

ERA24FA217

## **AIR TRAFFIC CONTROL**

Group Chairman's Factual Report - Attachment 9

Personnel Background Worksheets

April 16, 2026

ATC Interview Background Worksheet (Controller)

|                    |             |              |              |
|--------------------|-------------|--------------|--------------|
| Name of Controller | OP Initials | FAA EOD      | Facility EOD |
| Cris C Allyn       | CA          | Feb 18, 2015 | Feb 5, 2017  |

| History of Assignments                                |              |    | <input type="checkbox"/> Overflow |
|-------------------------------------------------------|--------------|----|-----------------------------------|
| Certified Professional Controller, Nashville ATCT, TN | Feb 5, 2017  | to | PRESENT                           |
| Certified Professional Controller, Pensacola ATCT, FL | May 15, 2015 | to | Feb 4, 2017                       |
|                                                       |              | to |                                   |
|                                                       |              | to |                                   |
|                                                       |              | to |                                   |
|                                                       |              | to |                                   |
|                                                       |              | to |                                   |
|                                                       |              | to |                                   |

| Actual Hours Worked The Day Of And Week Leading Up To The Event |         |      |    | Overtime                                                            |             |
|-----------------------------------------------------------------|---------|------|----|---------------------------------------------------------------------|-------------|
| Thursday                                                        | Off-RDO |      | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Friday                                                          | Eve     | 1430 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Saturday                                                        | Swing   | 1230 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Sunday                                                          | Day     | 0700 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Monday                                                          | Day     | 0530 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Tuesday                                                         | Day     | 0530 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Wednesday                                                       | Day     | 0530 | to | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | O/T Hours 8 |

| General Information                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Date of last 2nd class flight physical prior to event (obtain copy of medical clearance)                          | Nov 3, 2022                                  |
| Supervisor of Record (SOR) David Winsinger                                                                        | For how long has that been his/her SOR 00+06 |
| History of Operational Incidents (OI) or suspensions at this facility? (Obtain documentation of any in last year) | No                                           |

|     |                                            |                                                                     |                          |                                                          |            |                                                                     |
|-----|--------------------------------------------|---------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------|---------------------------------------------------------------------|
| TOX | Was post-accident alcohol testing ordered? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 2 hrs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|     | Was post-accident drug testing ordered?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 32 hrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Position Working At Time of Event** (Check if other positions were combined to this one)

|          |                            |                |              |         |     |                                     |
|----------|----------------------------|----------------|--------------|---------|-----|-------------------------------------|
| Position | Departure Radar West (DRW) | Date Certified | Sep 29, 2018 | Current | Yes | <input checked="" type="checkbox"/> |
|----------|----------------------------|----------------|--------------|---------|-----|-------------------------------------|

**All Qualified Positions** (Check all positions that were combined to the position being worked)

☐ Overflow

|          |                               |                |              |         |     |                                     |
|----------|-------------------------------|----------------|--------------|---------|-----|-------------------------------------|
| Position | Clearance Delivery- CD        | Date Certified | Mar 23, 2017 | Current | Yes | <input type="checkbox"/>            |
| Position | Ground Control- GC            | Date Certified | Apr 8, 2018  | Current | Yes | <input type="checkbox"/>            |
| Position | Local Control 1- LC1          | Date Certified | Jun 23, 2017 | Current | Yes | <input type="checkbox"/>            |
| Position | Local Control 2- LC2          | Date Certified | Jun 23, 2017 | Current | Yes | <input type="checkbox"/>            |
| Position | Tower Cab Coordinator- CC2    | Date Certified | Jun 26, 2017 | Current | Yes | <input type="checkbox"/>            |
| Position | Arrival Radar West- ARW       | Date Certified | Sep 29, 2018 | Current | Yes | <input checked="" type="checkbox"/> |
| Position | TRACON Data Coordinator- CI2  | Date Certified | Nov 16, 2018 | Current | Yes | <input type="checkbox"/>            |
| Position | Arrival Radar East- ARE       | Date Certified | Mar 1, 2019  | Current | Yes | <input type="checkbox"/>            |
| Position | Departure Radar East- DRE     | Date Certified | Mar 1, 2019  | Current | Yes | <input type="checkbox"/>            |
| Position | Satellite Radar East- SRE     | Date Certified | Mar 1, 2019  | Current | Yes | <input type="checkbox"/>            |
| Position | Final Radar East- FRE         | Date Certified | Jun 3, 2019  | Current | Yes | <input type="checkbox"/>            |
| Position | Final Radar West- FRW         | Date Certified | Jun 3, 2019  | Current | Yes | <input type="checkbox"/>            |
| Position | TRACON Radar Coordinator- CI1 | Date Certified | Jun 4, 2019  | Current | Yes | <input type="checkbox"/>            |
| Position | Radar West Associate- AD      | Date Certified | Jul 16, 2023 | Current | Yes | <input checked="" type="checkbox"/> |
| Position | Radar East Associate- DD      | Date Certified | Jul 16, 2023 | Current | Yes | <input type="checkbox"/>            |
| Position | Tower in Charge- SC           | Date Certified | Jun 22, 2018 | Current | Yes | <input type="checkbox"/>            |
| Position | TRACON in Charge- SI/WS       | Date Certified | Jan 20, 2020 | Current | Yes | <input type="checkbox"/>            |
| Position |                               | Date Certified |              | Current |     | <input type="checkbox"/>            |

