Maritime Helicopters

REPAIR STATION NEEDS ASSESSMENT

1. COMPLETION DATE OF FORM: 5/24/21

2. NAME OF PERSON COMPLETING FORM: Steve Slade

3. PERSON PRESENT FOR ASSESSMENT: Matt Stevens

4. REASON FOR ASSESSMENT (i.e., changes of Repair Station rating/capabilities, major changes to facilities, significant changes to regulations, new complex tooling or equipment, annual training program review, etc.):

Perform Annual Review - No Changes noted

5. IDENTIFICATION OF REQUIRED KNOWLEDGE, FUNCTION, SPECIALIZED SKILL SET, CERTIFICATION; N/A

6. AFFECTED DEPARTMENT(S) / POSITION(S); N/A

7. NOTES:

SIGNATURE Steven Slade DATE: 5/24/21

ATTACH ADDITIONAL SHEETS AS NECESSARY.