

## TRAINING PROGRAM MANUAL (TPM)

*for*



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Address: **GALAXY AEROSPACE (M) SDN. BHD.**  
Suite 11-14, Helicopter Centre,  
Malaysia International Aerospace Centre,  
Sultan Abdul Aziz Shah Airport  
47200, Subang, Selangor Darul Ehsan.  
Malaysia

Telephone no. +603 7734 7226  
Fax. +603 7734 7526



**PART 0.1A**

**HIGHLIGHT OF REVISIONS**

ISSUE NO	REV. NO	REV. DATE	DETAILS OF REVISIONS
2	0	22 July 2024	Total revision due change of company logo/theme from  to 
			Part 0.0: Change title page to reflect latest revision no and date.
			Part 0.1: Updated record of revision.
			Part 0.1A: Added new chapter for explanation of changes/revisions.
			Part 0.2: Updated Table of Contents
			Part 0.3: Updated List of Effective Pages (LEP).
			Part 0.5 Para 6: Resentenced paragraph.
			Part 2: <ul style="list-style-type: none"> <li>• Para 4.3: Re-sentenced.</li> <li>• Para 4.4: Added Training Manager is responsible for analysing Training Course Evaluation and feedback effectiveness.</li> <li>• Para 5.4.2: Changed Course Evaluation (GAM/Q-045) with Training Course Evaluation and Feedback (GAM/F-TPM2.5(03)).</li> </ul>
			Part 3: Para 5.3.4: Revised training material maintained by the Quality Department.
			Part 4: <ul style="list-style-type: none"> <li>• Para 4.1: Changed responsibility of evaluating instructors to Principal Quality Assurance Training.</li> <li>• Para 4.2: Changed Quality Assurance Inspector to Training Executive to coordinate with HODs.</li> <li>• Para 5.2.2: Changed Quality Assurance Inspector to Principal Quality Assurance Training (PQAT).</li> <li>• Para 5.2.3: Changed Training Requisition Form number to Training Request (GAM/F-TPM2.1(04)) and forward to Training Department instead of QA Dept.</li> <li>• Para 5.2.4: Changed QAI to Training Manager.</li> <li>• Para 5.3: Revise the process of qualifying instructors.</li> </ul>
Part 5: <ul style="list-style-type: none"> <li>• Para 4.1: Changed responsibility of recording, updating and maintaining records to Head of Departments.</li> <li>• Para 5.3: Revised records are kept by Head of Departments.</li> </ul>			

			<ul style="list-style-type: none"> <li>• Para 5.5: Revised type of training records.</li> </ul>
			<p>Part 6:</p> <ul style="list-style-type: none"> <li>• Para 4.1: Changed Training Manager is responsible for review annual training program.</li> <li>• Para 5.1: Revised QAI to Principal Quality Assurance Training (PQAT).</li> <li>• Para 5.4: Re-sentenced where PQAT will work with Training Manager to resolve any discrepancies on concerns highlighted about course.</li> <li>• Para 5.5: Changed to Training Manager to analyse the result of course evaluations.</li> </ul>
			Part 7: Revised the contents of procedure where the administration of exam is under Examination Manager.
			Appendix-1: Revised the whole list due to change of form numbers.
			Appendix 2: Change of form number.
			Appendix 3: Change of form number.
			Appendix 4: Change of form number.
			Appendix 5: Change of form number.
			Appendix 8: Change of form number.
			Appendix 10: Added form number.
1	1	12 May 2023	<p>Part 0.0: Change title page to reflect latest revision no and date.</p> <p>Part 0.1: Updated record of revision.</p> <p>Part 0.1A: Added new chapter for explanation of changes/revisions.</p> <p>Part 0.2: Updated Table of Contents</p> <p>Part 0.3: Updated List of Effective Pages (LEP).</p> <p>Part 2.0:</p> <ul style="list-style-type: none"> <li>• Para 5.2.2 Revised initial Employee Training Evaluation (GAM-073) from 30 days to 60 days.</li> <li>• Para 5.2.4: Corrected form number from (GAM/Q-014) to (GAM/Q-079).</li> </ul> <p>Part 8.0:</p> <ul style="list-style-type: none"> <li>• Para 5.13 (a)(1): Corrected Document Master List to Internal Publication Masterlist (GAM/Q-067).</li> <li>• Para 5.13 (a)(2): Removed statement “The recipients of the manual shall acknowledge receipt on the Document Acceptance Form (GAM/Q-025).</li> <li>• Para 5.13 (a)(4): Corrected Document Master List to Internal Publication Masterlist (GAM/Q-067).</li> </ul>

			<ul style="list-style-type: none"> <li>• Para 5.2.5 a) Added sentence “and/or email”.</li> </ul>
			<p>Appendix – 1:</p> <ul style="list-style-type: none"> <li>• Item 9. Removed GAM/Q-025 and replaced with GAM/Q-067.</li> </ul>
			<p>Appendix 2:</p> <ul style="list-style-type: none"> <li>• Revised form.</li> </ul>
			<p>Appendix 3:</p> <ul style="list-style-type: none"> <li>• Revised form.</li> </ul>
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			<p>Appendix 8:</p> <ul style="list-style-type: none"> <li>• Revised form.</li> </ul>
			<p>Appendix 10:</p> <ul style="list-style-type: none"> <li>• Revised form.</li> </ul>
1	0	24 January 2022	New Issue.

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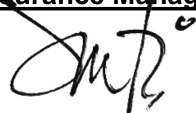


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**Quality Assurance Manager Approval**



OMAR BIN AHMAD  
Quality Assurance Manager

Date: 22 July 2024  
Galaxy Aerospace (M) Sdn. Bhd  
(1040262-D)

**Federal Aviation Administration Approval**

LESLIE C.  
MCCRAW

Digitally signed  
by LESLIE C.  
MCCRAW III

Date:

III

Date: 2024.08.18  
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**PART 0.4**

**DISTRIBUTION LIST**

COPY NO.	HOLDER	FORMAT
01	Quality Assurance Manager (MASTER COPY)	HC
02	Managing Director (Accountable Manager) and Galaxy Aerospace (GAM) Personnel (GAMS Portal)	SC
03	Federal Aviation Administration (FAA)	SC
HC: Hard Copy SC: Soft Copy		

## **PART 0.5**

### **INTRODUCTION TO THE TRAINING PROGRAM MANUAL**

1. This Training Program Manual (TPM) has been prepared in accordance with the current Title 14 Code of Federal Regulations (CFR), FAA Advisory Circular AC 145-10 and policies and procedures used at Galaxy Aerospace (M) Sdn Bhd, hereinafter referred as GAM.
2. This training program manual contains policies and procedures GAM uses to determine its training requirements and to develop its training program. The training program ensures each GAM employee has the knowledge and skills to perform the assigned maintenance, preventive maintenance, and alteration tasks. The contents of this manual ensure GAM can respond to its employees' changing training needs.
3. This manual sets forth the procedures for GAM to identify its training needs in a systematic manner, develop training and/or identify appropriate existing training, select the training methods, provide training, record training accomplishment, and measure the effectiveness of its training program.
4. GAM controls this manual in accordance with the revision control in RSQCM Section 2.1. Quality Assurance Manager shall denote approval of the initial manual and subsequent revisions on the bottom page of "List of Effective Pages" (Part 0.3) prior to submitting to FAA for approval. FAA shall denote the approval of the manual or revisions thereto by signing on List of Effective Pages and/or issuing a Letter of Approval.
5. GAM uses a closed loop system to ensure that the training requirements for the company and employees are identified, training standards are established, training is provided, and the training program is revised as necessary. GAM's training program consists of the following basic components:
  - a) A training needs assessment to identify GAM's overall training needs and individual employee training needs
  - b) The method for defining areas of study and/or courses/lessons made available to employees
  - c) The method for identifying training sources and methods available to employees for the areas of study, courses, and/or lessons
  - d) The method of documenting employee qualifications and training
  - e) The methods used to measure the effectiveness of the training program and to make changes as necessary
6. The Accountable Manager has the overall authority for GAM's training program. Any changes to the training program will be **prepared and submitted by** the Quality Assurance Manager.