**\*\* Obtain documentation verifying currency on all positions being worked at the time of the event \*\***

**Training Information**

|                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                          |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Trainee <input type="checkbox"/> Developmental <input type="checkbox"/> CPC IT                                                                                                                                                                                         | <input type="checkbox"/> OJTI                                                                                                                                                                                                                                                            |
|                                         | Date Training Began <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span><br>Training Percentage <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> % | Date Certified OJTI <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span><br>Primary OJTI? <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |
|                                         | <b>** Obtain copies of all OJT critiques received on the same position by any OJTI for the 30 days leading up to and including the day of the event **</b>                                                                                                                                      | <b>** Obtain copies of all OJT critiques provided on the same trainee by this OJTI in the 30 days leading up to and including the day of the event **</b>                                                                                                                                |

ATC Interview Background Worksheet (Controller)

|                    |             |           |              |
|--------------------|-------------|-----------|--------------|
| Name of Controller | OP Initials | FAA EOD   | Facility EOD |
| Anthony L. Forcum  | TK          | 2/11/2009 | 6/11/2023    |

| History of Assignments                            |            |    | <input type="checkbox"/> Overflow |
|---------------------------------------------------|------------|----|-----------------------------------|
| BNA Nashville ATCT/TRACON (Operations Supervisor) | 6/11/2023  | to | PRESENT                           |
| M03 Memphis TRACON (Operations Supervisor)        | 10/21/2019 | to | 6/10/2023                         |
| DVT Deer Valley ATCT (Operations Supervisor)      | 9/16/2017  | to | 10/20/2019                        |
| ANC Anchorage ATCT (CPC)                          | 12/7/2014  | to | 9/15/2017                         |
| P50 Phoenix TRACON (CPC)                          | 6/5/2011   | to | 12/6/2014                         |
| DAY Dayton ATCT/TRACON (CPC)                      | 5/11/2009  | to | 6/4/2011                          |
|                                                   |            | to |                                   |
|                                                   |            | to |                                   |

| Actual Hours Worked The Day Of And Week Leading Up To The Event |         |      |    |      | Overtime                                                            |           |
|-----------------------------------------------------------------|---------|------|----|------|---------------------------------------------------------------------|-----------|
| Thursday                                                        | Day     | 0530 | to | 1330 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |
| Friday                                                          | Off-RDO |      | to |      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours |
| Saturday                                                        | Off-RDO |      | to |      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours |
| Sunday                                                          | Eve     | 1730 | to | 2230 | <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours |
| Monday                                                          | Eve     | 1330 | to | 2130 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |
| Tuesday                                                         | Day     | 0630 | to | 1430 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |
| Wednesday                                                       | Day     | 0530 | to | 1330 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |

General Information

Date of last 2nd class flight physical prior to event (obtain copy of medical clearance)

4/29/2024

Supervisor of Record (SOR)

