**Component Workshop Certifying Staff Practical Training Record & Practical Assessment**

**Applicant Details**

Name of Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Staff (Block Letters)

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorised Assessor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practical Assessment Management Process**

This document is used to support the practical training related to a “Non-Complex” Component.

The Applicant will observe and separately perform under observation all required elements.

This Document will form part of the submission for certification approval for consideration by the Quality Department.

**Important Note** - Before performing this practical assessment, the applicant MUST complete the related theoretical training.

**The Practical Training Consists of the following Elements.**

1) Pre-Task Discussion

* Review of Approved Data
* Review of all Safety Precautions related to the Task.
* Review of Task Tooling
* Review of Specific Company Procedures Related to the Task

2) Applicant Observation of All Stages

* Initial Inspection & Identification of any defects
* Disassembly
* Detailed Inspection & Rectification
* Reassembly
* Testing
* Certification

3) Assessor Review of Key Points – Question & Answer

The Assessor will establish that the applicant has a comprehensive understanding of all Task Elements.

4) Applicant Performance of the Following under Observation

* Initial Inspection & Identification of any Defects
* Disassembly
* Detailed Inspection & Rectification
* Reassembly
* Testing & Certification

This Practical Assessment Considerations is related to the following component:

Component Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Component Part No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Complete the Following Tasks which should then be Verified and Signed by the Assessor.

If you would like Sofema Aviation Services to issue your certificate of accomplishment, please scan & email a copy of this form to [team@sassofia.com](mailto:team@sassofia.com)

|  |  |  |
| --- | --- | --- |
| **Pre-Task Discussion** | | |
| Task | Applicant Sign | Assessor Sign |
| Review of Approved Data |  |  |
| Review of all Safety Precautions related to the Task |  |  |
| Review of Task Tooling |  |  |
| Review of Specific Company Procedures Related to the Task |  |  |

|  |  |  |
| --- | --- | --- |
| **Applicant Observation of All Stages** | | |
| Task | Applicant Sign | Assessor Sign |
| Initial Inspection & Identification of any Defects |  |  |
| Disassembly |  |  |
| Detailed Inspection & Rectification |  |  |
| Reassembly |  |  |
| Testing |  |  |
| Certification |  |  |

|  |  |  |
| --- | --- | --- |
| **Assessor Review of Key Points – Question & Answer** | | |
| Identify Discussion Points Covered | Applicant Sign | Assessor Sign |
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| --- | --- | --- | --- |
| **Applicant Performs the Following Steps Under Observation** | | | |
| Task | Applicant Sign | Assessor Sign | Certifying Staff Sign or N/A |
| Initial Inspection & Identification of any Defects |  |  |  |
| Disassembly |  |  |  |
| Detailed Inspection & Rectification |  |  |  |
| Reassembly |  |  |  |
| Testing |  |  |  |
| Certification |  |  |  |

**Applicant Statement**

I Have completed all aspects of the above and am fully aware of the Roles & Responsibilities related to the Maintenance and Certification of the Referenced Component.

Applicant Signature

**Assessor Recommendation**

I am satisfied that the applicant has demonstrated the knowledge and ability required to service the Referenced Component and recommend He / She be granted authorisation to be granted Certification Rights.

Assessor – Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor – Signature