## **PART 1**

### **GENERAL**

#### **1. GENERAL**

- 1.1 Persons performing maintenance (including inspections), preventive maintenance, and alteration must be assessed and trained in accordance with the Federal Aviation Administration (FAA)- approved procedures set forth in this manual.
- 1.2 All other employees may be trained in accordance with the approved procedures of this manual at management discretion.
- 1.3 Galaxy Aerospace (GAM) has an established training program that includes indoctrination initial, recurrent, specialized, and remedial training areas of study for all of its employees.
- 1.4 GAM has separate areas of study for the following staffing categories:
  - a) Technicians and other individuals performing maintenance, preventive maintenance, or alteration tasks such as:
    - (1) inspectors
    - (2) supervisors
    - (3) managers
  - b) Support staff
- 1.5 GAM further breaks down the training requirements for each staffing category based on job function requirements and experience levels. GAM has established minimum training standards for its job positions and methods to assess an individual's skill level for each job function to determine training requirements.
- 1.6 GAM has established the minimum standards required for supervision, inspection and maintenance personnel employed by the repair station.
  - Language (read, write, speak and understand English)
  - Computer (ability to access information)
  - Qualification and experience
- 1.7 The procedures in this manual enable GAM to revise its existing training program to ensure it continues to meet GAM's needs and produce training consistent with all regulatory requirements

## **PART 2**

### **TRAINING NEEDS ASSESSMENT**

#### **1. PURPOSE**

- 1.1 To establish a process to conduct Training Needs Assessment to evaluate the employees' skill levels and qualifications relative to their specific work assignments.

#### **2. SCOPE**

- 2.1 This procedure is applicable to GAM maintenance personnel and support staff when performing maintenance, preventive maintenance and alteration.

#### **3. REFERENCE**

- 3.1 FAR FAR Part § 145.163
- 3.2 AC 145-10 Advisory Circular – Repair Station Training Program

#### **4. RESPONSIBILITIES**

- 4.1 Quality Assurance Manager is responsible for preparing and analysing training needs assessment. He/She is also responsible to do annual review of training program to verify if GAM has made any changes that might affect training needs and effectiveness.
- 4.2 Engineering Manager and Head of Departments are responsible for determining the training needs of the individual employee against the task assigned and standards established for the position, and timely submission of training needs to Quality Assurance Manager.
- 4.3 Managing Director (the Accountable Manager) has the overall authority for GAM's training program.
- 4.4 Training Manager is responsible for analysing the Training Course Evaluation and Feedback effectiveness process.

#### **5. PROCEDURES**

GAM's Training Needs Assessment (TNA) is a two-part process that determines GAM's overall training requirements, as well as individual employee training requirements.

##### **5.1 Overall Repair Station Needs**

- 5.1.1 GAM's training needs assessment is performed to ensure continued compliance to regulatory, customer, industry standards and internal requirements. To determine its overall training requirements, the Quality Assurance Manager and the Engineering Manager or his/her designee will review GAM's operations specifications (OpSpecs); capability list; job position duties and responsibilities listed in the Repair Station Quality Control Manual (RSQCM); technical job functions and tasks; current employee experience level and customer/operator requirements.
- 5.1.2 This will provide a general outline and description of skills, knowledge and expertise that GAM and its employees should possess. This assessment will include areas but not limited to the following:
- a) Part 145 operations and procedures
  - b) Inspection of aircraft and articles
  - c) Returning aircraft and articles to service
  - d) Receipt and handling of aircraft materials and articles
  - e) Access and usage of technical data
  - f) Human factors in aircraft maintenance
  - g) Safety management system
  - h) Dangerous goods/Hazardous material handling
- 5.1.3 Quality Assurance Manager or his/her designee will complete Training Needs Assessment Matrix (GAM/Q-074) for this process. This form will be maintained by the Quality Assurance Manager.
- 5.1.4 Employees will then be assessed against the standard established for the position and tasks assigned. If it is determined that an employee does not possess the capability to perform a maintenance (including inspection), preventive maintenance, or alteration task, appropriate training will be administered.
- 5.1.5 GAM continuously evaluates its overall repair station training needs. At minimum, the training program will be revised when:
- a) TPM training deficiencies have been identified
  - b) Changes to its ratings, facilities, equipment, or work scope require additional training areas, classes, or lessons
  - c) Evaluations of training effectiveness indicates a need or
  - d) The annual TPM review indicates changes are needed.

## 5.2 Individual Needs Assessment

- 5.2.1 GAM uses Employee Training Evaluation form (GAM/Q-073) to evaluate an individual and determine his/her previous work experience, knowledge and skills. This allow GAM to establish the employee's capability to properly perform the assigned tasks. The results of this evaluation are compared with the needs established on the Training Needs Assessment Matrix (GAM/Q-074) and any additional required training to be conducted.
- 5.2.2 Engineering Manager and/or Head of Departments shall complete initial Employee Training Evaluation (GAM/Q-073) on all newly hired and transferred employees within the employee's first sixty (60) days of employment. This assessment includes a review of the gaps and their associated trainings noted in the Employee Training Evaluation (GAM/Q-073).
- 5.2.3 Employees will be requested to provide copies of previous training (i.e. certificates, transcripts, diplomas, degrees etc). This will assist in determining any required training.
- a) A resume may be required for training evaluation.
  - b) An oral interview may also be required to ensure a thorough understanding of the individual's previous work experience, knowledge and skills. This oral interview will be accomplished by the respective Head of Department or his/her designee.
- 5.2.4 In addition, OJT will be required to demonstrate their proficiency in their daily duties. OJT needs will be documented on Work Experience Logbook (GAM/Q-079).
- 5.2.5 Departmental Heads are to identify individual training requirements and shall document the requirements. The individual training records shall be updated accordingly.
- 5.2.6 The Departmental Heads are responsible to ensure the individuals receive the necessary training in the appropriate timeframe.
- 5.2.7 Upon completion of an employee's initial needs assessment, employees are required to complete various types of training to ensure proficiency in compliance and skill based training as well as any necessary technical or specialized training. These types of training include formal courses, technical and specialized training on an initial and recurrent basis.
- 5.2.8 The scope of initial training required for an employee is based on their specified job duties. All mandatory compliance and regulatory training courses will be defined in the Training Needs Assessment Matrix (GAM/Q-074). Training Needs Assessment Matrix (GAM/Q-074) will also define the initial and recurrent frequency associated with these courses.

5.2.9 During identification of overall training needs, GAM shall consider items, including but not limited to the following:

- a) The tasks associated with each person responsible for performing maintenance, inspection and preventive maintenance.
- b) The skills, experience and training of new and/or current employees.
- c) The return of an employee to tasks after an extended period.
- d) The introduction to the employee of new regulations, procedures, equipment or recordkeeping requirements

**5.3 Changes to Repair Station Work Scope**

5.3.1 Whenever GAM is planning to change its facilities, equipment, or scope of work as reflected in its OpSpecs or capability list, it will conduct a review of its current training program. The need for additional training will be based on an analysis of the new work to be performed, the capability of employees, and the availability of in-house training.

5.3.2 Appropriate changes will be made to initial, recurrent, and specialized training areas of study, including existing courses or the addition of new courses, positions, and individuals requiring the training, and when the new training needs to be implemented and completed.

**5.4 Annual Training Program Review**

5.4.1 The Quality Assurance Manager shall review annually for currency and completeness of this training program. An annual review of the training program will verify if GAM has made any changes that might affect training and will analyze the measures of training effectiveness. This is performed by the Management team bi-annually during the quality review meeting, at a minimum.

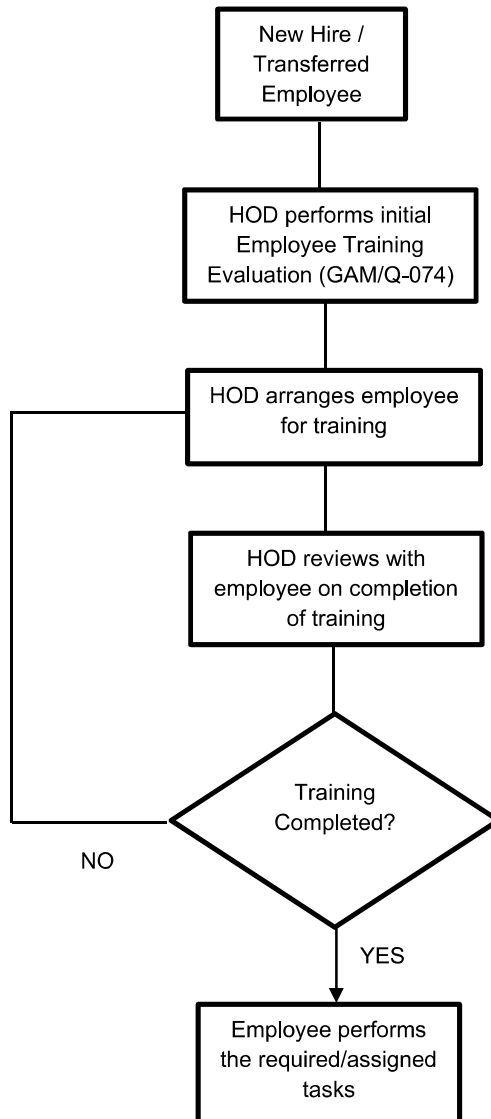
5.4.2 Quality Assurance Manager will review the adequacy and completeness of Training Needs Assessment Matrix (GAM/Q-074). In addition, a review of observations, examination results and feedback from the measurement of the Training Course Evaluation and Feedback (GAM/F-TPM2.5(03)) effectiveness process will be considered.