Andrew Roberts

For how long has that been his/her SOR

5 months

History of Operational Incidents (OI) or suspensions at this facility? (Obtain documentation of any in last year)

No

|     |                                            |                                                                     |                          |                                                          |            |                                                                     |
|-----|--------------------------------------------|---------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------|---------------------------------------------------------------------|
| TOX | Was post-accident alcohol testing ordered? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 2 hrs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|     | Was post-accident drug testing ordered?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 32 hrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Position Working At Time of Event** (Check if other positions were combined to this one)

|          |                   |                |           |         |     |                          |
|----------|-------------------|----------------|-----------|---------|-----|--------------------------|
| Position | Watch Supervision | Date Certified | 1/10/2024 | Current | Yes | <input type="checkbox"/> |
|----------|-------------------|----------------|-----------|---------|-----|--------------------------|

**All Qualified Positions** (Check all positions that were combined to the position being worked)

☐ Overflow

|          |         |                |            |         |     |                          |
|----------|---------|----------------|------------|---------|-----|--------------------------|
| Position | DRW     | Date Certified | 12/12/2023 | Current | Yes | <input type="checkbox"/> |
| Position | ARW     | Date Certified | 12/12/2023 | Current | Yes | <input type="checkbox"/> |
| Position | ARE     | Date Certified | 12/12/2023 | Current | Yes | <input type="checkbox"/> |
| Position | FRE     | Date Certified | 12/18/2023 | Current | Yes | <input type="checkbox"/> |
| Position | FRW     | Date Certified | 12/18/2023 | Current | Yes | <input type="checkbox"/> |
| Position | DRE     | Date Certified | 1/10/2024  | Current | Yes | <input type="checkbox"/> |
| Position | SRE     | Date Certified | 1/10/2024  | Current | Yes | <input type="checkbox"/> |
| Position | CD      | Date Certified | 8/2/2023   | Current | Yes | <input type="checkbox"/> |
| Position | GC      | Date Certified | 8/11/2023  | Current | Yes | <input type="checkbox"/> |
| Position | LC1/LC2 | Date Certified | 9/20/2023  | Current | Yes | <input type="checkbox"/> |
| Position | CC2     | Date Certified | 10/2/2023  | Current | Yes | <input type="checkbox"/> |
| Position | SC      | Date Certified | 10/2/2023  | Current | Yes | <input type="checkbox"/> |
| Position | WS/SI   | Date Certified | 1/11/2024  | Current | Yes | <input type="checkbox"/> |
| Position |         | Date Certified |            | Current |     | <input type="checkbox"/> |
| Position |         | Date Certified |            | Current |     | <input type="checkbox"/> |
| Position |         | Date Certified |            | Current |     | <input type="checkbox"/> |
| Position |         | Date Certified |            | Current |     | <input type="checkbox"/> |
| Position |         | Date Certified |            | Current |     | <input type="checkbox"/> |

**\*\* Obtain documentation verifying currency on all positions being worked at the time of the event \*\***

**Training Information**

|                                         |                                                                                                                                                            |                                                                                                                                                           |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Trainee <input type="checkbox"/> Developmental <input type="checkbox"/> CPC IT                                                    | <input type="checkbox"/> OJTI                                                                                                                             |
|                                         | Date Training Began <input style="width:100px;" type="text"/><br>Training Percentage <input style="width:100px;" type="text"/> %                           | Date Certified OJTI <input style="width:100px;" type="text"/><br>Primary OJTI? <input style="width:100px;" type="text"/>                                  |
|                                         | <b>** Obtain copies of all OJT critiques received on the same position by any OJTI for the 30 days leading up to and including the day of the event **</b> | <b>** Obtain copies of all OJT critiques provided on the same trainee by this OJTI in the 30 days leading up to and including the day of the event **</b> |

