ASM (ATP or ATS) Competency Check

Name:			Date:		
Location:			Flight Time:		
Aircraft Make/Model:			Aircraft N#:		
Crew Position:			Type of Check:		
Evaluate all the applicable items:					
(+) Satisfactory (-) Unsatisfactory - Unsatisfactory requires Remarks					
	Evaluation			Evaluation	
Pre-Flight		l	Tactics (low level)		
Crew Brief		Pe	ersonnel Location		
Aircraft Setup		Se	eparation		
Radio Setup		Sit	tuational Awareness		
Preparation		Int	Inter-Cockpit Communication		
Organization		O	ver Target		
Fire Order Information		Dr	rop Evaluation		
Enroute		CF	CRM		
Use of Time		Te	eamwork		
Knowledge of the Environment		Ju	dgment		
Air to Ground Communication		Er	mergency Procedures		
Tactics/Reconnaissance		Ve	erbal Skills		
Approaching the Incident		No	on-Verbal Skills		
Scouting the Area		Ri	sk Analysis		
Hazard Identification		01	Other		
Risk Mitigation					
Approach and Exit					
Procedures					
Remarks:					
Kemarks.					
Result of Checkride:					
Check Airman Name and Signature:					
ATP or ATS Name and Signature:					