5.4.3 As part of annual review, GAM will analyze employees' job position duty and task assignments, experience levels and the method of delivery for various courses, new training techniques, or commercially available courses. It will make any changes that are required to ensure employees are capable of performing assigned tasks in accordance with the procedures set forth in their manual.



**Appendix A**

**Training Needs Assessment Overview**



## **PART 3**

### **COURSE DEFINITION**

#### **1. PURPOSE**

- 1.1 This provides the general outline of the methods and types of training that are utilized to conduct both technical and non-technical courses by GAM and External Training Providers.

#### **2. SCOPE**

- 2.1 This procedure is applicable to GAM personnel and support staff when performing maintenance, preventive maintenance and alteration.

#### **3. REFERENCE**

- 3.1 FAR FAR Part § [145.163](#)
- 3.2 AC 145-10 Advisory Circular – Repair Station Training Program

#### **4. RESPONSIBILITIES**

- 4.1 Quality Assurance Manager is responsible for ensuring the compliance of this requirements.
- 4.2 Departmental Head is responsible for ensuring that only employees adequately trained and qualified for the specific task are assigned to perform the work.

#### **5. PROCEDURES**

##### **5.1 TYPE OF TRAINING**

- 5.1.1 The Training Program Manual (TPM) is structured to provide the following levels of training:
- a) Initial Training will be provided to new employee for the first time or existing Repair Station employee who is taking upon a new function. It is also to establish a level of knowledge or proficiency on GAM procedures for operations, policies, maintenance and inspections and adherence to regulatory compliance requirements.
  - b) Recurrent Training is part of the continuation training to continuously update the employees on the latest technical information and development. Training received at specific intervals to support, expand

or refresh initial training areas of study, courses/lessons or other proficiency requirements.

- c) Remedial Training is provided to improve an employee's demonstrated lack of knowledge, proficiency or technical expertise. It is provided to employees based on need demonstrated or situation dictates.

## 5.2 CATEGORIES OF TRAINING

### 5.2.1 Initial / Indoctrination Training

- a) Indoctrination training shall include the following courses:
  - (1) FAR Part 145 Requirements
  - (2) Company Manuals, Policies and Procedures
  - (3) Human Factor
  - (4) Safety Management System (SMS)
- b) Each new employee involved in aircraft related work shall complete all above courses before he/she can be directly involved in any maintenance work.

### 5.2.2 Technical Training

- a) Technical Training can be a Process Training or Aircraft Type Courses and are conducted by qualified instructors to train Company Approval Holder or Certifying Staff to be proficient on the specific aircraft type relevant to his specific Trade's category. It is only after completing the Type Course with the required 'Structured' OJT that an employee can apply for Company Approval Holder Authorization as per company Approval system for authority to certify and release return to service.
- b) This may be a formal training provided by the manufacturer or the External Training Provider approved by the Company to provide such training. Satisfactory completion of these types of courses requires documentary evidence such as 'Certificate of Completion' of training issued by the Training Provider.

### 5.2.3 Recurrent Training

- a) Recurrent Training, also known as refresher or continuation training, is training that re-occurs at a specified frequency. This form of training is necessary to maintain employee proficiency and skill set. All recurrent courses shall be defined in Training Needs Assessment Matrix (GAM/Q-074).

- b) Recurrent Training can be either classroom or OJT training repeated at a regular basis, at least once in every two years to provide the latest information pertaining but not limited to the following:
  - (1) Latest changes to Regulations and Repair Station Quality Control Manual procedures.
  - (2) Latest changes to a particular process or maintenance operation.
  - (3) New inspection procedures or techniques.
  - (4) New Safety and Quality issues.
  - (5) New technology updates.
- c) Recurrent Training shall include the following but not limited to:
  - (1) CFR Part 145 and Part 43
  - (2) Human Factor
  - (3) Safety Management System (SMS)
  - (4) Relevant technology updates (latest Airworthiness Directives and/or Service Bulletins)
  - (5) Fuel Tank Safety - if applicable
  - (6) Electrical Wiring Interconnect System (EWIS) – if applicable
- d) All Inspection Personnel referenced in the Roster of Supervisory and Certifying Personnel (GAM/Q-053) are subject to recurrent training requirement.

#### 5.2.4 Specialised Training

- a) Specialized training is associated with performing complex specialised processes such as NDT and welding where the quality of the product is very much dependent upon the proficiency of the individual concerned.

#### 5.2.5 Remedial Training

- a) Remedial Training is conducted dependent upon the requirement as recommended by Quality Assurance Manager and/or Engineering Manager subsequent to:
  - (1) Investigation of an incident or accident where it has been determined that more training is needed to enhance a process.
  - (2) Preventive measure as recommended during internal or external audit.

(3) Recommendation by management to further enhance operations.

- b) Remedial training will be assigned to ensure an employee who lacks demonstrated knowledge and has been provided the information necessary to accomplish assigned maintenance or alteration tasks properly.

### 5.3 COURSE DEVELOPMENT

5.3.1 All courses/lessons shall be developed using the following information as minimum necessary to capture the required knowledge or skill:

- a) Course Title
- b) Course Objectives
- c) Course outline
- d) Course duration - Required hours or performance outcome for each topic or lesson
- e) Training material including handouts, regulations, manuals, tools, or equipment used
- f) Training source(s)
- g) Training method(s) (i.e. classroom, OJT etc.)
- h) Instructor(s)

5.3.2 The information required by this process shall be developed for all areas of study and/or courses/lessons made available to employees who perform maintenance, preventive maintenance, alterations and inspection functions. This includes training provided by the on-the-job methodology.

5.3.3 The information on courses and lessons from outside sources will be evaluated to ensure the availability of enough information to determine its capability to impart the information required by the repair station's needs assessment for the company or for the particular employee.

5.3.4 Training material associated with each course shall be maintained on shared network drive by [the Training Department](#).

## **PART 4**

### **SELECTION OF TRAINING METHODS**

#### **1. PURPOSE**

- 1.1 To provide the general outline of selection of training method(s), source(s), and instructor(s) to determine whether the appropriate and necessary knowledge or skill will be transferred to employees.

#### **2. SCOPE**

- 2.1 This procedure is applicable to GAM maintenance personnel and support staff when performing maintenance, preventive maintenance and alteration.

#### **3. REFERENCE**

- 3.1 FAR Part § [145.163](#)
- 3.2 AC 145-10 Advisory Circular – Repair Station Training Program

#### **4. RESPONSIBILITIES**

- 4.1 [Principal Quality Assurance Training](#) is responsible for [assessing](#) and [qualifying](#) internal instructors. He/she is also responsible to evaluate external training provider before such training takes place.
- 4.2 [The Training Executive](#) is responsible for coordinating with Departmental Heads to schedule and arrange personnel to attend the required training. He/she is also to engage and source external training provider.
- 4.3 Departmental Head is responsible for ensuring that only employees adequately trained and qualified for the specific task are assigned to perform the work.

#### **5. PROCEDURES**

##### **5.1 Training Methods**

5.1.1 GAM utilizes various methods to provide training to the employees including:

- a) The formal classroom training (performed under the supervision of an instructor using the in-house facilities such as lectures, mock-ups, visual aids and video facilities, etc).
- b) On-the-job training (OJT)
- c) Computer-based training (CBT)

- d) External classes and courses
- e) Original Equipment Manufacturer (OEM) training

5.1.2 The company will use all available resources to provide the appropriate training. Many areas of study, courses, and lessons will be provided by more than one method. Regardless of the methods used, training will include appropriate means to evaluate the student's capability to understand and apply the information taught.

## 5.2 Training Sources

5.2.1 Sources available for training will be continually monitored to ensure GAM is aware of its alternatives. When a new or revised training need is identified, the available options will be reviewed. This process may include consultation with the FAA Principal Inspector, other repair stations, manufacturers, and local colleges for available training.