ATC Interview Background Worksheet (Controller)

|                    |             |            |              |
|--------------------|-------------|------------|--------------|
| Name of Controller | OP Initials | FAA EOD    | Facility EOD |
| Bradley P Powers   | BP          | 05/21/2009 | 06/06/2021   |

| History of Assignments                                |            |    | <input type="checkbox"/> Overflow |
|-------------------------------------------------------|------------|----|-----------------------------------|
| Air Traffic Controller, Nashville ATCT, TN            | 06/06/2021 | to | PRESENT                           |
| Air Traffic Controller, Denver Tracon,D01, Denver, CO | 07/09/2017 | to | 06/05/2021                        |
| Air Traffic Controller, Nashville ATCT, BNA, TN       | 08/17/2009 | to | 07/08/2017                        |
|                                                       |            | to |                                   |
|                                                       |            | to |                                   |
|                                                       |            | to |                                   |
|                                                       |            | to |                                   |
|                                                       |            | to |                                   |

| Actual Hours Worked The Day Of And Week Leading Up To The Event |         |      |    | Overtime                                                            |             |
|-----------------------------------------------------------------|---------|------|----|---------------------------------------------------------------------|-------------|
| Monday                                                          | Off-RDO |      | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Tuesday                                                         | Mid     | 2200 | to | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | O/T Hours 8 |
| Wednesday                                                       | Eve     | 1430 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Thursday                                                        | Swing   | 1230 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Friday                                                          | Day     | 0645 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Saturday                                                        | Day     | 0645 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Sunday                                                          | Day     | 0530 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |

| General Information                                                                                               |                                                 |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Date of last 2nd class flight physical prior to event (obtain copy of medical clearance)                          | 03/06/2024                                      |
| Supervisor of Record (SOR) Julian Upchurch                                                                        | For how long has that been his/her SOR 6 months |
| History of Operational Incidents (OI) or suspensions at this facility? (Obtain documentation of any in last year) | No                                              |

|     |                                            |                                                                     |                          |                                                          |            |                                                                     |
|-----|--------------------------------------------|---------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------|---------------------------------------------------------------------|
| TOX | Was post-accident alcohol testing ordered? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 2 hrs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|     | Was post-accident drug testing ordered?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 32 hrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Position Working At Time of Event** (Check if other positions were combined to this one)

|          |                                         |                |                                         |         |                                 |                          |
|----------|-----------------------------------------|----------------|-----------------------------------------|---------|---------------------------------|--------------------------|
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input type="text" value="No"/> | <input type="checkbox"/> |
|----------|-----------------------------------------|----------------|-----------------------------------------|---------|---------------------------------|--------------------------|

**All Qualified Positions** (Check all positions that were combined to the position being worked)

☐ Overflow

|          |                                                   |                |                                         |         |                                  |                          |
|----------|---------------------------------------------------|----------------|-----------------------------------------|---------|----------------------------------|--------------------------|
| Position | <input type="text" value="Flight Data"/>          | Date Certified | <input type="text" value="06/26/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Clearance Delivery"/>   | Date Certified | <input type="text" value="06/26/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Ground Control"/>       | Date Certified | <input type="text" value="06/27/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Local Control 1and 2"/> | Date Certified | <input type="text" value="06/26/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Tower Coordinator 2"/>  | Date Certified | <input type="text" value="07/03/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Departure East"/>       | Date Certified | <input type="text" value="08/08/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Arrival Radar West"/>   | Date Certified | <input type="text" value="07/30/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Departure West"/>       | Date Certified | <input type="text" value="07/30/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Satellite East"/>       | Date Certified | <input type="text" value="07/29/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Final East"/>           | Date Certified | <input type="text" value="08/05/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Data Coordinator"/>     | Date Certified | <input type="text" value="08/18/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Arrival Radar East"/>   | Date Certified | <input type="text" value="07/31/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Final West"/>           | Date Certified | <input type="text" value="08/05/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Radar Coordinator"/>    | Date Certified | <input type="text" value="08/18/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Supervisor IFR"/>       | Date Certified | <input type="text" value="10/29/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Supervisor Cab"/>       | Date Certified | <input type="text" value="11/13/2021"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text" value="Watch Supervisor"/>     | Date Certified | <input type="text" value="03/26/2022"/> | Current | <input type="text" value="Yes"/> | <input type="checkbox"/> |
| Position | <input type="text"/>                              | Date Certified | <input type="text"/>                    | Current | <input type="text"/>             | <input type="checkbox"/> |

