McCune, Matthew     | 767     | FO  | //  | 10/14/2017     |               |             |                  |                     |                          |
|         | Taggart, Jeffrey    | 767     | FO  | //  | 10/15/2017     |               |             |                  |                     |                          |
|         | Gourlay, Peter      | 767     | FO  | //  | 10/15/2017     |               |             |                  |                     |                          |
|         | Scherpenisse, Edwin | 767     | FO  | //  | 10/15/2017     |               | 29.3        | 6                | 29.3                | 6                        |
|         | Fowler Jr., James   | 767     | FO  | //  | 10/16/2017     |               |             |                  |                     |                          |
|         | Kuitema, Philip     | 767     | FO  | //  | 10/16/2017     |               |             |                  | 11.83               | 6                        |

# OE Hours Report - 767



Report includes any crewmember designated OE in AIMS. Hours are based on COS start and end dates.

Thursday, November 09, 2017

9:13

| Crew ID | Name               | AC Type | Pos | DOH | COS Start Date | REQD Legs/Hrs | Hrs To Date | TTL Legs To Date | Hrs By COS End Date | TTL Legs By COS End Date |
|---------|--------------------|---------|-----|-----|----------------|---------------|-------------|------------------|---------------------|--------------------------|
|         | Aburaida, Ahamed   | 767     | FO  | //  | 10/16/2017     |               | 31.14       | 8                | 41.01               | 12                       |
|         | Makwana, Jigar     | 767     | FO  | //  | 10/17/2017     |               | 5.97        | 2                | 5.97                | 2                        |
|         | Lausmann, Brian    | 767     | FO  | //  | 10/17/2017     |               | 9.5         | 4                | 12.9                | 5                        |
|         | Roselli, Matthew   | 767     | FO  | //  | 10/17/2017     |               |             |                  |                     |                          |
|         | Sullivan, Michael  | 767     | FO  | //  | 10/21/2017     |               |             |                  |                     |                          |
|         | Hisnay, Timothy    | 767     | CA  | //  | 10/24/2017     |               | 9.88        | 1                | 20.63               | 2                        |
|         | Eckert, Nick       | 767     | CA  | //  | 10/24/2017     |               |             |                  |                     |                          |
|         | Adams, Christopher | 767     | CA  | //  | 10/24/2017     |               |             |                  |                     |                          |
|         | McGough, Sean      | 767     | FO  | //  | 10/25/2017     |               |             |                  |                     |                          |
|         | Verbsky, Kenneth   | 767     | CA  | //  | 10/26/2017     |               |             |                  |                     |                          |
|         | Croucher, Jonathan | 767     | CA  | //  | 10/26/2017     |               |             |                  |                     |                          |
|         | Shultz, Rick       | 767     | CA  | //  | 10/27/2017     |               |             |                  |                     |                          |
|         | Tabor, Derek       | 767     | CA  | //  | 10/28/2017     |               |             |                  |                     |                          |

# OE Hours Report - 767



Report includes any crewmember designated OE in AIMS. Hours are based on COS start and end dates.

