

ASM/ATS Competency Training/Proficiency Check

Name: _____ **Position:** _____ **Date:** _____

Aircraft Type: _____ **N#:** _____ **Flight Time:** _____ **Location:** _____

Crew Position: ATS Trainee **Type Check:** ATS Trainee **Training:** Recurrent Annual Initial

Grade all applicable items: (+) Satisfactory (-) Unsatisfactory **Unsatisfactory marks require comments in the remarks section.**

	ATS	Trainee			ATS	Trainee	
Pre-Flight				Tactics (low level)			
Crew brief				Personnel location			
AC and radio setup				Separation			
Preparation/organization				Situational awareness			
Fire order information				Inter-cockpit commo			
				Over target			
Enroute				Drop evaluation			
Use of time							
Knowledge of the environment				CRM			
Air to ground commo				Teamwork			
				Judgement			
Tactics/Recon				Emergency procedures			
approaching the incident				Verbal skills			
Scouting the area				Non-verbal skills			
Hazard Identification				Risk analysis			
Risk mitigation							
Approach and Exit				Other			
General Flight							
Use of checklists							
Aircraft instrument knowledge							
Procedures							

Remarks:

Results of Checkride: Approved Not Approved

Check Airman Name (print) _____ **Check Airman Signature** _____

Trainee/ATS Name (print) _____ **Trainee/ATS Signature** _____