**\*\* Obtain documentation verifying currency on all positions being worked at the time of the event \*\***

**Training Information**

|                                         |                                                                                                                                                            |                                                                                                                                                           |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Trainee <input type="checkbox"/> Developmental <input type="checkbox"/> CPC IT                                                    | <input type="checkbox"/> OJTI                                                                                                                             |
|                                         | Date Training Began <input style="width:60%;" type="text"/><br>Training Percentage <input style="width:20%;" type="text"/> %                               | Date Certified OJTI <input style="width:60%;" type="text"/><br>Primary OJTI? <input style="width:40%;" type="text"/>                                      |
|                                         | <b>** Obtain copies of all OJT critiques received on the same position by any OJTI for the 30 days leading up to and including the day of the event **</b> | <b>** Obtain copies of all OJT critiques provided on the same trainee by this OJTI in the 30 days leading up to and including the day of the event **</b> |

ATC Interview Background Worksheet (Controller)

|                    |             |              |              |
|--------------------|-------------|--------------|--------------|
| Name of Controller | OP Initials | FAA EOD      | Facility EOD |
| Tim J Harper       | TJ          | Nov 13, 2006 | May 21, 2023 |

| History of Assignments                  |                 |    | <input type="checkbox"/> Overflow |
|-----------------------------------------|-----------------|----|-----------------------------------|
| Air Traffic Manager, Nashville ATCT, TN | May 21, 2023    | to | PRESENT                           |
| Eastern Service Area ETR, Atlanta, GA   | December 2021   | to | May 2023                          |
| Headquarters ETR, Washington DC.        | September 2021- | to | December 2021                     |
| Operations Supervisor, Atlanta ATCT     | May 2017        | to | September 2021                    |
| Certified Professional Controller, ATL  | May 2013        | to | May 2017                          |
| Controller-In-Training, A80 TRACON      | August 2012     | to | May 2013                          |
| Certified Professional Controller, F11  | January 2009    | to | August 2012                       |
| Certified Professional Controller, MCO  | January 2007    | to | January 2009                      |

| Actual Hours Worked The Day Of And Week Leading Up To The Event |         |      |    |      | Overtime                                                            |                                |
|-----------------------------------------------------------------|---------|------|----|------|---------------------------------------------------------------------|--------------------------------|
| Monday                                                          | Day     | 0700 | to | 1530 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours <input type="text"/> |
| Tuesday                                                         | Day     | 0700 | to | 1530 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours <input type="text"/> |
| Wednesday                                                       | Day     | 0700 | to | 1530 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours <input type="text"/> |
| Thursday                                                        | Day     | 0700 | to | 1530 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours <input type="text"/> |
| Friday                                                          | Day     | 0700 | to | 1530 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours <input type="text"/> |
| Saturday                                                        | Off-RDO |      | to |      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours <input type="text"/> |
| Sunday                                                          | Off-RDO |      | to |      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours <input type="text"/> |

General Information

Date of last 2nd class flight physical prior to event (obtain copy of medical clearance)

Supervisor of Record (SOR)

N/A

For how long has that been his/her SOR

N/A

History of Operational Incidents (OI) or suspensions at this facility? (Obtain documentation of any in last year)

No

|     |                                            |                                                                     |                          |                                                          |            |                                                                     |
|-----|--------------------------------------------|---------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------|---------------------------------------------------------------------|
| TOX | Was post-accident alcohol testing ordered? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 2 hrs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|     | Was post-accident drug testing ordered?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 32 hrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Position Working At Time of Event** (Check if other positions were combined to this one)

|          |                                         |                |              |         |    |                          |
|----------|-----------------------------------------|----------------|--------------|---------|----|--------------------------|
| Position | Air Traffic Manager, Nashville ATCT, TN | Date Certified | May 21, 2023 | Current | No | <input type="checkbox"/> |
|----------|-----------------------------------------|----------------|--------------|---------|----|--------------------------|

**All Qualified Positions** (Check all positions that were combined to the position being worked)

☐ Overflow

|          |  |                |  |         |  |                          |
|----------|--|----------------|--|---------|--|--------------------------|
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |
| Position |  | Date Certified |  | Current |  | <input type="checkbox"/> |

