

| WRITTEN ASSESSMENT FORM |               |  |  |
|-------------------------|---------------|--|--|
| Form No.                | GAM/Q-015D    |  |  |
| Revision                | Rev 2 (03/24) |  |  |

The Written Assessment form shall be used to supplement the Job Competency Assessment Form GAM0Q-015A. The questionnaire shall cover the aircraft type; regulation and the position being applied. The question will be prepared by the assessor and is not part of the registered form. Assessor may assess the answer given and tick in the appropriate 'Pass' or 'Not Pass' boxes. The candidate must pass minimum of 7 questions and the result shall be submitted to Quality Assurance Department for filing.

| Type of assess  | ment         | : ⊠       | INITIAL         |                 | □ RENEWAL |
|---|--------------|-----------|-----------------|-----------------|-----------|
| Proposed Posit  | tion         | : Mainte  | enance Inspecto | or / Supervisor |           |
| Date of Assess  | sment        | :         |                 |                 |           |
|   |              |           |                 |                 |           |
| Details of pers   | sonnel       |           |                 |                 |           |
| Name  |              | :         |                 |                 | Signature |
| Staff no.   |              | :         |                 |                 |           |
| Department  |              | :         |                 |                 |           |
| Date Joined   |              | :         |                 |                 |           |
| D ( !! ( )  |              |           |                 |                 |           |
| Details of Ass  | <u>essor</u> |           |                 |                 | Cianatura |
| Name  |              | :         |                 |                 | Signature |
| Staff no.   |              | :         |                 |                 |           |
| Position  |              | :         |                 |                 |           |
|   |              |           |                 |                 |           |
|   |              |           |                 |                 |           |
|   |              |           |                 |                 |           |
| Final Result  |              | : □ Pas   | s □ Not Pass    |                 |           |
|   | [            | Declarati | on by Senior M  | aintenance Man  | ager      |
| THE PERSONNEL HAS BEEN SUCCESSFULLY ASSESSED BY THE APPOINTED ASSESSOR OR MYSELF IN ACCORDANCE WITH GALAXY AEROSPACE MAINTENANCE MANAGEMENT PLAN REQUIREMENT TO THE LATEST VERSION. |              |           |                 |                 |           |
| Name  |              |           |                 |                 |           |
| Date  |              |           |                 |                 |           |
| Signature   |              |           |                 |                 |           |



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| SECTIO | SECTION 1: AIRCRAFT TYPE  |           |  |  |
|--------|---|-----------|--|--|
| 1      | What Helicopter Publication consist of and CIETP stand for ?          |           |  |  |
|        |   |           |  |  |
|        |   | Score:/10 |  |  |
|        |   | 00010:    |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
| 2      | Name the 2 comms system for the SUPER LYNX MK 100 and brief shortly ? |           |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
|        |   | Score:/10 |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
| 3      | Brief shortly about an operation of Landing Gear Shock Absorber.      |           |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
|        |   |           |  |  |
|        |   | Score:/10 |  |  |
|        |   |           |  |  |
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| 4      | Describe function of Tail Gearbox SUPER LYNX MK 100 ?  |           |
|--------|--|-----------|
|        |  | Score:/10 |
|        |  |           |
| 5      | Describe about hydraulic system functional organization.   |           |
|        |  | _         |
|        |  | Score:/10 |
|        |  |           |
| SECTIO | N 2: REGULATIONS   |           |
| 6      | Describe your understanding of Reg 4.5.1 Maintenance Authority and Reg 5.1.1 as per TAMM.                                |           |
|        |  |           |
|        |  | Score:/10 |
|        |  |           |
|        |  |           |
| 7      | During Independent Inspection what are the certifying staff shall be performed as per Regulation 5.1.6 (d) and (e) TAMM? |           |
|        |  |           |
|        |  |           |
|        |  | Score:/10 |
|        |  |           |
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| 8      | Define the safety-critical items or system have to carried out Independence Maintenance Inspection as per Regulation 5.1.6 (b) TAMM. |           |
|--------|--|-----------|
|        |  |           |
|        |  | Score:/10 |
|        |  |           |
| 050716 |  |           |
| SECTIO | ON 3: RESPONBILITIES   |           |
| 9      | Details 5 of your responsibilities as per describe in MMP.   |           |
|        |  |           |
|        |  |           |
|        |  | Score:/10 |
|        |  |           |
|        |  |           |
|        |  |           |
| 10     | What do you must be ensure before used of tools and support equipment and upon completion the task?                                  |           |
|        |  |           |
|        |  |           |
|        |  | Score:/10 |
|        |  |           |
|        |  |           |
|        |  |           |

TOTAL SCORE: %
PASSING MARKS: 70 %