



**Examiner Assessment of
Competence (AoC)**

Supervision Report

Type of AoC <input type="checkbox"/> Company Chief Examiner <input type="checkbox"/> Senior Examiner <input type="checkbox"/> Examiner <input type="checkbox"/> Initial <input type="checkbox"/> Type extension <input type="checkbox"/> Revalidation / Renewal			<input type="checkbox"/> Inspection <input type="checkbox"/> Examiner initial training
--	--	--	---

Examiner under supervision/ Inspection

Last name: _____ First name: _____ Licence number: _____

Pilot 1

Last name: _____ First name: _____ Licence number: _____

Function in crew: PIC COPI Type of test or check: _____
VFR IFR

Pilot 2

Last name: _____ First name: _____ Licence number: _____

Function in crew: PIC COPI Type of test or check: _____
VFR IFR

Type of aircraft: _____
 Aeroplane Helicopter Sailplane Balloon
 Aircraft Simulator

Type of operation: SP(SPO) SP(MPO) MP

Location & date: _____

Report of activity before, during and after the test or check:

Item	Remarks	Observer initials
Test or check program		
Examiner preparation		
Examiner briefing		
Documentation check		
Decision 1 (Documentation)		
Pilot's briefing		
Oral examination		
Decision 2 (Briefing)		
Break between briefing and flight		

Item	Remarks	Observer initials
Behavior during test- or check-flight		
Abnormal / emergency procedures		
Decision 3 (passed / failed / partial passed)		
Paperwork / forms		
Debriefing		
Entry into logbook and / or licence (if applicable)		
General Assessment: - Personality - Technical knowledge - Leadership - Managerial skills - Situation awareness - Decision making		

Decision by observer

Examiner AoC: passed not passed n/a

Examiner under supervision * licence number: _____

Last name: _____ First name: _____ Signature: _____

Observer licence number: _____

Last name: _____ First name: _____ Signature: _____

* Invoice to be sent to Applicant Company: _____

FOCA internal use only:	
Remarks: _____	Date: _____
_____	Visum: _____