**\*\* Obtain documentation verifying currency on all positions being worked at the time of the event \*\***

**Training Information**

|                                         |                                                                                                                                                            |                                                                                                                                                           |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Trainee <input type="checkbox"/> Developmental <input type="checkbox"/> CPC IT                                                    | <input type="checkbox"/> OJTI                                                                                                                             |
|                                         | Date Training Began <input style="width:100px;" type="text"/><br>Training Percentage <input style="width:100px;" type="text"/> %                           | Date Certified OJTI <input style="width:100px;" type="text"/><br>Primary OJTI? <input style="width:100px;" type="text"/>                                  |
|                                         | <b>** Obtain copies of all OJT critiques received on the same position by any OJTI for the 30 days leading up to and including the day of the event **</b> | <b>** Obtain copies of all OJT critiques provided on the same trainee by this OJTI in the 30 days leading up to and including the day of the event **</b> |

ATC Interview Background Worksheet (Controller)

|                    |             |              |              |
|--------------------|-------------|--------------|--------------|
| Name of Controller | OP Initials | FAA EOD      | Facility EOD |
| Patrick L. Bowles  | BG          | Jun 13, 2014 | ZME          |

History of Assignments

☐ Overflow

|  |     |    |         |
|--|-----|----|---------|
|  | ZME | to | PRESENT |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |

Actual Hours Worked The Day Of And Week Leading Up To The Event

|           |         |      |    |      |
|-----------|---------|------|----|------|
| Sunday    | Leave   |      | to |      |
| Monday    | Leave   |      | to |      |
| Tuesday   | Day     | 0600 | to | 1400 |
| Wednesday | Day     | 0600 | to | 1400 |
| Thursday  | Mid     | 2200 | to | 0600 |
| Friday    | Off-RDO |      | to |      |
| Saturday  | Eve     | 1400 | to | 2200 |

Overtime

|                                                                     |           |   |
|---------------------------------------------------------------------|-----------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours |   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | O/T Hours | 8 |

General Information

Date of last 2nd class flight physical prior to event (obtain copy of medical clearance)

Supervisor of Record (SOR)

Paul M. Hanna

For how long has that been his/her SOR

1 year, 5 months

History of Operational Incidents (OI) or suspensions at this facility? (Obtain documentation of any in last year)

|     |                                            |                                                                     |                          |                                                          |            |                                                          |
|-----|--------------------------------------------|---------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------|----------------------------------------------------------|
| TOX | Was post-accident alcohol testing ordered? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 2 hrs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     | Was post-accident drug testing ordered?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 32 hrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Position Working At Time of Event** (Check if other positions were combined to this one)

|          |                                                      |                |                                                              |         |                                                     |                                     |
|----------|------------------------------------------------------|----------------|--------------------------------------------------------------|---------|-----------------------------------------------------|-------------------------------------|
| Position | <input style="width:90%;" type="text" value="6OSC"/> | Date Certified | <input style="width:90%;" type="text" value="Jan 27, 2023"/> | Current | <input style="width:90%;" type="text" value="Yes"/> | <input checked="" type="checkbox"/> |
|----------|------------------------------------------------------|----------------|--------------------------------------------------------------|---------|-----------------------------------------------------|-------------------------------------|

**All Qualified Positions** (Check all positions that were combined to the position being worked)

☐ Overflow

|          |                                         |                |                                         |         |                                                    |                          |
|----------|-----------------------------------------|----------------|-----------------------------------------|---------|----------------------------------------------------|--------------------------|
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text" value="No"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/>            | <input type="checkbox"/> |

**\*\* Obtain documentation verifying currency on all positions being worked at the time of the event \*\***

**Training Information**

|                              |                                                                                                                                                            |                                                                                                                                                           |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Trainee <input type="checkbox"/> Developmental <input type="checkbox"/> CPC IT                                                    | <input type="checkbox"/> OJTI                                                                                                                             |
|                              | Date Training Began <input style="width:150px;" type="text"/><br><br>Training Percentage <input style="width:100px;" type="text"/> %                       | Date Certified OJTI <input style="width:150px;" type="text"/><br><br>Primary OJTI? <input style="width:100px;" type="text"/>                              |
|                              | <b>** Obtain copies of all OJT critiques received on the same position by any OJTI for the 30 days leading up to and including the day of the event **</b> | <b>** Obtain copies of all OJT critiques provided on the same trainee by this OJTI in the 30 days leading up to and including the day of the event **</b> |

