



TTCAA Safety Regulations

Pursuant to Trinidad and Tobago Civil Aviation Regulations, 2004.

EMERGENCY EVACUATION/DITCHING DEMONSTRATION REPORT

EMERGENCY EVACUATION DEMONSTRATION REPORT					
Instructions: Attach briefing card required by TTCAR No. 2:192 and diagram of aircraft showing location of cabin crew seats, emergency equipment, and exits used for the demonstration.					
1. Date and Time of Demonstration			2. Results A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
3. Name of Operator and Designator					
4. Make, Mode, Series, and Registration Number					
5. Name and Title of TTCAA Team Members:					
6. Type of Demonstration A. <input type="checkbox"/> Aborted Takeoff Full-scale B. <input type="checkbox"/> Aborted Takeoff Partial C. <input type="checkbox"/> Ditching		7. Reason for Demonstration A. <input type="checkbox"/> Initial Type Certification B. <input type="checkbox"/> Aborted Takeoff Partial C. <input type="checkbox"/> Increase in Seating Capacity D. <input type="checkbox"/> Change in Cabin Configuration E. <input type="checkbox"/> Change in C/A Number, Duties, Location, or procedures			F. <input type="checkbox"/> Change in Exit Number Location, or Opening Mechanism G. <input type="checkbox"/> Other (Specify) _____ _____ _____
8. Number of Persons on Board A. Flightcrew _____ B. Cabin Crew _____ C. Passengers _____ D. Total _____		9. Applicable Regulations A. <input type="checkbox"/> TTCAR No. 3:29 B. <input type="checkbox"/> TTCAR No. 3:29		C. <input type="checkbox"/> TTCAR No. 3:29 D. <input type="checkbox"/> TTCAR No. 3:29 E. <input type="checkbox"/> TTCAR No. 3:29	
10. Exits Used*		11. Type Slides Used		12. Time Record	
A	B	C	A. <input type="checkbox"/> Inflatable	A. <input type="checkbox"/> Aborted Takeoff Full Scale _____ sec	
D	E	F	B. <input type="checkbox"/> Non-inflatable	B. <input type="checkbox"/> Aborted Partial Takeoff _____ sec	
			C. <input type="checkbox"/> Slide Raft	C. <input type="checkbox"/> Ditching _____ min	
Comment Record					
13. Aeroplane location A. <input type="checkbox"/> Hangar B. <input type="checkbox"/> Ramp			17. Crew Knowledge A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
14. Company Safety Precautions A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory			18. Equipment Reliability A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
15. Emergency Equipment Inspections A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory			19. Company Procedures A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
16. Emergency Equipment Inspections A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory			20. Other (Record on block 23) A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
*Exit Code: L = Left; R = Right; W = Window; F = Floor Level; VS = Ventral Stairs; T = Tail, C = Cockpit, U = Upper Deck; B = Below Main Cabin Floor. Number the Exits from Cockpit to Tail.					



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21. How Non-designated Exits were blocked:		
22. Initiation Signal		
23. Discrepancies/Recommendations: (Make Reference to Appropriate Blocks)		
Block	Remarks	
24. TTCAA Office Action		EMSR Initials:
Team Leader's Name (type)	Signature	Date
25. Director General, Civil Aviation Review:		
Specialist's Name (type)	Signature	Date