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| ATCT/ARTCC PRACTICAL TEST FORM | | | | | | | | | | | | | | |
| 1. Name | | | | 2. Data | | 3. Scenario/position(s) | | | | | | | | |
| 4. Weather  ❑ VFR  ❑ MVFR  ❑ IFR  ❑ OTHER \_\_\_\_\_\_\_ | | | 5. Worldoad  ❑ Light  ❑ Moderate  ❑ Heavy | | 6. Complexity  ❑ Not Difficult  ❑ Occasionally Difficult  ❑ Mostly Difficult  ❑ Very Difficult | | | | | 7. Hours | | | | |
| 8. Total Hours This Positions | | | | |
| 9. Purpose ❑ OJT ❑ OJF ❑ Familiarization ❑ Instructional ❑ Evaluation  Scenario Scenario Scenario | | | | | | | | | | 10. Routing | | | | |
| ❑ Skill Check ❑ Certification ❑ Recertification ❑ Skill Enhancement ❑ Other | | | | | | | | | |
| 11. | Job Task | Job Subtask | | | | | Observed | Comment | Satisfactory | | Need Improvement | Unsatisfactory | | Simulation Training |
| Performance |
| A. Separation | 1. Separation is ensured. | | | | |  |  |  | |  |  | |  |
| 2. Safety alerts are provided. | | | | |  |  |  | |  |  | |  |
| B. Coordination | 3. Performs handoffs /point outs. | | | | |  |  |  | |  |  | |  |
| 4. Required coordinations are performed. | | | | |  |  |  | |  |  | |  |
| C. Control Judgment | 5. Good control judgment is applied. | | | | |  |  |  | |  |  | |  |
| 6. Priority of duties is understood. | | | | |  |  |  | |  |  | |  |
| 7. Positive control is provided. | | | | |  |  |  | |  |  | |  |
| 8. Effective traffic flow is maintained | | | | |  |  |  | |  |  | |  |
| D. Method and Procedures | 9. Aircraft identify is maintained. | | | | |  |  |  | |  |  | |  |
| 10. Strip Posting is complete/ correct. | | | | |  |  |  | |  |  | |  |
| 11. Clearance delivery is complete/correct and timely | | | | |  |  |  | |  |  | |  |
| 12. LOAs/directive are adhered to. | | | | |  |  |  | |  |  | |  |
| 13. Additional services are provided. | | | | |  |  |  | |  |  | |  |
| 14. Rapidly recovers from equipment failures and emergencies. | | | | |  |  |  | |  |  | |  |
| 15. Scans entire control environment. | | | | |  |  |  | |  |  | |  |
| 16. Effective working speed is maintained. | | | | |  |  |  | |  |  | |  |
| E. Equipment | 17. Equipment status information is maintained. | | | | |  |  |  | |  |  |  | |
| 18. Equipment capabilities are utilized/understood. | | | | |  |  |  | |  |  |  | |
| F. Communication | 19. Functions effectively as a radar/tower team member. | | | | |  |  |  | |  |  |  | |
| 20. Communication is clear and concise. | | | | |  |  |  | |  |  |  | |
| 21. Uses prescribed phraseology. | | | | |  |  |  | |  |  |  | |
| 22. Makes only necessary transmissions. | | | | |  |  |  | |  |  |  | |
| 23. Uses appropriate communications method. | | | | |  |  |  | |  |  |  | |
| 24. Relief briefings are complete and accurate. | | | | |  |  |  | |  |  |  | |
| G. Other |  | | | | |  |  |  | |  |  | |  |
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| 12. Comments | 12.A Reference |
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| 13. Recommendations ❑ Certifications Skill Check ❑ Certification  ❑ Continuation of OJT ❑ Skill Enhancement Training ❑ Suspension of OJT | |
| 14. Employee’s Comments:  This report has been discussed  With me (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 15. Certifications/Recertification  I certify that this employees meets qualifications requirements and is capable of working under general supervision.  Signature of Certifier. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |