Maritime Helicopters

REPAIR STATION NEEDS ASSESSMENT

1. COMPLETION DATE OF FORM: _____
2. NAME OF PERSON COMPLETING FORM: _____
3. PERSON PRESENT FOR ASSESSMENT: _____
4. REASON FOR ASSESSMENT (i.e., changes of Repair Station ratings/capabilities, major changes to facilities, significant changes to regulations, new complex tooling or equipment, annual training program review, etc.): _____
5. IDENTIFICATION OF REQUIRED KNOWLEDGE, FUNCTION, SPECIALIZED SKILL SET, CERTIFICATION: _____
6. AFFECTED DEPARTMENT(S)/POSITION(S): _____
7. NOTES: _____

SIGNATURE_____ DATE _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

COMPLETE TRAINING REQUEST (FORM TR-0003) AS NEEDED TO REQUEST TRAINING.