

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)

Mission Scanner

| | | |
|------------------------|-------|-------------|
| NAME (Last, First, MI) | CAPID | DATE ISSUED |
|------------------------|-------|-------------|

Prerequisites

| Item | Date Completed |
|--------------------------|----------------|
| Qualified GES | |
| At least 18 years of age | |

The above listed member has completed the required prerequisite training for the mission scanner specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

| Task | Evaluator's CAPID and Date Completed |
|--|--------------------------------------|
| Complete Task O-2015 Demonstrate Ground Operations and Safety | |
| Complete Task O-2017 Demonstrate Post-Crash Actions | |
| Complete Task O-2019 Demonstrate Proper Number and Character Pronunciation | |
| Complete Task O-2020 Use Prowords and Code Words | |
| Complete Task O-2021 Interpret Emergency Signals and Demonstrate Air/Ground Team Coordination | |
| Complete Task O-2024 Demonstrate Use of Sectional Charts | |
| Complete Task P-2013 Discuss Mission Scanner Duties and Responsibilities | |
| Complete Task P-2014 Discuss CAP Liability Coverage and Mishap Reporting | |
| Complete Task P-2015 Enter Data into CAP Forms | |
| Complete Task P-2016 Identify and Discuss Major Aircraft Controls | |
| Complete Task P-2017 Identify and Discuss Major Aircraft Instruments | |
| Complete Task P-2018 Discuss Aircraft Weight and Balance | |
| Complete Task P-2019 Identify Items Checked During an Aircraft Pre-Flight Inspection | |
| Complete Task P-2020 Discuss the Dangers of Wake Turbulence | |
| Complete Task P-2021 Discuss how Atmospheric and Lighting Conditions Effect Scanning Effectiveness | |
| Complete Task P-2022 Identify Visual Clues and Wreckage Patterns | |
| Complete Task P-2023 Discuss how Reduced Visibility and Turbulence Effect Search Operations | |
| Complete Task P-2024 Discuss Strategies to Combat High Altitude Effects | |
| Complete Task P-2025 Discuss Common Search Terms | |
| Complete Task P-2026 Identify what to Look For and Record during Damage Assessment Missions | |
| Complete Task P-2027 Describe CAP Search Patterns | |
| Complete Task P-2028 Discuss Crew Resource Management | |

The above listed member has completed the required familiarization and preparatory training requirements for the (insert specialty name) specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task

| |
|---|
| Complete Task O-0204 Locate a point on a Map using Latitude and Longitude |
| Complete Task O-0205 Locate a point on a Map using the CAP Grid System |
| Complete Task O-2016 Demonstrate Safety While Taxiing |
| Complete Task O-2018 Operate the Aircraft Communications Equipment |
| Complete Task O-2022 Demonstrate Scanning Patterns and Locate Targets |
| Complete Task O-2023 Demonstrate Techniques to Reduce Fatigue |
| Complete Task O-2025 Track and Record Position on Sectionals and Maps |
| Complete Task P-0101 Keep a Log |
| Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i> |

Exercise Participation

The above listed member satisfactorily participated as a mission scanner trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

The above listed member satisfactorily participated as a mission scanner trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the mission scanner specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE DATE