ATC Interview Background Worksheet (Controller)

|                    |             |              |              |
|--------------------|-------------|--------------|--------------|
| Name of Controller | OP Initials | FAA EOD      | Facility EOD |
| John P. Edoff      | GO          | Jan 16, 2001 | ZME          |

| History of Assignments |     |    | <input type="checkbox"/> Overflow |
|------------------------|-----|----|-----------------------------------|
|                        | ZME | to | PRESENT                           |
|                        |     | to |                                   |
|                        |     | to |                                   |
|                        |     | to |                                   |
|                        |     | to |                                   |
|                        |     | to |                                   |
|                        |     | to |                                   |
|                        |     | to |                                   |

| Actual Hours Worked The Day Of And Week Leading Up To The Event |         |      |    | Overtime                                                            |             |
|-----------------------------------------------------------------|---------|------|----|---------------------------------------------------------------------|-------------|
| Sunday                                                          | Off-RDO |      | to | <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours   |
| Monday                                                          | Eve     | 1420 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Tuesday                                                         | Eve     | 1330 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Wednesday                                                       | Day     | 0700 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Thursday                                                        | Day     | 0600 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Friday                                                          | Mid     | 2210 | to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours   |
| Saturday                                                        | Eve     | 1420 | to | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | O/T Hours 8 |

General Information

Date of last 2nd class flight physical prior to event (obtain copy of medical clearance)

Supervisor of Record (SOR)

Ronnie Peterson

For how long has that been his/her SOR

4 months

History of Operational Incidents (OI) or suspensions at this facility? (Obtain documentation of any in last year)

|     |                                            |                                                                     |                          |                                                          |            |                                                          |
|-----|--------------------------------------------|---------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------|----------------------------------------------------------|
| TOX | Was post-accident alcohol testing ordered? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 2 hrs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     | Was post-accident drug testing ordered?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 32 hrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Position Working At Time of Event** (Check if other positions were combined to this one)

|          |                                                     |                |                                                              |         |                                                     |                                     |
|----------|-----------------------------------------------------|----------------|--------------------------------------------------------------|---------|-----------------------------------------------------|-------------------------------------|
| Position | <input style="width:90%;" type="text" value="R14"/> | Date Certified | <input style="width:90%;" type="text" value="Mar 23, 2003"/> | Current | <input style="width:90%;" type="text" value="Yes"/> | <input checked="" type="checkbox"/> |
|----------|-----------------------------------------------------|----------------|--------------------------------------------------------------|---------|-----------------------------------------------------|-------------------------------------|

**All Qualified Positions** (Check all positions that were combined to the position being worked)

☐ Overflow

|          |                                                     |                |                                                             |         |                                                     |                                     |
|----------|-----------------------------------------------------|----------------|-------------------------------------------------------------|---------|-----------------------------------------------------|-------------------------------------|
| Position | <input style="width:90%;" type="text" value="R42"/> | Date Certified | <input style="width:90%;" type="text" value="Jun 5, 2004"/> | Current | <input style="width:90%;" type="text" value="Yes"/> | <input checked="" type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text" value="No"/>  | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text" value="Yes"/> | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text" value="Yes"/> | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text" value="Yes"/> | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text" value="Yes"/> | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |
| Position | <input style="width:90%;" type="text"/>             | Date Certified | <input style="width:90%;" type="text"/>                     | Current | <input style="width:90%;" type="text"/>             | <input type="checkbox"/>            |

