



CIVIL AVIATION AUTHORITY OF MALAYSIA
(Pihak Berkuasa Penerbangan Awam Malaysia)

AIR TRAFFIC INSPECTORATE DIVISION

ATC OJT / PRACTICAL EXAMINATION REPORT

NAME : _____ GRADE / RANK : _____

STATION : _____ ATC LICENCE NO.: **CAAM/ATC/L**

POSITION : _____ DATE : _____

OJT PERIOD : FROM : _____ TO : _____

TRAINING / EXAMINATION : _____

PERFORMANCE : 1 = Satisfactory. 2 = Needs Improvement. 3 = Unsatisfactory.

	EVALUATION CATEGORIES	DETAILS OF JOB FUNCTION	PERFORMANCE			REMARKS
			1	2	3	
A	Equipments	1. Uses equipment capabilities fully				
		2. Recognises equipment malfunction				
B	Management of Flight Strips / EFS	3. Posting, review & arrangement of strips				
		4. Updating of information & strip marking				
		5. EFS appreciation & operation				
C	Coordination, Microphone and Intercom Technique	6. Effectively communiates within same unit				
		7. Effectively communiates with other units				
		8. Phraseology				
		9. Speech rate & voice intelligibility				
D	Separation Standards, Local Procedures & TFC Planning	10. Selection & application of type of separation				
		11. Knowledge & application of local procedures				
		12. Appraisal & anticipation of traffic				
		13. Ability to adjust to traffic changes				
E	Radar Procedures & Technique	14. Knowledge of aircraft performance				
		15. Identification, mode A/C & label management				
		16. Separation				
		17. Radar Vectoring				
F	Emergency	18. Sequencing and speed control				
		19. Handling of emergency				
G	Training Appraisal	20. Radio failure actions				
		21. Accomplishes training				
		22. Trainee's attitude				
		23. Willingness to cooperate with others				
		24. Decisiveness				
		25. Provide complete & accurate relief briefings				

EVALUATION CATEGORIES	DETAILS OF JOB FUNCTION	PERFORMANCE			REMARKS
		1	2	3	
H Others	26.				
	27.				
	28.				
	29.				
	30.				
I Weather	<input type="checkbox"/> GOOD <input type="checkbox"/> MARGINAL <input type="checkbox"/> BAD	J WORKLOAD	<input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		
K Traffic Complexity	<input type="checkbox"/> ROUTINE, NOT DIFFICULT <input type="checkbox"/> MOSTLY DIFFICULT	<input type="checkbox"/> OCCASIONALLY DIFFICULT <input type="checkbox"/> VERY DIFFICULT			

L COMMENTS AND RECOMMENDATIONS BY OJT COACH / TRAINING OFFICER / ATC EXAMINER

Comments:

Recommendation: (Please tick)

- Readup more on procedures
- Continue OJT
- Ready for Check
- Suspension of OJT (Comments)

Signature : _____

Name : _____

Date : _____

Trainee's Comments:
 Debrief has been given to me.

 (Signature)

AIR TRAFFIC INSPECTORATE:

Signature : _____

Name : _____

Date : _____