A TRAINING ACTIVITY REPORT – FORM TR-001

Maritime Helicopters

TRAINING ACTIVITY REPORT

COURSE TITLE: _____ COURSE NO._____ DATE: _____

CLASSROM START TIME: _____ CLASS HOURS: _____ INSTRUCTOR: _____

PRINT NAME	EMP NO.	TYPE OF CERTIFICATE	CERTIFICATE NUMBER	SIGNATURE	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	TOTAL HRS.	FINAL GRADE

COMMENTS: _____

INSTRUCTOR'S SIGNATURE _____ DATE: _____

Form TR-001 05/21/2021

Instructions for completion of Training Activity Report Form TR-001:

1. COURSE TITLE: Title of Course for the activity report.
2. COURSE No: Assigned Course number.
3. DATE: Date of the activity report / date of course.
4. CLASSROOM START TIME: Course beginning time.
5. CLASS HOURS: Hours of course attendance.
6. INSTRUCTOR: Name of Instructor/s.
7. PRINT NAME: Name of course attendee.
8. EMPLOYEE NUMBER: Attendees employee numbers.
9. TYPE OF CERTIFICATE: TBA
10. CERTIFICATE NUMBER: TBA
11. SIGNATURE: Attendee's signature.
12. DAY 1 through DAY 5: Hours of course attendance.
13. TOTAL HOURS: Total hours for the 5-day period.
14. FINAL GRADE: Grade awarded.
15. COMMENTS: Instructors comments on class.
16. INSTRUCTOR'S SIGNATURE: Signature of instructor.
17. DATE: Date of course completion.

B TRAINING VERIFICATION – FORM TR-002

Maritime Helicopters

TRAINING VERIFICATION

NAME: _____ POSITION: _____ DATE: _____

EMPLOYEE NO: _____CERT. NO.: _____ LOCATION: _____

TYPE OF TRAINING RECEIVED: _____ CUSTOMER/VENDOR: _____

ON-THE-JOB OTHER

MAINTENANCE INFORMATION LETTER: (MIL) _____

SPECIFY: _____

SUBJECT OF TRAINING	TYPE OF ACFT / EQUIPMENT	HOURS	ATA CHAPTER AND SUBCHAPTER

I hereby acknowledge that I have received the training described above.

TRAINEE SIGNATURE: _____ EMPLOYEE NO.: _____

PRINTED NAME: _____

DELEGATED INSTRUCTOR: _____ EMPLOYEE NO.: _____

INSTRUCTOR SIGNATURE: _____

REMARKS:

_____

_____

_____

Training administered by: Written Oral Practical

RETURN TO: Chief Inspector

Form TR-002 05/21/2021

Instructions for completion of Training Verification Form TR-002:

1. NAME: Full name of trainee.
2. POSITION: Trainee's employment position.
3. DATE: Date of completion of the Training Verification.
4. EMPLOYEE NO.: Employees MHI employment number.
5. CERT. NO.: Employees certificate number, if any.
6. LOCATION: Location where the training took place.
7. TYPE OF TRAINING RECEIVED: Initial / Re-current.
8. CUSTOMER: Customer provided training – check box.
9. ON-THE-JOB: OJT training – check box.
10. OTHER: Check box and specify in either 11 or 12.
11. MAINTENANCE INFORMATION LETTER: (MIL) as issued by MHI.
12. SPECIFY: If 10 is checked, specify type of training received.
13. SUBJECT OF TRAINING/ TYPE OF ACFT/ EQUIPMENT: Course name / aircraft /equipment type for training received.
14. HOURS: Course/Training hours expended.
15. ATA CHAPTER AND SUBCHAPTER: ATA chapter and sub chapter content for the course, if applicable.
16. TRAINEE SIGNATURE: Signature of trainee receiving the course.
17. EMPLOYEE NO.: Employee Number of trainees receiving the course.
18. PRINTED NAME: Printed Name of trainee receiving the course.
19. DELEGATED INSTRUCTOR: Print Instructors Name.
20. EMPLOYEE NO.: Instructors MHI employee number, if applicable.
21. INSTRUCTOR SIGNATURE: Instructor's signature.
22. REMARKS: Any remarks regarding the course – to be filled out by the instructor.
23. TRAINING ADMINISTERED BY: Check type of instruction technique employed for the course.