5.2.2 If the training will be conducted by an External training Provider, [Principal Quality Assurance Training](#) shall coordinate for the engagement of the acceptable source(s). He/she shall perform a survey/audit to ensure it provides appropriate information. The survey/audit may include an observation of training, a review of course outlines and materials, contact with previous training customers, and a review of instructor qualifications and experience.

5.2.3 Should the Engineering Manager and/or Departmental Heads require training from external training provider, he/she shall complete and forward Training [Request Form \(GAM/F-TPM2.1\(04\)\)](#) to the [Training Department](#).

5.2.4 [The Training Manager](#) will source external training provider and compile all necessary information i.e. instructor's qualification, course outline, quotation etc. The [Training Manager](#) together with [Principal Quality Assurance Training](#) will review the external training provider inputs for selection and forward to Accountable Manager and/or Human Resource Manager for approval.

## 5.3 Training Instructors

5.3.1 Instructors shall be qualified based upon subject matter knowledge and teaching ability. Subject matter expertise may be established by experience, demonstrated knowledge, and/or certification. The ability to impart information can be determined by observation, demonstration, or experience.

5.3.2 Instructor must be adequately trained and experienced on a specific subject, process, an appropriate category of a specific aircraft type, components, or model/series of engines before he/she can be deemed to be qualified by Quality Assurance Manager to conduct training for that particular subject, process, aircraft/component category or engine type.

5.3.3 The Instructors shall meet the following requirements:

Criteria	Basic / Regulatory Training	Technical / Specific Training
<b>Qualification</b>	<ul style="list-style-type: none"> <li>i. Hold a valid and current Aircraft Maintenance Engineer’s License which is issued or validated by CAAM; or</li> <li>ii. Holds a diploma/degree holder in aviation, engineering, science, education or related field;</li> </ul>	<ul style="list-style-type: none"> <li>i. Hold a valid and current Aircraft Maintenance Engineer’s License which is issued or validated by CAAM; or</li> <li>ii. Company Approval Holder; or</li> <li>iii. A diploma/degree holder in related field;</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>i. Completed and attended Instruction technique / Train the Trainer; or</li> <li>ii. Attended and experienced in specific subject to be taught.</li> <li>iii. Attended GAM-MTO Company Procedure training or briefing</li> </ul>	<ul style="list-style-type: none"> <li>i. Completed and attended Instruction technique / Train the Trainer; and</li> <li>ii. Attended and experienced in specific subject to be taught.</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>i. At least 3 years of experience in aviation environment either in aircraft maintenance or support workshop; or</li> <li>ii. At least 3 years of experience in an education environment.</li> </ul>	<ul style="list-style-type: none"> <li>i. At least 3 years of experience in aviation environment either in aircraft maintenance or support workshop; or</li> <li>ii. At least 3 years of experience in an education environment</li> </ul>

5.3.4 **Principal Quality Assurance Training** shall review and assess the qualification of instructors before qualifying them as qualified instructor and the assessment is recorded in the **Assessment of Instructor (GAM/F-TPM3.6(03))** and **Checklist for Instructor (GAM/F-TPM3.6(07))** respectively.

5.3.5 Once assessment process is completed and **Principal Quality Assurance Training** is satisfied on the qualification, competency, and experience of the personnel, authorised instructors will be listed in the **Internal Instructor Approval Holder Master Listing (GAM/F-TPM3.6(09))**.

5.3.6 **Principal Quality Assurance Training** shall maintain a **Internal Instructor Approval Holder Master Listing (GAM/F-TPM3.6(09))** for the types of courses to be conducted. The listing is available at the **Training Department**.

5.3.7 For OJT Instructor, Quality Assurance Manager accepts supervisors with Company Authorization for that particular operation or process to conduct



OJT on that particular operation or process.

- 5.3.8 For each classroom course performed at GAM facility, [the Training Course Evaluation and Feedback \(GAM/F-TPM2.5\(03\)\)](#) shall be completed upon completion of training. The [Principal Quality Assurance Training](#) shall compile and address issues that require corrective action which may include additional training or support for the Instructor to [the Training Manager](#).

## **PART 5**

### **TRAINING DOCUMENTATION**

#### **1. PURPOSE**

- 1.1 To provide a general guideline for recording, updating and maintaining personnel training records.

#### **2. SCOPE**

- 2.1 This procedure is applicable to all training records of GAM maintenance personnel and support staff when performing maintenance, preventive maintenance and alteration.

#### **3. REFERENCE**

- 3.1 FAR Part 145.163  
3.2 AC 145-10 Advisory Circular – Repair Station Training Program

#### **4. RESPONSIBILITIES**

- 4.1 [The Head of Departments are](#) responsible for [recording](#), [updating](#) and [maintaining](#) training records of employees who are assigned to perform maintenance, preventive maintenance, alterations and inspection functions.

#### **5. PROCEDURES**

- 5.1 Generally, training records refer to records of each employee's personal details, past employment, authorisations granted and training records indicating type of course, subject, date completed, total hours, method, location, name of instructor and results.
- 5.2 Training records may be maintained in two forms:
- a) hard copy
  - b) electronic

Note: GAM shall use the hard copy method as the primary version of maintaining records at GAM, however, GAM may also use electronic methods to summarize training record data.

- 5.3 Employees may access their training records which are kept by [their Head of Department](#). These training records are available for review upon request.
- 5.4 The Training Records shall be retained for the duration of an employee's period of employment. Upon termination of active employment, an employee's training record will be archived for a period of two years after the employee has left the organization.
- 5.5 The following training records to be kept at but not limited to:
- a) Employee Training Evaluation (GAM/Q-073)
  - b) Training Needs Assessment Matrix (GAM/Q-074)
  - c) Training Course Evaluation [and Feedback Form \(GAM/F-TPM2.5\(03\)\)](#)
  - d) [Assessment of Instructor \(GAM/F-TPM3.6\(03\)\)](#)
  - e) [Checklist for Instructor \(GAM/F-TPM3.6\(07\)\)](#)
  - f) [Training Course Attendance Form \(GAM/F-TPM2.5\(02\)\)](#)
  - g) [Internal Instructor Approval Holder Master Listing \(GAM/F-TPM3.6\(09\)\)](#)

## **PART 6**

### **MEASUREMENT OF TRAINING EFFECTIVENESS**

#### **1. PURPOSE**

1.1 To establish a procedure of measuring the effectiveness of training program.

#### **2. SCOPE**

2.1 This procedure is applicable to all training courses for GAM maintenance personnel and support staff when performing maintenance, preventive maintenance and alteration.

#### **3. REFERENCE**

3.1 FAR Part 145.163

3.2 AC 145-10 Advisory Circular – Repair Station Training Program

#### **4. RESPONSIBILITIES**

4.1 [The Training Manager](#) is responsible to conduct an annual review of the training program to analyze its effectiveness.

#### **5. PROCEDURES**

5.1 The [Principal Quality Assurance Training](#) will regularly evaluate each course for its content, time, quality of the training materials, training facilities, and instructor. This is accomplished through observation, examination results, and feedback.

5.2 At the end of each course, to measure training effectiveness and comprehension, GAM develops methods to observe the employee's participation. These methods include written and verbal examinations including practical skills applications.

5.3 Student's interview shall be convened for reasons of poor performance or to correct certain irregularities.

5.4 On completion of each course, the [Training Course Evaluation and Feedback \(GAM/F-TPM2.5\(03\)\)](#) shall be completed up by each student. The [Principal Quality Assurance Training](#) will work with the [Training Manager](#) to resolve any discrepancies or concerns highlighted.

5.5 [Training Manager](#) will analyze the results of course evaluations to determine if any changes are required to establish a basis for determining whether the course met its objectives and provided the information necessary to ensure the employee

could perform assigned tasks.

- 5.6 Results or feedbacks received from training course evaluation will be addressed during quality review meeting.

## **PART 7**

### **CONTROL OF EXAMINATION**

#### **1. PURPOSE**

- 1.1 This provides a general guideline for controlling the administration of examination in support of the training courses.

#### **2. SCOPE**

- 2.1 This procedure is applicable to examinations/tests administered and conducted internally at GAM.

#### **3. REFERENCE**

- 3.1 FAR Part Part § [145.163](#)
- 3.2 AC 145-10 Advisory Circular – Repair Station Training Program

#### **4. RESPONSIBILITIES**

- 4.1 [Principal Quality Assurance Training](#) is responsible for conducting audit and surveillance coverage to ascertain compliance with the requirements.
- 4.2 [Examination Manager](#) is responsible for management of the question bank ensuring that there is no leakage of examination questions.

