INSTITUTO DA AVIAÇÃO CIVIL DE MOÇAMBIQUE

CIVIL AVIATION INSPECTOR
OJT IDENTIFICATION AND HISTORY FORM

Section 1		
Name:		ID No:
Basic I Course Completion Date:		Date Opened:
Section:	Supervisor:	OJT Assistant:

Section 2			
Delegation of Authority Document No.	Reviewed:	Yes ❑	No ❑
OJT Task List issued, applicable DoA Tasks and Supplementary Tasks identified		Yes ❑	No ❑
OJT process explained and OJT Assistant identified: Name		Yes ❑	No ❑
Delegation Form Opened and applicable tasks identified		Yes ❑	No ❑

Section 3 - OJT Record / History

Date "designated tasks" completed* (D/M/Y):

Status / Comment (Satisfactory / Unsatisfactory)

_____
_____
_____
_____
_____

Additional Training required?

_____
_____
_____

DoA for tasks identified in DoA Record and Certification Form (MOZ- AER-10) authorized this date:
___/___/____

Manager: _____

Comment:_____
_____
_____

Section 4 - Change of Position

Date of Change : New Position:

Additional Delegation and Supplementary Tasks identified and discussed Yes ❑ No ❑

Status/Comment. :

_____
_____
_____
_____

Manager: _____ Date: (D/M/Y): _____

* ref. to AWI –Manual Chp 1-05, Section 4.A and 7.D