Wednesday, November 15, 2017

9:36

| Crew ID | Name                | AC Type | Pos | DOH | COS Start Date | REQD Legs/Hrs | Hrs To Date | TTL Legs To Date | Hrs By COS End Date | TTL Legs By COS End Date |
|---------|---------------------|---------|-----|-----|----------------|---------------|-------------|------------------|---------------------|--------------------------|
|         | Hatton, Cameron     | 767     | FO  | //  | 7/16/2017      |               |             |                  |                     |                          |
|         | Skelton, Scott      | 767     | FO  | //  | 8/25/2017      |               | 32.4        | 10               | 44.27               | 13                       |
|         | Connelly, Scott     | 767     | FO  | //  | 8/27/2017      |               | 42.66       | 9                | 42.66               | 9                        |
|         | Harris, Christopher | 767     | FO  | //  | 8/28/2017      |               | 31.37       | 9                | 36.86               | 11                       |
|         | Pecastaing, Mathieu | 767     | FO  | //  | 8/28/2017      |               | 33.73       | 9                | 39.55               | 11                       |
|         | Patterson, Charles  | 767     | FO  | //  | 9/21/2017      |               | 26.87       | 5                | 41.49               | 9                        |
|         | Racine, Nathan      | 767     | FO  | //  | 9/21/2017      |               | 17          | 4                | 33.71               | 8                        |
|         | Van Halm, Tom       | 767     | FO  | //  | 9/21/2017      |               | 19.08       | 3                | 19.08               | 3                        |
|         | Schreiber, Nickolas | 767     | FO  | //  | 9/22/2017      |               | 16.51       | 2                | 16.51               | 2                        |
|         | Keane, Patrick      | 767     | FO  | //  | 9/23/2017      |               |             |                  |                     |                          |
|         | Thielbar, Todd      | 767     | FO  | //  | 9/24/2017      |               | 27.89       | 7                | 27.89               | 7                        |
|         | Aska, Conrad        | 767     | FO  | //  | 9/26/2017      |               | 36.3        | 5                | 51.11               | 11                       |
|         | Hargreaves, Mason   | 767     | CA  | //  | 10/1/2017      |               | 25.97       | 7                | 28.72               | 8                        |
|         | McCune, Matthew     | 767     | FO  | //  | 10/14/2017     |               | 8.3         | 1                | 8.3                 | 1                        |
|         | Taggart, Jeffrey    | 767     | FO  | //  | 10/15/2017     |               |             |                  |                     |                          |
|         | Gourlay, Peter      | 767     | FO  | //  | 10/15/2017     |               |             |                  |                     |                          |
|         | Scherpenisse, Edwin | 767     | FO  | //  | 10/15/2017     |               | 29.1        | 6                | 29.1                | 6                        |
|         | Skribanek, Peter    | 767     | FO  | //  | 10/16/2017     |               |             |                  |                     |                          |
|         | Fowler Jr., James   | 767     | FO  | //  | 10/16/2017     |               |             |                  |                     |                          |
|         | Aburaida, Ahamed    | 767     | FO  | //  | 10/16/2017     |               | 39.99       | 12               | 39.99               | 12                       |
|         | Kuitema, Philip     | 767     | FO  | //  | 10/16/2017     |               | 11.04       | 6                | 27.04               | 8                        |
|         | Makwana, Jigar      | 767     | FO  | //  | 10/17/2017     |               | 9.75        | 4                | 9.75                | 4                        |
|         | Lausmann, Brian     | 767     | FO  | //  | 10/17/2017     |               | 10.73       | 5                | 10.73               | 5                        |

# OE Hours Report - 767



Report includes any crewmember designated OE in AIMS. Hours are based on COS start and end dates.

Wednesday, November 15, 2017

9:36

| Crew ID | Name               | AC Type | Pos | DOH | COS Start Date | REQD Legs/Hrs | Hrs To Date | TTL Legs To Date | Hrs By COS End Date | TTL Legs By COS End Date |
|---------|--------------------|---------|-----|-----|----------------|---------------|-------------|------------------|---------------------|--------------------------|
|         | Roselli, Matthew   | 767     | FO  | //  | 10/17/2017     |               |             |                  |                     |                          |
|         | Sullivan, Michael  | 767     | FO  | //  | 10/21/2017     |               |             |                  | 20.27               | 8                        |
|         | Hisnay, Timothy    | 767     | CA  | //  | 10/24/2017     |               | 20.77       | 2                | 20.77               | 2                        |
|         | Eckert, Nick       | 767     | CA  | //  | 10/24/2017     |               |             |                  | 8.26                | 3                        |
|         | Adams, Christopher | 767     | CA  | //  | 10/24/2017     |               |             |                  | 28.22               | 6                        |
|         | McGough, Sean      | 767     | FO  | //  | 10/25/2017     |               |             |                  | 8.33                | 4                        |
|         | Verbsky, Kenneth   | 767     | CA  | //  | 10/26/2017     |               |             |                  |                     |                          |
|         | Croucher, Jonathan | 767     | CA  | //  | 10/26/2017     |               |             |                  |                     |                          |
|         | Shultz, Rick       | 767     | CA  | //  | 10/27/2017     |               |             |                  | 30.7                | 6                        |
|         | Tabor, Derek       | 767     | CA  | //  | 10/28/2017     |               |             |                  |                     |                          |