#### **5. PROCEDURES**

- 5.1 [The Examination Manager](#) shall administer written examination for all training conducted by the [Training](#) Department.
- 5.2 All questions in the Question bank are managed by [The Examination Manager](#) and it is kept in appropriately secured location. It is accessible only by [the Examination Manager](#).
- 5.3 The examination questions developed must be within the scope of the approved syllabus. If confidentiality of the examination paper is in doubt, a new set is to be raised.
- 5.4 The examination questions are of multiple-choice objective type with three choices provided and marking of the answer sheets will be carried out by the examination panel or competent instructor as appointed by [the Examination Manager](#).
- 5.5 The invigilator of the examination can be [The Examination Manager](#), or Instructor who is not involved in the course.

- 5.6 Examination result provides an indication of the knowledge and understanding level of a participant on a particular subject matter. The scoring format is as follows:

Score	Result
75% - 100%	Pass
Below 74%	Fail and re-examination

## **PART 8**

### **MANUAL CONTROL, APPROVAL AND REVISION**

#### **1. PURPOSE**

1.1 This procedure outlines the management of the Training Program Manual.

#### **2. SCOPE**

2.1 This procedure is applicable to entire contents of this Training Program Manual.

#### **3. REFERENCE**

3.1 FAR Part § [145.163](#)

3.2 AC 145-10 Advisory Circular – Repair Station Training Program

#### **4. RESPONSIBILITIES**

4.1 Quality Assurance Manager is responsible for ensuring that the Training Program Manual is maintained to meet the company objectives and is in compliance with the Regulatory requirements.

4.2 Quality Assurance Manager shall submit the proposed revision for approval to the FAA and upon the receipt of the approval, the Quality Assurance Manager shall ensure the revision pages are timely reproduced and distributed to all the assigned custodians of Training Program Manual for incorporation.

4.3 Departmental Heads are responsible to ensure the following:

4.3.1 Necessary changes and corrections are forwarded in a timely manner to Quality Assurance Department for reviewing and processing.

4.3.2 Maintain the manual in a good condition for use.

#### **5. PROCEDURES**

##### **5.1 MANUAL CONTROL**

5.1.1 The introduction section of the manual shall incorporate a Record of Revisions page to indicate the current manual revision number and a List of Effective Pages indicating the revision status of each page.



5.1.2 Each page of the manual shall have the chapter number, issue number, revision number and page number. All pages will show the date of issue which can be cross-checked with List of Effective Pages (LEP) to ensure that it is current.

5.1.3 This manual is produced in both hard copy and electronic format.

a) Hard Copy Format

(1) The manual is distributed to document holders identified in Part 0.4 of this manual. Quality Assurance Executive will register into Internal Publication Masterlist (GAM/Q-067) to identify the latest revisions and distributions of the manual.

(2) Each manual holder will be responsible for inserting the revised pages in the manual and recording the revision on the manual's record of revision page.

(3) All hard copy manuals shall be given a control number to ensure location and to denote the responsible manual holder.

(4) The Quality Assurance Manager is also responsible to maintain Internal Publication Masterlist (GAM/Q-067) of all manuals, indicating the control number assigned to individual and revision status of the manual.

b) Electronic Format

(1) Electronic copies of this manual shall be available to all /personnel via Galaxy Aerospace Management System (GAMS) portal.

(2) The electronic manual is a read-only file for which password protected where staff user ID is required to access GAMS portal.

(3) Quality Assurance Manager is responsible to update and upload new or revised manual into GAMS portal.

5.2 MANUAL APPROVAL AND REVISION PROCESS

5.2.1 GAM Training Program Manual (TPM) is an FAA-approved manual where no changes or revision will be made without prior FAA approval.

5.2.2 The Quality Assurance Manager is responsible for the initiating, preparing and submitting the amendments of this TPM to the FAA for review and acceptance.

5.2.3 The Quality Manager is responsible to review the TPM annually so that its contents, when necessary, will be updated to reflect the latest operational and organizational set-ups in GAM.

- 5.2.4 The QAM shall notify of any changes in writing, e-mail or by phone as and when revisions are deemed required. The revised TPM shall be forwarded to the respective Principal Inspector (PI) of the FAA for approval.
- 5.2.5 The Quality Manager shall submit to the respective PI of the FAA:
- a) A Cover Letter and/email
  - b) The revised copy of TPM
  - c) The revised List of Effective Pages (LEPs) with signature and dated of QAM
- 5.2.6 The FAA Principal Inspector (PI)'s will either accept or reject the manual revision. The acceptance of the manual may be noted by FAA Principal Inspector (PI)'s signature and the approval date on the List of Effective Pages (LEP) and/or in the form of transmittal documents such as letters, memos, e-mails or any other media. QAM is responsible to keep a record of manual approval by the FAA by inserting it into the manual after the manual cover page.
- 5.2.7 However, if the manual is rejected, a cover letter or transmittal document on detailed explanation of the deficiencies will be issued by FAA PI.
- 5.2.8 When a revision is found not acceptable to the FAA, QAM is responsible to:
- a) correct and address any non-compliant sections of the manual
  - b) resubmit the manual for FAA approval.
- 5.2.9 As needed, QAM will contact the FAA either by phone or email to discuss the details of non-compliant portions of the manual to ensure TPM is compliant with applicable FAA guidance materials.
- 5.2.10 Changes to each of the procedures in the manual shall be issued as a revision by complete section with procedure ready for incorporation into the manual.
- 5.2.11 A 'black' vertical bar at the Left-Hand margin of the affected page indicates the portion of a paragraph or sentence has been revised. This 'black' vertical line shall be removed at the subsequent revisions so that only changes made by the current revision are indicated.
- 5.2.12 A 'Record of Revisions' is available in the manual to record the date the revision is incorporated into the manual.



**APPENDIX – 2:**

**GAM/F-TPM2.5(03) - Training Course Evaluation and Feedback**

Purpose: To record an evaluation of training contents and instructor after completion of training.

		<b>Training Course Evaluation and Feedback</b>				
TRAINING COURSE DETAILS						
Title Of Training:						
Training Ref:						
Classroom/Venue:						
Training Duration:						
Start Date to End Date:						
Instructional Staff's Name:	1.					
	2.					
	3.					
	4.					
<p>Thank you for attending our training course. We would like to hear your impression on the various aspects of the training for us to continuously improve the experience for all trainees. Please circle the appropriate score.</p>						
SCORE						
Excellent	Good	Fair	Poor	Not Applicable		
5	4	3	2	1		
NO.	ACHIEVEMENT OF TRAINING COURSE OBJECTIVE	SCORE				
1.	Has this training course achieved the stated objectives?	5	4	3	2	1
NO.	LEARNING OUTCOMES	SCORE				
1.	Improved relevant knowledge	5	4	3	2	1
2.	Application of knowledge & skills in the workplace	5	4	3	2	1
NO.	TRAINING COURSE CONTENT	SCORE				
1.	Meets the requirements	5	4	3	2	1
2.	Easy to understand with relevant examples	5	4	3	2	1
3.	Training materials and related notes	5	4	3	2	1
4.	Emphasis on theory	5	4	3	2	1
NO.	TRAINING COURSE TECHNIQUES / METHODOLOGY	SCORE				
1.	Lecture	5	4	3	2	1
2.	Discussion	5	4	3	2	1
3.	Video / Media Shows	5	4	3	2	1
4.	Practical training on real aircraft (for type/task training course only)	5	4	3	2	1
NO.	TRAINING COURSE MANAGEMENT	SCORE				
1.	Training course duration	5	4	3	2	1
2.	Training course schedule	5	4	3	2	1
3.	Classroom	5	4	3	2	1
4.	Cafeteria / Meal	5	4	3	2	1
NO.	ASSESSMENT OF INSTRUCTIONAL STAFF	SCORE				
1.	Mastery of the Subject	5	4	3	2	1
2.	Facilitation skills	5	4	3	2	1
3.	Use of teaching aids	5	4	3	2	1
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**Training Course Evaluation and Feedback**

4.	Performance	5	4	3	2	1
5.	Creating an appropriate learning environment	5	4	3	2	1
6.	Skills in managing feedback / questions	5	4	3	2	1
7.	Interactive communication	5	4	3	2	1
8.	Appearance	5	4	3	2	1
<b>NO.</b>	<b>TRAINING COURSE BENEFIT</b> <small>(please V or X in the appropriate box)</small>	<b>ANSWER</b>				
1.	Have you benefited from this training course?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.	Would you like to recommend this training course to others?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		

**OTHERS**

1.	What did you like most about the training course?
2.	What are your suggestions for improvement of this training course?
3.	Any other comments?