SINGLE TASK EVALUATION

| TASK TITLE LOCATE A POINT ON A MAP USING LATITUDE AND LONGITUDE | | TASK NUMBER O- 0204 | |
|--|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Announces the correct latitude degrees, minutes and seconds within tolerance | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Announces the correct latitude designation "North" or South" | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Announces the correct longitude degrees, minutes and seconds within tolerance | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Announces the correct longitude designation "East" or "West" | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 5 | Performs the above steps within 1 minute of time | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 6 | Plots a point on the map within 1 minute of Latitude and Longitude. | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE LOCATE A POINT ON A MAP USING THE CAP GRID SYSTEM | | TASK NUMBER O- 205 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Announces the correct grid number and quadrant within 1 minute of time. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Finds the correct numbered grid and quadrant within 1 minute of time. | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE OPERATE THE AIRCRAFT FM RADIO | | TASK NUMBER O- 2000 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Concerning the aircraft communications radio, discuss: | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | a. Frequencies available for SAR/DR use. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | b. Proper use of CAP callsigns, including when to use "rescue". | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | a. Power, volume and squelch controls. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | b. Select assigned frequencies (main and guard channels). | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | c. Keypad controls (scroll and scan). | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | d. Give required mission FM radio reports (may be simulated). | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE OPERATE THE AIRCRAFT AUDIO PANEL | | TASK NUMBER O- 2001 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Set up and use the audio panel | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | a. Power and volume controls | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | b. Microphone selector switch and receiver switches (describe all positions) | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | c. Split mode (describe all transmitter combinations) | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | d. Intercom mode (describe all modes) | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE GRID SECTIONAL CHARTS | | TASK NUMBER O- 2003 | |
|--|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Grid a sectional using the CAP grid system | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Given coordinates, draw a grid on the sectional using the Standardize Latitude and Longitude Grid System | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Demonstrate Ground Operations and Safety | | TASK NUMBER O- 2015 | |
|--|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss ramp safety | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Demonstrate moving and loading an aircraft | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Demonstrate entry and emergency egress from all seats in the aircraft | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Discuss the scanner's role in fuel management | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Demonstrate Safety While Taxiing | | TASK NUMBER O- 2016 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss the safety rules used to avoid obstacles during taxiing | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss the sterile cockpit rules and how you would point out an obstacle | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | State the difference between runway and taxiway markings | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Identify mandatory signs and discuss their meaning | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 5 | Identify holding position markings and discuss their meaning | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 6 | Identify location and direction signs and discuss their meaning | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 7 | Recognize flightline hand signals | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Demonstrate Post-Crash Actions | | TASK NUMBER O- 2017 | |
|--|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss actions to take before and immediately after an off field landing | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Identify and discuss basic survival techniques and equipmnet | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | discuss basic urgent care, including four imprtant measures for treating injuries | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Operate the Aircraft Communications Equipment | | TASK NUMBER O- 2018 | |
|--|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Demonstrate how to enter a frequency and use the aircraft communications radios | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss the importance of listening before transmittin, and basic message format | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Demonstrate proper use of the CAP aircraft callsign | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Demonstrate how to select a frequency and use the CAP FM radio | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 5 | Demonstrate setting up the audio panel to transmit on an aircraft radio | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Use Proper Number and Character Pronunciation | | TASK NUMBER O- 2019 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Demonstrate how to pronounce numbers while talking on a radio. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Demonstrate how to pronounce characters while talking on a radio. | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE USE PROWORDS | | TASK NUMBER O- 2020 | |
|-----------------------------------|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Demonstrate understanding and use of prowords while talking on a radio. | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Interpret emergency signals & demonstrate air/ground team coordination. | | TASK NUMBER O- 2021 | |
|---|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Interpret the following emergency signals (may be performed on the ground): | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | Light gun signals | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | Body signals | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | Paulin signals | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | Paulin signals | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss scanner responsibilities during a combined air/ground team mission. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Discuss factors to consider before you or the ground team leaves mission base. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Demonstrate basic ground team coordination. | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Demonstrate Scanning Patterns and Locate Targets | | TASK NUMBER O- 2022 | |
|--|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Define "scanning" and "fixation," and describe how aircraft motion effects scanning | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Demonstrate knowledge of central and peripheral vision, and describe where your focal | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | point is when your eyes are relaxed | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Demonstrate knowledge of fixation points and lines of scan, and define "scanning range" | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Demonstrate diagonal and vertical scanning patterns | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 5 | Locate a target in a search area | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 6 | Locate a person in a search area | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Demonstrate Techniques to Reduce Fatigue | | TASK NUMBER O- 2023 | |
|---|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss fatigue effects and demonstrate how to minimize fatigue | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Describe how to direct the pilot using the "clock position" method | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE USE SECTIONAL CHARTS | | TASK NUMBER O- 2024 | |
|------------------------------------|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Identify and discuss the following on an aeronautical sectional chart: | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | a. Physical features such as topographical details. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | b. Towns, cities, highways, roads, and towers (MSL and AGL). | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | c. Airways, radio aids, airports and airport data. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | d. Maximum Elevation Figures. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Given a sectional and plotter, determine a heading and measure distances. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | State the size of a full and one-quarter CAP and Standardized grids. | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Track and Record Position on Sectionals and Maps | | TASK NUMBER O- 2025 | |
|--|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss the use of the following navigational terms | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 0 | a. Course, heading and ground track | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 0 | b. Nautical mile and knot | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Given a plotter and a sectional, determin a route's heading and distance | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Given a sectional, record a ground position by its latitude/longitude and then record that | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | position on a road or topo map | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Keep a Log | | TASK NUMBER 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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE | | TASK NUMBER | |
|---|--|-------------------------------|----------------------------|
| Discuss Mission Scanner duties and responsibilities | | P- 2013 | |
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | State the primary role of the scanner. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss the "IM SAFE" criteria. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Discuss other scanner duties and responsibilities. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Review the observer duties and responsibilities. | <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 | |
| | | <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| | | | |
| EVALUATOR'S SIGNATURE | | DATE | |
| | | | |

