



Date :

## Internal Aerodrome Certification On Job Training Assessment Form

Inspector Name (as Trainee)	
Date of Joining	
OJT Location	

<b>On Job Training Activity</b>	
<input type="checkbox"/> Zone Check	<input type="checkbox"/> Runway/Taxiway Incursion Prevention
<input type="checkbox"/> Wildlife hazard	<input type="checkbox"/> KAFCO
<input type="checkbox"/> RFF	<input type="checkbox"/> Apron
<input type="checkbox"/> Others	

Remarks (if any):

.....  
.....\* Attach related documents.

Inspector Name / Signature (as trainee)	
Inspector Name / Signature (as assessor)	

## Inspector Competency Assessment

<b>Assessment team recommendation:</b> The above Trainee Inspector has fulfilled the requirements and recommended to be approved in the following activity : ..... .....
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Assessment Team Name/ Signature	1)
	2)

<b>Section Head Approval:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Remarks if any : .....		