**\*\* Obtain documentation verifying currency on all positions being worked at the time of the event \*\***

**Training Information**

|                              |                                                                                                                                                            |                                                                                                                                                           |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Trainee <input type="checkbox"/> Developmental <input type="checkbox"/> CPC IT                                                    | <input type="checkbox"/> OJTI                                                                                                                             |
|                              | Date Training Began <input style="width:150px;" type="text"/><br>Training Percentage <input style="width:100px;" type="text"/> %                           | Date Certified OJTI <input style="width:150px;" type="text"/><br>Primary OJTI? <input style="width:100px;" type="text"/>                                  |
|                              | <b>** Obtain copies of all OJT critiques received on the same position by any OJTI for the 30 days leading up to and including the day of the event **</b> | <b>** Obtain copies of all OJT critiques provided on the same trainee by this OJTI in the 30 days leading up to and including the day of the event **</b> |

ATC Interview Background Worksheet (Controller)

Name of Controller

David G. Johnson

OP Initials

GJ

FAA EOD

Jul 19, 1989

Facility EOD

ZME

History of Assignments

☐ Overflow

|  |     |    |         |
|--|-----|----|---------|
|  | ZME | to | PRESENT |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |
|  |     | to |         |

Actual Hours Worked The Day Of And Week Leading Up To The Event

Overtime

|           |         |      |    |      |                                                                     |           |  |
|-----------|---------|------|----|------|---------------------------------------------------------------------|-----------|--|
| Sunday    | Eve     | 1300 | to | 2100 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |  |
| Monday    | Eve     | 1200 | to | 1800 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |  |
| Tuesday   | Day     | 0600 | to | 1400 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |  |
| Wednesday | Day     | 0500 | to | 1300 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |  |
| Thursday  | Day     | 0500 | to | 1300 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | O/T Hours |  |
| Friday    | Off-RDO |      | to |      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours |  |
| Saturday  | Off-RDO |      | to |      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | O/T Hours |  |

General Information

Date of last 2nd class flight physical prior to event (obtain copy of medical clearance)

Supervisor of Record (SOR) 

Amanda May

 For how long has that been his/her SOR 

3 months

History of Operational Incidents (OI) or suspensions at this facility? (Obtain documentation of any in last year) 

No

|     |                                            |                                                                     |                          |                                                          |            |                                                          |
|-----|--------------------------------------------|---------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------|----------------------------------------------------------|
| TOX | Was post-accident alcohol testing ordered? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 2 hrs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     | Was post-accident drug testing ordered?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Performed within 32 hrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | DDO Letter | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Position Working At Time of Event** (Check if other positions were combined to this one)

|          |                                                       |                |                                                              |         |                                                     |                          |
|----------|-------------------------------------------------------|----------------|--------------------------------------------------------------|---------|-----------------------------------------------------|--------------------------|
| Position | <input style="width:90%;" type="text" value="STMC1"/> | Date Certified | <input style="width:90%;" type="text" value="Dec 10, 2009"/> | Current | <input style="width:90%;" type="text" value="Yes"/> | <input type="checkbox"/> |
|----------|-------------------------------------------------------|----------------|--------------------------------------------------------------|---------|-----------------------------------------------------|--------------------------|

**All Qualified Positions** (Check all positions that were combined to the position being worked)

☐ Overflow

|          |                                         |                |                                         |         |                                         |                          |
|----------|-----------------------------------------|----------------|-----------------------------------------|---------|-----------------------------------------|--------------------------|
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |
| Position | <input style="width:90%;" type="text"/> | Date Certified | <input style="width:90%;" type="text"/> | Current | <input style="width:90%;" type="text"/> | <input type="checkbox"/> |

**\*\* Obtain documentation verifying currency on all positions being worked at the time of the event \*\***

**Training Information**

|                              |                                                                                                                                                            |                                                                                                                                                           |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Trainee <input type="checkbox"/> Developmental <input type="checkbox"/> CPC IT                                                    | <input type="checkbox"/> OJTI                                                                                                                             |
|                              | Date Training Began <input style="width:60%;" type="text"/><br>Training Percentage <input style="width:60%;" type="text"/> %                               | Date Certified OJTI <input style="width:60%;" type="text"/><br>Primary OJTI? <input style="width:60%;" type="text"/>                                      |
|                              | <b>** Obtain copies of all OJT critiques received on the same position by any OJTI for the 30 days leading up to and including the day of the event **</b> | <b>** Obtain copies of all OJT critiques provided on the same trainee by this OJTI in the 30 days leading up to and including the day of the event **</b> |