Name (Optional):

Designation:

Company:

Contact No.:

E-mail:

**FOR TRAINING DEPARTMENT USE ONLY:**

**REVIEWED BY**

Signature, Name, Designation and Stamp	Date

**VERIFIED BY TRAINING MANAGER OR SUBJECT MATTER EXPERT**

Signature, Name, Designation and Stamp	Date

Remarks:

--

**Instructions**

**TRAINING COURSE DETAILS**

**Title Of Training:** Write the name of the training course.

**Training Ref:** Enter the reference number for the training.

**Classroom/Venue:** Specify the location where the training is held.

**Training Duration:** Indicate how long the training lasts.

**Start Date to End Date:** Provide the start and end dates of the training.

**Instructional Staff's Name:** List the names of the instructors (up to four).

**Feedback Instructions:**


Thank you for attending our training course. Your feedback is important to us. Please circle the number that best represents your rating for each category:

- 5 = Excellent
- 4 = Good
- 3 = Fair
- 2 = Poor
- 1 = Not Applicable

**APPENDIX – 3:**

**GAM/F-TPM2.1(04) Training Request**

Purpose: To record training requisition.

	<p><b>Training Request</b></p>			
<b>DETAILS OF TRAINING REQUEST</b> <small>(please tick or X in the appropriate box)</small>				
Type of Training:	In-house Training <input type="checkbox"/> Outside Training <input type="checkbox"/>			
Title of Training Course:				
Start Date to End Date:				
Duration:				
Total No. of Participants:				
Proposed Training Provider:				
Location / Venue:				
Estimated Cost:				
Justification: <small>(to describe the purpose or objective of the training). (to attach training course outline or brochure as supporting documents if applicable)</small>				
<b>PROPOSED PARTICIPANTS</b> <small>(please attach separate list if necessary)</small>				
No.	Name	Staff No.:	Designation	Department
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
<b>APPROVAL OF TRAINING REQUEST</b>				
<b>1. Requested by</b>		<b>2. Supported by Department Manager</b> <small>(or relevant supervisor)</small>		
Signature:		Signature:		
Name:		Name:		
Designation:		Designation:		
Date:		Date:		
Staff No.:		Staff No.:		
Department:		Department:		
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**Training Request**

**APPROVAL OF TRAINING REQUEST**

3. Reviewed by Training Manager		4. Checked by Admin & Human Resource Training Controller	
Signature:		HRDF Claimable:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Name:		Training Agreement:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Designation:		Signature:	
Date:		Name:	
Staff No.:		Designation:	
Remarks:		Date:	
		Staff No.:	
5. Approved by Admin & Human Resource Manager		6. Acknowledged by Accountable Manager or Chief Operating Officer	
Signature:		Signature:	
Name:		Name:	
Designation:		Designation:	
Date:		Date:	
Staff No.:		Staff No.:	
Remarks:		Remarks:	



Instruction

**DETAILS OF TRAINING REQUEST**

**Type of Training:** Select either "In-house Training" or "Outside Training" by marking the appropriate box with a v or X.

**Title of Training Course:** Write the name of the training course.

**Start Date to End Date:** Specify the start and end dates of the training.

**Duration:** Indicate how long the training will last.

**Total No. of Participants:** Write the total number of participants attending the training.

**Proposed Training Provider:** Name the organization or individual providing the training.

**Location / Venue:** Specify where the training will be held.

**Estimated Cost:** Provide the estimated cost of the training.


**Justification:** Explain the purpose or objective of the training. Attach the training course outline or brochure if available.

**PROPOSED PARTICIPANTS**

List the proposed participants. If more space is needed, attach a separate list.



**Instructions for Completing Work Experience Logbook (GAM/Q-079)**


	<p>WORK EXPERIENCE LOGBOOK</p>		
<p><b>Section 1.1 Instructions for Completing Work Experience Logbook</b></p>			
No.	ID	Option	Description/ Remarks
1.	Date	-	Date when the maintenance activity was carried out. Dates entered shall follow the format DD/MM/YY.
2.	A/C or Comp. Type	-	A/C or component type.
3.	A/C Reg. or Comp. S/N	-	A/C registration marks or component serial number.
4.	Type of Maintenance (rating)	-	Identify the class rating under which the maintenance is carried out. The various options correspond to the different ratings possible for an AMO Part 145. E.g.: Line, Base, Workshop.
5.	Privilege Used	-	When the person holds different <u>privileges</u> this block is intended to identify the certifying staff or support staff privilege used depending from the rating identified in the previous column. E.g.: Category A or B1.1, B1.2, B1.3, B1.4 or B2 or C, components or engines or NDT certifying staff.
6.	Task Type		Identify the task type using the following term as being the <u>more</u> applicable to the task carried out. More than one term may be selected. E.g.: TS and R/I.
		FOT	Functional / Operational Test
		SGH	Service and Ground Handling
		R/I	Removal / Installation
		MEL	Minimum Equipment List
		TS	Trouble Shooting
		MOD	Modification
		REP	Repair
	INSP	Inspection	
7.	ATA	-	Enter the ATA chapter which better describes the majority of the activity carried out. More than one ATA chapters may be entered when necessary/applicable to the activity carried out.
8.	Operation Performed	-	This field is used to provide detailed reference to the task carried out.
9.	Maintenance Record Ref.	-	Enter the precise reference of the maintenance records where the activity mentioned in this logbook was recorded (i.e. AJL No. 001323 or Work Card No. WP-BOF-19-734, etc.).
10.	Remark(s)	-	This field is intended to be used for any additional comment/not which was not possible to enter in the other fields.
<p><b>All entries in this logbook shall be made in ink and handwritten.</b></p>			
<p>GAM/Q-079 Rev 01 (01/23)</p>			



**APPENDIX – 6:**

**GAM/F-TPM3.6(03) Assessment of Instructor**

Purpose: Tool used during assessment of training instructor.

	<p><b>Assessment of Instructor</b></p>								
<b>APPLICATION DETAILS</b> (please tick or X in the appropriate box)									
Name:									
Staff No.:									
Type of Training:	CAAM Approved Training <input type="checkbox"/> Internal Approved Training <input type="checkbox"/>								
Application for:	Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Extension <input type="checkbox"/> Revalidation <input type="checkbox"/>								
Scope of Authorisation:	Theoretical Instructor <input type="checkbox"/> Practical Instructor <input type="checkbox"/>								
Title of Training Course to be Covered:	1.								
<b>ASSESSMENT DETAILS</b>									
Assessment Subject:									
Date of Assessment:									
<p>Training Manager (TM) or Subject Matter Expert (SME) is required to assess the key competencies below. Circle the score accordingly.</p>									
<b>OUTSTANDING</b> (Well above expected performance)	<b>HIGH PERFORMANCE</b> (Exceeds expectations in some areas)	<b>FULLY COMPETENT</b> (Completely acceptable performance)	<b>TOWARDS COMPETENCY</b> (Some areas still need improvement)	<b>UNSATISFACTORY PERFORMANCE</b> (Below requirements)	<b>NOT APPLICABLE</b>				
5	4	3	2	1	0				
<b>No.</b>	<b>Key Competencies</b>	<b>Factors</b>	<b>Score</b>					<b>Remarks</b>	
			5	4	3	2	1	0	
1.	Appearance	a. Grooming	5	4	3	2	1	0	
		b. Dressing	5	4	3	2	1	0	
2.	Personality	a. Poise	5	4	3	2	1	0	
		b. Self-confidence	5	4	3	2	1	0	
		c. Enthusiasm	5	4	3	2	1	0	
3.	i. Speech	a. Intonation	5	4	3	2	1	0	
		b. Pronunciation	5	4	3	2	1	0	
		c. Audibility/clarity	5	4	3	2	1	0	
		d. Language ability	5	4	3	2	1	0	
	ii. Training Aids	a. Legibility (writing)	5	4	3	2	1	0	
		b. Proficient with the use of laptop/projector/TV	5	4	3	2	1	0	
		iii. Rapport	a. Eye contact	5	4	3	2	1	0
b. Body language	5		4	3	2	1	0		
4.	Subject Matter	a. Introduction and statement of objectives	5	4	3	2	1	0	
		b. Knowledgeable about the subjects assigned	5	4	3	2	1	0	
		c. Meet stated objectives	5	4	3	2	1	0	
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**Assessment of Instructor**

No.	Key Competencies	Factors	Score						Remarks
			5	4	3	2	1	0	
		d. Provides additional knowledge	5	4	3	2	1	0	
		e. Gives relevant examples	5	4	3	2	1	0	
		f. Answer questions accurately	5	4	3	2	1	0	
		g. Has a good command of the subjects taught	5	4	3	2	1	0	
5.	Class Management	a. Supervision	5	4	3	2	1	0	
		b. Punctuality and time management as per instructor's guide	5	4	3	2	1	0	
		c. Motivation	5	4	3	2	1	0	
6.	Skills and Attitude	a. Innovation and creativity	5	4	3	2	1	0	
		b. Helpfulness	5	4	3	2	1	0	
		c. Responsiveness	5	4	3	2	1	0	
		d. Zeal, <del>rigour</del> and earnestness in carrying out role	5	4	3	2	1	0	
		e. Ability to organize a lesson and efficiently deliver a course	5	4	3	2	1	0	
		f. Communication skills	5	4	3	2	1	0	
7.	Company Procedure	a. Ability to explain the policy and procedures stated in the MTOE and TPM	5	4	3	2	1	0	
<b>Total Score:</b>									

Note: Total score for the candidate to PASS the assessment is 90 and above. Below 90 or for any key competencies that score 2 and below, will be considered FAIL. FAIL assessment will require the candidate to do a re-assessment.

