



5.7 Repair Station Needs Assessment - Form TR-0009



Maritime Helicopters

REPAIR STATION NEEDS ASSESSMENT

1. COMPLETION DATE OF FORM: 05/03/2018

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

3. PERSON PRESENT FOR ASSESSMENT: Brent Estep - Chief Inspector

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.): Addition to Capabilities List
Performed annual review.

5. IDENTIFICATION OF REQUIRED KNOWLEDGE, FUNCTION, SPECIALIZED SKILL SET, CERTIFICATION: Function - Load testing of cargo hooks

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

7. NOTES: Performed training I/A/W Repair Station Training Manual

SIGNATURE _____ DATE: 05/03/2018

ATTACH ADDITIONAL SHEETS AS NECESSARY.

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