

### SINGLE TASK EVALUATION

| TASK TITLE<br><b>MISSION SAFETY INSPECTION</b> |  | TASK NUMBER<br>C- 2                          |                            |
|--|--|--|----------------------------|
| ITEM   | PERFORMANCE STEP DESCRIPTION   | SCORE (Check One Only)                       |                            |
|  |  | PASS   | Fail                       |
| 1  | Preliminary check:   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | a. List at least three different sources for current weather information.                  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | b. Explain to the evaluator what areas you are evaluating in your initial assessment & why | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | c. Using the facility provided, is the facility suitable for safe operation?               | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2  | Perform an inspection according to the checklist in CAPR 62-1 & determine any safety issue | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | that might impact the mission facility.  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 3  | Find the closest emergency room and emergency numbers for the area of the facilities.      | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 4  | Develop an evacuation plan for the facility.   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID                         |  | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID                       |  | TITLE  |                            |
| EVALUATOR'S SIGNATURE                          |  | DATE   |                            |

## SINGLE TASK EVALUATION

| TASK TITLE<br><b>ANALYZE SAFETY OF MISSION OPERATIONS</b> |   | TASK NUMBER<br>C- 3                          |                            |
|---|---|--|----------------------------|
| ITEM  | PERFORMANCE STEP DESCRIPTION  | SCORE (Check One Only)                       |                            |
|   |   | PASS   | Fail                       |
| 1   | Provide recommendation and why for the following for the next 24 hours:         | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   | a. Operations from the mission base (continue, suspend, move).                  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   | b. Flight operations in the current search areas (continue, suspend, move)      | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   | c. Ground team operations in the current search areas (continue, suspend, move) | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID                                    |   | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID                                  |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE                                     |   | DATE   |                            |

**SINGLE TASK EVALUATION**

| TASK TITLE<br><b>CONDUCT GROUND TEAM SAFETY BRIEFING</b> |  | TASK NUMBER<br>C- 4                          |                            |
|--|--|--|----------------------------|
| ITEM   | PERFORMANCE STEP DESCRIPTION   | SCORE (Check One Only)                       |                            |
|  |  | PASS   | Fail                       |
|  | Using your ground team safety briefing, provide the following information: | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 1  | What dangerous/poisonous animals can they expect to find in the area?      | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2  | What is the expected weather and any severe weather problems expected?     | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 3  | What specific vehicle safety issues should they be briefed?                | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID                                   |  | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID                                 |  | TITLE  |                            |
| EVALUATOR'S SIGNATURE                                    |  | DATE   |                            |

## SINGLE TASK EVALUATION

| TASK TITLE<br><b>CONDUCT AIRCREW SAFETY BRIEFING</b> |  | TASK NUMBER<br>C- 5                          |                            |
|--|--|--|----------------------------|
| ITEM   | PERFORMANCE STEP DESCRIPTION                         | SCORE (Check One Only)                       |                            |
|  |  | PASS   | Fail                       |
| 1  | Develop an aircrew safety briefing for this mission. | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID                               |  | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID                             |  | TITLE  |                            |
| EVALUATOR'S SIGNATURE                                |  | DATE   |                            |

**SINGLE TASK EVALUATION**

| TASK TITLE<br>REPORTING AND HANDLING MISHAPS INVOLVING CAP PERSONNEL |   | TASK NUMBER<br>C- 6                          |                            |
|--|---|--|----------------------------|
| ITEM   | PERFORMANCE STEP DESCRIPTION                                    | SCORE (Check One Only)                       |                            |
|  |   | PASS   | Fail                       |
| 1  | Conduct an interview and complete the incident reporting forms. | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID   |   | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID   |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE  |   | DATE   |                            |

**SINGLE TASK EVALUATION**

| TASK TITLE<br>PREPARING SAFETY GUIDANCE FOR NON-PARTICIPANTS |   | TASK NUMBER<br>C- 7                          |                            |
|--|---|--|----------------------------|
| ITEM   | PERFORMANCE STEP DESCRIPTION  | SCORE (Check One Only)                       |                            |
|  |   | PASS   | Fail                       |
| 1  | Using the mission base briefing as a guide, conduct a tour and safety briefing. | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID                                       |   | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID                                     |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE  |   | DATE   |                            |

### SINGLE TASK EVALUATION

| TASK TITLE<br><b>MONITOR CREW REST, FATIGUE, AND STRESS</b> |   | TASK NUMBER<br>C- 8                          |                            |
|---|---|--|----------------------------|
| ITEM  | PERFORMANCE STEP DESCRIPTION  | SCORE (Check One Only)                       |                            |
|   |   | PASS   | Fail                       |
| 1   | Describe two symptoms of fatigue.   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2   | Develop a plan to provide crew rest and maximum sorties over the required number of days. | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID                                      |   | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID                                    |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE                                       |   | DATE   |                            |

**SINGLE TASK EVALUATION**

| TASK TITLE<br>DEVELOP AIRCRAFT & GROUND OPERATIONS SAFETY PLAN |  | TASK NUMBER<br>P- 1001                       |                            |
|--|--|--|----------------------------|
| ITEM   | PERFORMANCE STEP DESCRIPTION   | SCORE (Check One Only)                       |                            |
|  |  | PASS   | Fail                       |
| 1  | Using your aircraft ground operations briefing, answer the following:  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | a. Are there any obstructions to taxiing?                              | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | b. Is the area clear of FOD?   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | c. What are the current taxiway conditions?                            | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | d. What is the taxi plan?  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | e. What is the refueling plan?   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | f. What should be done in the case of a fuel spill?                    | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  | g. Are current winds favorable to taxi and takeoff/landing operations? | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2  | Is the aircraft ground operation safety plan complete?                 | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|  |  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID   |  | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID                                       |  | TITLE  |                            |
| EVALUATOR'S SIGNATURE  |  | DATE   |                            |



## SINGLE TASK EVALUATION

| TASK TITLE<br>Keep a Log |   | TASK NUMBER<br>P- 101                        |                            |
|--------------------------|---|--|----------------------------|
| ITEM                     | PERFORMANCE STEP DESCRIPTION                  | SCORE (Check One Only)                       |                            |
|                          |   | PASS   | Fail                       |
|                          | For each of the 10 event/actions the student: | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 1                        | Logs the time and event                       | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2                        | Writes legibly and completely                 | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID   |   | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE    |   | DATE   |                            |

**SINGLE TASK EVALUATION**

| TASK TITLE<br>BASIC COMMUNICATIONS PROCEDURES FOR ES OPERATIONS |   | TASK NUMBER<br>L- 0001                       |                            |
|---|---|--|----------------------------|
| ITEM  | PERFORMANCE STEP DESCRIPTION  | SCORE (Check One Only)                       |                            |
|   |   | PASS   | Fail                       |
| 1   | Listen before transmitting  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2   | Demonstrate calling procedures including call signs                                   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 3   | Demonstrate use/understanding of basic prowords                                       | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 4   | Demonstrate understanding of radio equipment including finding local repeater/simplex | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
|   |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID  |   | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID  |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE   |   | DATE   |                            |