SUMMARY OF ASSESSMENT	
<b>A.</b>	<b>To be Completed by Training Manager or Subject Matter Expert</b> <small>(please tick or X in the appropriate box)</small>
	Signature:
	Name:
	Designation:
	Date:
	Remarks:
	Result: <span style="margin-left: 100px;">PASS <input type="checkbox"/></span> <span style="margin-left: 100px;">FAIL <input type="checkbox"/></span>

B.	<b>Acknowledgement by Candidate</b>			
	Signature:			
	Name:			
	Date:			
C.	<b>To be Completed by Principal Quality Assurance (Training) or Quality Assurance Inspector</b> <small>(please tick or X in the appropriate box)</small>			
	Verification of GAM/F-TPM3.6(01) Application for Instructor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
	Verification of GAM/F-TPM3.6(02) Compliance Matrix for Instructor or GAM/F-TPM3.6(07) Checklist for Instructor - Internal Approved Training:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
	Review of GAM/F-TPM3.6(06) Instructional Staff's Work Experience Logbook (for renewal of <del>authorisation</del> ):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
	Signature:			
	Name:			
	Designation:			
	Date:			
	<del>Authorisation</del> Certificate to be issued:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
	Remarks:			
<b>Details of the <del>authorisation</del> Certificate</b>				
Description:				
Limitations:				
Effective Date:				
Expiry Date:				

INSTRUCTION

**APPLICATION DETAIL S**

**Name:** Write your full name.

**Staff No.:** Write your staff number.

**Type of Training:** CAAM Approved Training or Internal Approved Training

**Application for:** Initial or Renewal or Extension or Revalidation

**Scope of Authorisation:** Theoretical Instructor or Practical Instructor: Check this box if applicable.

**Title of Training Course to be Covered:** Write the title of the training course.

**ASSESSMENT DETAIL S**

**Assessment Subject:** Write the subject of the assessment.

**Date of Assessment:** Write the date when the assessment took place.

**Key Competencies Scoring:** Circle the appropriate score for each factor from 5 (Outstanding) to 0 (Not Applicable).

Provide remarks if needed.

**Note:** A total score of 90 and above is required to pass. Below 90 or any key competencies scoring 2 or below will result in a failure, requiring reassessment.

**SUMMARY OF ASSESSMENT**

A. To be Completed by Training Manager or Subject Matter Expert.

B. Acknowledgement by Candidate.


C. To be Completed by Principal Quality Assurance (Training) or Quality Assurance Inspector.



**APPENDIX – 7:**

**GAM/Q-073 Employee Training Evaluation**

Purpose: To record initial training needs assessment for new hire or transferred employee

	<p><b>EMPLOYEE TRAINING EVALUATION</b></p>		
<p><b>1. PERSONNEL PARTICULARS</b></p>			
NAME:		EMP ID:	
DEPARTMENT:		DATE JOINED:	
EMAIL:		PHONE NO:	
<p><b>2. QUALIFICATIONS</b></p>			
NAME OF SCHOOL / HIGHER LEARNING	DURATION		RESULT OF HIGHEST QUALIFICATION OBTAINED
	START (mm/yy)	END (mm/yy)	
Secondary Education(s)			
Diploma Course(s)			
Degree Course(s)			
Post Graduate Course(s)			
Professional Qualification(s)			
<p><b>3. WORK EXPERIENCES</b></p>			
DURATION	NAME OF EMPLOYER	POSITION	SUMMARY OF WORKSCOPE

**4. TRAINING ATTENDED**

No.	Date	Place of Training	Title of Training / Course
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Submitted by:	Name	Signature	Date
---------------	------	-----------	------

**5. TRAINING EVALUATION**

No.	Additional Training Required	Reviewed by HOD:
1		Remarks:
2		
3		
4		
5		Signature:
6		Name:
		Date:

**INSTRUCTION FOR COMPLETING EMPLOYEE TRAINING EVALUATION (GAM/Q-073)**

No.	Item	Instructions
1	Section 1 (Name)	Enter the staff full name.
2	Section 1 (Emp ID)	Enter the employee ID number.
3	Section 1 (Department)	Enter the name of department.
4	Section 1 (Date Joined)	Enter the date of employee joined the <b>organisation</b> .
5	Section 1 (Email)	Enter the official email address of employee.
6	Section 1 (Phone No)	Enter the phone no of employee.
7	Section 2 (Name of School / Higher Learning)	Enter the applicable name of School/College/University attended by employee.
8	Section 2 (Duration)	Enter the start and end dates attending the School/College/University by month and year. Example: 04/24
9	Section 2 (Result of Highest Qualification Obtained)	Enter the highest qualification obtained at the school/college/university. Example: SPM 0A, Bachelor of Electrical Engineering (Hons).
10	Section 3 (Duration)	Enter the start and end dates of the relevant previous work experience. Example: 04/24
11	Section 3 (Name of Employer)	Enter the name of employer of which the work experiences were obtained.
12	Section 3 (Position)	Enter the position of the previous work experience.
13	Section 3 (Summary of <b>Workscope</b> )	Enter the summary of <b>workscape</b> pertaining to the position written.
14	Section 4 (Date)	Enter the date of training attended by employee.
15	Section 4 (Place of Training)	Enter the name of <b>organisation</b> in which the training was attended.
16	Section 4 (Title of Training/Course)	Enter the attended training/course name.
17	Section 4 (Submitted by)	Employee to enter his/her name, signature and date of application being made.
18	Section 5 (Additional Training Required)	HOD to enter the name of relevant additional training required by employee.
19	Section 5 (Reviewed by HOD)	HOD to enter any remarks with regards to the training required and fill in his personal details (i.e. signature, name and date)



**Instructions for completing Training Needs Assessment Matrix (GAM/Q-074)**

<b>Item</b>	<b>Instructions</b>
Ref. No	Enter TNA Reference Number For example: GAM/TNA/YYYY-XX where YYYY indicates Year and XX refers to sequence issuance number 01, 02 etc
Date	Enter date of issuing Training Needs Assessment
Training Topics	Enter the training title/topics.
Job Functions	Enter the letter "M" as mandatory or "O" for optional training for the appropriate job functions column.
Initial	Enter "YES" if such training requires initial training.
Refresher	Enter "YES" if such training requires refresher/continuation training.
Prepared by	Enter the applicable name, signature and date of Quality Assurance Inspector who prepares the document.
Approved by	Enter the applicable name, signature and date of Quality Assurance Manager who approves the document.

**APPENDIX – 9:**

**GAM/F-TPM2.5(02) Training Course Attendance**

Purpose: To record participant attendance of meeting/training.

TITLE OF TRAINING:		INSTRUCTOR'S NAME:		INSTRUCTOR'S SIGNATURE:			
TRAINING REF:		CLASSROOM/ VENUE:		DURATION: ____ Day(s)			
O = ABSENT S = SPECIAL LEAVE M = MEDICAL LEAVE		DAY:		DATE:			
NO.	NAME	NRIC NO.	COMPANY	DEPT.	STAFF NO.	SIGNATURE	REMARKS
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

Note: Students are required to check their details for errors as this will be used for administration and certificate issuance.

