5.7 Repair Station Needs Assessment - Form TR-0009

Maritime Helicopters

REPAIR STATION NEEDS ASSESSMENT

1. COMPLETION DATE OF FORM: 10/07/2020

2. NAME OF PERSON COMPLETING FORM: Steve Slade - Accountable Manager

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.):

Performed annual review.

5. IDENTIFICATIOIN OF REQUIRED KNOWLEDGE, FUNCTION, SPECIALIZED SKILL SET, CERTIFICATIION:

6. AFFECTED DEPARTMENTS(S) / POSITIONS(S): MHI Repair Station / Mechanics

7. NOTES:

SIGNATURE _____ DATE: 10/07/2020

ATTACH ADDITIONAL SHEETS AS NECESSARY.

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

Form TR-0009 07/01/2013