



FORM: O-OPS014A

March 2013

EMERGENCY EVACUATION/DITCHING DEMONSTRATION REPORT FORM

EMERGENCY EVACUATION DEMONSTRATION REPORT					
Instructions: Attach briefing card required by regulation 149 and 170 of The Civil Aviation (Operation of Aircraft) Regulations 2006, and diagram of aircraft showing location of cabin crew seats, emergency equipment, and exits used for the demonstration.					
1. Date and Time of Demonstration			2. Results A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
3. Name of Operator and Designator					
4. Make, Model, Series, and Registration Number					
5. Name and Title of TCAA Team Members:					
6. Type of Demonstration A. <input type="checkbox"/> Aborted Takeoff Full-scale B. <input type="checkbox"/> Aborted Takeoff Partial C. <input type="checkbox"/> Ditching		7. Reason for Demonstration A. <input type="checkbox"/> Initial Type Certification B. <input type="checkbox"/> Aborted Takeoff Partial C. <input type="checkbox"/> Increase in Seating Capacity D. <input type="checkbox"/> Change in Cabin Configuration E. <input type="checkbox"/> Change in CC Number, Duties, Location, or procedures		F. <input type="checkbox"/> Change in Exit Number Location, or Opening Mechanism G. <input type="checkbox"/> Other (Specify) _____ _____ _____	
8. Number of Persons on Board A. Flight crew _____ B. Cabin crews _____ C. Passengers _____ D. Total _____		9. Applicable Regulations A. <input type="checkbox"/> AOC CAR 26 B. <input type="checkbox"/> AOC CAR 26		C. <input type="checkbox"/> AOC CAR 26 D. <input type="checkbox"/> AOC CAR 26 E. <input type="checkbox"/> AOC CAR 26	
10. Exits Used* A. B. C. D. E. F.			11. Type of Slides Used A. <input type="checkbox"/> Inflatable B. <input type="checkbox"/> Non-inflatable C. <input type="checkbox"/> Slide Raft		12. Time Record A. <input type="checkbox"/> Aborted Takeoff Full Scale _____ sec B. <input type="checkbox"/> Aborted Partial Takeoff _____ sec C. <input type="checkbox"/> Ditching _____ min
Comment Record					
13. Aeroplane location A. <input type="checkbox"/> Hangar B. <input type="checkbox"/> Ramp			17. Crew Knowledge A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
14. Company Safety Precautions A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory			18. Equipment Reliability A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		

15. Emergency Equipment Inspections A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory	19. Company Procedures A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory
16. Emergency Equipment Inspections A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory	20. Other (Record on block 23) A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory
*Exit Code: L = Left; R = Right; W = Window; F = Floor Level; VS = Ventral Stairs; T = Tail, C = Cockpit, U = Upper Deck; B = Below Main Cabin Floor. Number the Exits from Cockpit to Tail.	



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21. How Non-designated Exits were blocked:		
22. Initiation Signal		
23. Discrepancies/Recommendations: (Make Reference to Appropriate Blocks)		
Block	Remarks	
24. tCAA Office Action		DFS:
Team Leader's Name (type)	Signature	Date
25. Director Safety Regulation Review:		
Specialist's Name (type)	Signature	Date