

FSTD assessment report form

NOTE: The completed assessment form should be kept in accordance with procedures described in ATO's management system.

1. Details of the Approved Training Organisation (ATO)	Name of the ATO :					
2. Details of the FSTD	Name of the FSTD operator :					
operator (if applicable)	Address:					
	Compliance monitoring manager					
	Name Surname :					
	Email:			Mobile :		
3. Details of	Airplane (A) Helicopter (H)					
the FSTD	Identification (Member State FSTD code / EASA FSTD code)	:	Type and	d variant of aircraft :		
	Class / type of aircraft :	FSTD lev	el:			
	Address of the FSTD (if applicable) :					
	Remarks:					
4. The FSTD will be used	LAPL/PPL CPL/ATPL IR-SE IR-ME EIR-SE EIR-ME					
in the following training course(s)	Type rating/Class rating Night Rating					
	FI IRI CRI TRI Other (specify in "Remarks")					
	Remarks:					

5.	1. The FSTD is equipped as required in the training spec	fications concernin	g the course(s) in which it is used.			
Checklist of the evaluated	2. The FSTD comply with the relevant training requirements of Part-FCL					
items	3. In the case of full flight simulator (FFS), that the FFS adequately represents the relevant type of aircraft					
	4. The latest FSTD qualification certificate does not men considered by the FSTD operator.	ion any limitations	or restrictions. Or those items have been			
	5. The latest FSTD qualification certificate mention adeq which it is used.	uate level of qualific	cation in regards of the training course(s) in			
	6. The latest FSTD evaluation report does not mention a Or those items are already corrected by the FSTD ope	ny items in the "Un rator.	acceptable", "Unserviceability" or "Restriction".			
	7. The ATO has a system in place which adequately monitors FSTD changes to ensure that those changes do not affect the adequacy of the training programme.					
	Remarks:					
6. FSTD	1. Agreement between the FSTD operator and the ATO					
records to be submitted	2. Latest FSTD certificate					
to Traficom	1 13. Latest evaluation report					
	7. ATO's audit report of subcontractor's management system. Remarks:					
7. Acceptance of	I hereby confirm that the FSTD-device fulfils the applicable requirements of Aircrew regulation and is suitable for the intended training.					
the FSTD by the ATO	Head of Training or nominated deputy :					
	Name :	Surname :				
	Signature :		Date :			
	I hereby confirm that the FSTD-device fulfils the applicable requirements of Aircrew regulation and is suitable for the intended training.					
	Compliance Monitoring Manager :					
	Name :	Surname :				
	Signature :	1	Date :			