

	<b>SIERRA LEONE CIVIL AVIATION AUTHORITY</b>  <b>CABIN CREW INSTRUCTOR/EVALUATOR ACTIVITY</b>	<b>Reference</b>	<b>FORM:AC-OPS024-1</b>
		<b>Revision</b>	<b>01</b>
		<b>Date</b>	

**FORM-O-OPS024-1 CABIN CREW INSTRUCTOR/EVALUATOR ACTIVITY**

In accordance with the requirements of the DCCE Manual, the following is the list of Checks

Conducted from (date since last approval) \_\_\_\_\_ to (present date) \_\_\_\_\_.

<b>Candidate's Name</b>	<b>Certificate Number</b>	<b>Aircraft Type<sup>1</sup></b>	<b>Type of check</b>	<b>Date Check Conducted</b>	<b>Pass/Fail</b>	<b>Head of Cabin Crew Signature<sup>2</sup></b>

\_\_\_\_\_  
Name and Signature of Cabin Crew Instructor/Evaluator (Date - DD/MM/YY)

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Note <sup>1</sup> *Indicate whether initial or recurrent*

Note <sup>2</sup> *If the Instructor or Evaluator is the Head of Cabin, the Head of Operations shall certify that the records are correct by signing this column*