SINGLE TASK EVALUATION

| TASK TITLE Discuss CAP liability coverage and mishap reporting | | TASK NUMBER P- 2014 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss FECA, including what types of missions afford this coverage and what is covered. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss FTCA, including what types of missions afford this coverage and what is covered. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Discuss the various assessments that can be made for damage to CAP aircraft. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Discuss CAP corp. insurance, inc. what missions afford this coverage and what is covered. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 5 | Discuss CAP mishap reporting, including what must be reported, how, and to whom. | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Enter Data into CAP Forms | | TASK NUMBER P- 2015 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Show how to correct a mistake | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Show how to mark a map that you will attach to a form | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Identify and discuss major aircraft controls | | TASK NUMBER P- 2016 | |
|--|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Demonstrate and discuss how the pilot turns (rolls) the aircraft left or right. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Demonstrate and discuss how the pilot makes the aircraft climb or dive. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Demonstrate and discuss how the pilot moves the aircraft's nose to the left or right. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Demonstrate & discuss how the pilot steers the aircraft to the left or right while taxiing | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 5 | Demonstrate and discuss how the pilot increases or decreases engine power. | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Identify and discuss major aircraft instruments | | TASK NUMBER P- 2017 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Identify and describe the basic function of the following aircraft instruments: | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | a. Magnetic compass | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | b. Heading indicator | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | c. Altimeter | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | d. Airspeed indicator | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | e. Attitude indicator | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | f. GPS | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | g. Radios | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | h. Audio panel | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | i. Transponder | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | State the rule on repositioning any aircraft instrument's settings or controls. | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Identify aircraft weight and balance | | TASK NUMBER P- 2018 | |
|--|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss the consequences of exceeding the aircraft's weight limit. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss the potential consequences of a "tail heavy" and a "nose heavy" aircraft. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Discuss the importance of being accurate and honest about your and your luggage weight. | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Identify the items checked during an aircraft pre-flight inspection | | TASK NUMBER P- 2019 | |
|---|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss the purpose of an aircraft pre-flight inspection. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Identify the major items checked during an aircraft pre-flight inspection. | <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 |
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| | | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | | <input type="checkbox"/> P | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID | | TASK STATUS <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Discuss the dangers of wake turbulence. | | TASK NUMBER P- 2020 | |
|---|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss where wake turbulence is normally encountered. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss basic takeoff and landing precautions taken to avoid wake turbulence. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | DiscuDiscuss the dangess the dangers of taxiing to close behind large jets or helicopters. | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Discuss how atmospheric and lighting conditions effect scanning effectiveness. | | TASK NUMBER P- 2021 | |
|--|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss how atmospheric and lighting conditions effect scanning effectiveness. | <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 |
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| | | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | | <input type="checkbox"/> P | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID | | TASK STATUS <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE | | TASK NUMBER | |
|---|--|--|----------------------------|
| Discuss typical visual clues and wreckage patterns. | | P- 2022 | |
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Identify and discuss typical visual crash clues and wreckage patterns. | <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 |
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| | | <input type="checkbox"/> P | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID | | TASK STATUS <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Discuss how reduced visibility and turbulence effect search operations. | | TASK NUMBER P- 2023 | |
|---|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss the causes of reduced visibility. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss how reduced visibility effects search operations, and related precautions. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Discuss the causes of turbulence. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Discuss how turbulence effects search operations, and precautions. | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Discuss how to recognize and combat high altitude effects. | | TASK NUMBER P- 2024 | |
|--|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss the symptoms and dangers of the following: | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | a. Ear block. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | b. Sinus block. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | c. Hypoxia. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss strategies used to combat these symptoms. | <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 |
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| | | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | | <input type="checkbox"/> P | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID | | TASK STATUS <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Discuss the common search terms | | TASK NUMBER P- 2025 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Use and discuss search terms used during a typical mission: | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | a. Ground and Search track. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | b. Maximum Area of Probability, Probability Area, and Probability of Detection. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | c. Meteorological and Search visibility. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | d. Scanning range. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | e. Search altitude and Track spacing. | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Identify what to look for & record during damage assessment missions. | | TASK NUMBER P- 2026 | |
|---|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss how a disaster can effect CAP operations. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Discuss the types of questions you should ask yourself during DA sorties. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Identify and discuss the typical things you should look for during DA sorties. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | State the information you should record during DA sorties. | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 5 | Discuss the limitations of an air search for a missing person. | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE Describe CAP search patterns. | | TASK NUMBER P- 2027 | |
|---|---|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Describe the following search patterns: | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | a. Route | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | b. Parallel | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | c. Creeping line | <input type="checkbox"/> P | <input type="checkbox"/> F |
| | d. Expanding square | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |

SINGLE TASK EVALUATION

| TASK TITLE DISCUSS CREW RESOURCE MANAGEMENT | | TASK NUMBER P- 2028 | |
|---|--|--|----------------------------|
| ITEM | PERFORMANCE STEP DESCRIPTION | SCORE (Check One Only) | |
| | | PASS | Fail |
| 1 | Discuss situational awareness and how to regain SA once it is lost | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 2 | Describe barriers to communications | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 3 | Discuss task saturation and strategies to minimize it | <input type="checkbox"/> P | <input type="checkbox"/> F |
| 4 | Discuss crew assignments and coordination of duties | <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 |
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| | | <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 <input type="checkbox"/> PASS | |
| EVALUATOR'S NAME & CAPID | | TITLE | |
| EVALUATOR'S SIGNATURE | | DATE | |