GAM/F-TPM2.5(02) REV02/01.0.0 24 Page 1 of 3

**FOR TRAINING DEPARTMENT USE ONLY:**

TYPE/TASK TRAINING COURSE ATTENDANCE HAS BEEN COMPLETED AND REVIEWED FOR ACCURACY BY INSTRUCTOR	
Signature, Name, Designation and Stamp	Date
VERIFIED BY TRAINING MANAGER OR SUBJECT MATTER EXPERT	
Signature, Name, Designation and Stamp	Date
Remarks:	

**Instructions**

**Section 1: Training Details**

**Title of Training:** Enter the name of the training program.  
**Instructor's Name and Signature:** Line 1: Instructor's full name and Line 2: Instructor's signature.  
**Training Reference Number:** Enter the reference number for the training.  
**Classroom/Venue:** Specify the location where the training is held.  
**Duration:** Enter the number of days the training lasts.

**Section 2: Attendance and Leave Codes**

**O:** Absent  
**S:** Special Leave  
**M:** Medical Leave

**Section 3: Daily Attendance**

**Day:** Indicate the day of the training.  
**Date:** Specify the date of the training.

**Attendance Table:**

**No.:** Serial number for each participant.  
**Name:** Full name of the participant.  
**NRIC No.:** National Registration Identity Card number.  
**Company:** Name of the company the participant works for.  
**Dept.:** Department of the participant.  
**Staff No.:** Staff number.  
**Signature:** Participant's signature.  
**Remark:** Include any additional comments or observations about the participant's attendance or performance.

**Section 4: Student Verification**

**Note:** Remind students to check their details for accuracy as this information will be used for administration and certificate issuance.

**Section 5: Training Department Use Only**

Completion and Review



**APPENDIX – 10:**

**GAM/Q-067 Internal Publication Masterlist**

Purpose: List of all controlled manuals, documents and forms.

Galaxy Aerospace Airworthiness Expert		INTERNAL PUBLICATION MASTERLIST			Document Reference: IPM20xx-0x Issue Date: DDMM/YYYY	
DOCUMENT NO	TITLE / DESCRIPTION	ISSUE NO	REV NO	REV. DATE	DOCUMENT OWNER	

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_      Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

1 of 1      GAM/Q-067 Rev 2 (M174)

**Instructions for completing Internal Publication Masterlist (GAM/Q-067)**

<b>DOCUMENT NO</b>	Insert Document Reference Number Eg. IPM/YYYY-XX where YYYY indicates year and XX refers to sequential running number 01, 02, etc
<b>TITLE/DESCRIPTION</b>	Insert document title/description
<b>ISSUE NO</b>	Insert document issue number
<b>REV.NO</b>	Insert document revision number
<b>REV. DATE</b>	Insert document revision date
<b>DOCUMENT OWNER</b>	Insert document owner eg. QA, CAMO, AMO
<b>PREPARED BY</b>	Insert name, signature and date of Quality Assurance personnel who prepares the document
<b>VERIFIED BY</b>	Insert name, signature and date of Quality Assurance Manager or designee who verifies the document

**APPENDIX - 11**

**GAM/Q-053 Roster of Supervisory and Certifying Personnel**

Purpose: To document list of all supervisory and certifying personnel

	<b>ROSTER OF SUPERVISORY AND CERTIFYING PERSONNEL</b>	ISSUE NO	
		ISSUE DATE	

MANAGEMENT / SUPERVISOR / INSPECTOR						
NO	JOB CATEGORY	NAME	EMI# ID	EMPLOYMENT SCOPE	APPROVAL NO & STAMP SPECIMEN	FAA MECHANIC / RETIREDMAN LICENSE

PREPARED BY	APPROVED BY
Name & Signature	Name & Signature
Date:	Date:

**DOCUMENT HISTORY**

ISSUE NO	ISSUE DATE	REMARKS

Legends  
 1. MGT – Management  
 2. SUP – Supervisor  
 3. INS – Inspector

GAM/Q-053 Rev 3 (04/24)

**Instructions for completing Roster of Supervisory and Certifying Personnel (GAM/Q-053)**

**Instruction for Completing Roster of Supervisory and Certifying Personnel (GAMQ-053):**


Issue No	Insert issue number for roster with the following format: FAA/ROSTER/YY-XX, where YY indicates year and XX is the running issue number, in sequence. Example: 01, 02, 03 etc. Example: FAA/ROSTER/23-01
Issue Date	Insert the date of roster being issued/ revised.
No	Insert running number of personnel, in sequence. 1, 2, 3, 4 etc.
Job Category	Insert Job category for each supervisory and certifying roster as follows: MGT – Management SUP – Supervisor INS – Inspector
Name	Insert the name of management, supervisor, or inspector personnel
EMP ID	Insert corresponding management, supervisor, or inspector personnel staff no.
Employment Scope	Insert employment scope for each management, supervisor, or inspector personnel.
Approval No & Stamp Specimen	Insert approval number for each personnel and stamp specimen, where applicable
Mechanic / Repairman License	Insert Mechanic / Repairman License reference, where applicable
Prepared by	Insert the applicable name, signature and date of who prepares the document.
Approved by	Insert the applicable name, signature and date of Quality Assurance Manager or his designee who approves the document.
<b>Document History</b>	
Issue No	Insert issue number for roster with the following format: FAA/ROSTER/YY-XX, where YY indicates year and XX is the running issue number, in sequence. Example: 01, 02, 03 etc. Example: FAA/ROSTER/23-01
Issue Date	Insert the date of roster being issued/ revised.
Remarks	Describe reason of revision/changes.

- Legends  
 1. MGT – Management  
 2. SUP – Supervisor  
 3. INS – Inspector

**APPENDIX - 11**

**GAM/F-TPM3.6(07) Checklist for Instructor**

Purpose: To record or review instructor's qualifications, training and experience requirements

		<p align="center"><b>Checklist for Instructor</b></p> <p align="center">Internal Approved Training</p>			
<p align="center"><b>PERSONNEL DETAILS</b> <small>(please ✓ or X in the appropriate box)</small></p>					
Name:					
Staff No.:					
Application for:	Initial <input type="checkbox"/>	Renewal <input type="checkbox"/>	Extension <input type="checkbox"/>	Revalidation <input type="checkbox"/>	
Scope of Authorisation:	Theoretical Instructor <input type="checkbox"/>				
	Practical Instructor <input type="checkbox"/>				
Title of Training Course to be Covered:	1.				
<p align="center"><b>QUALIFICATION CHECKLIST</b> <small>(please ✓ or X in the appropriate box)</small></p>					
No.	Criteria	Compliance			Remarks
		Yes	No	N/A	
1.	Holds a valid and current Aircraft Maintenance Engineer's License which is issued or validated by CAAM, OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Holds a diploma or degree in aviation, engineering, science, education or related field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p align="center"><b>TRAINING CHECKLIST</b> <small>(please ✓ or X in the appropriate box)</small></p>					
1.	Attended Train the Trainer course or Instructor Techniques course, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Attended the training course subject to be taught, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Attended GAM-MTO Company Procedure training or briefing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p align="center"><b>EXPERIENCE CHECKLIST</b> <small>(please ✓ or X in the appropriate box)</small></p>					
1.	At least 3 years of experience in aviation environment either in aircraft maintenance or support workshop, OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	At least 3 years of experience in education environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p align="center"><b>PREPARED BY TRAINING MANAGER OR SUBJECT MATTER EXPERT</b></p>					
Signature, Name, Designation and Stamp				Date	
<p align="center"><b>VERIFIED BY PRINCIPAL QUALITY ASSURANCE (TRAINING) OR QUALITY ASSURANCE INSPECTOR</b></p>					
Signature, Name, Designation and Stamp				Date	
<p align="center">GAM/F-TPM3.6(07) REV02/01JUL24 <span style="float: right;">Page 1 of 2</span></p>					

**INSTRUCTION**

**PERSONNEL DETAILS**

**Name:** Write the full name of the instructor.

**Staff No.:** Write the staff number of the instructor.

**Application for:** Tick (✓) or cross (X) the appropriate box

**Scope of Authorisation:** Tick (✓) or cross (X) the appropriate box to indicate the scope of authorisation.

**Title of Training Course to be Covered:** List the title(s) of the training course(s) to be covered.

**QUALIFICATION CHECKLIST**

For each criterion, tick (✓) or cross (X) the appropriate box under "Yes," "No," or "N/A" (Not Applicable).

Provide remarks if necessary.

**PREPARED BY TRAINING MANAGER OR SUBJECT MATTER EXPERT**

**Signature, Name, Designation, and Stamp:** Fill in the detail

**Date:** Enter the date.

**VERIFIED BY PRINCIPAL QUALITY ASSURANCE (TRAINING) OR QUALITY ASSURANCE INSPECTOR**

**Signature, Name, Designation, and Stamp:** Fill in the detail

**Date:** Enter the date.