

# IN FLIGHT HEARING ASSESSMENT REPORT

To be completed by a Category A or B Flight Instructor or Airline Flight Examiner

1. Name	2. CAA Client No.	
3. Postal Address	4. Date of Birth	
5. Licence Held	6. Experience (hours)	
7. Medical Certificate(s) applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 2-No IFR <input type="checkbox"/>		8. Applicant's Signature: To be signed in front of the instructor / examiner  Date / /

<b>9. AIRCRAFT OR SIMULATOR TYPE:</b> a. Aircraft Type? <input style="width: 150px;" type="text"/> b. Registration <input style="width: 150px;" type="text"/> c. Simulator Type? <input style="width: 150px;" type="text"/> <small>Simulator to be Category D, set at maximum noise level.</small>	<b>10. HEADSET TYPE USED:</b> a. Active Noise Reduction (ANR) Yes <input type="checkbox"/> No <input type="checkbox"/> b. Make <input style="width: 150px;" type="text"/> c. Model <input style="width: 150px;" type="text"/>
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<b>11. HEARING AID USE:</b> on the ground <table style="width:100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Left ear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Right ear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No		Yes	No	Left ear	<input type="checkbox"/>	<input type="checkbox"/>	Right ear	<input type="checkbox"/>	<input type="checkbox"/>	<b>12. HEARING AID USE:</b> in flight <table style="width:100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Left ear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Right ear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No		Yes	No	Left ear	<input type="checkbox"/>	<input type="checkbox"/>	Right ear	<input type="checkbox"/>	<input type="checkbox"/>
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<b>13. TEST FLIGHT DETAILS:</b>	
a. Airport of Departure <input style="width: 150px;" type="text"/> c. Duration of flight <input style="width: 150px;" type="text"/> d. Controlled Airspace: Yes <input type="checkbox"/> No <input type="checkbox"/>	b. Route <input style="width: 150px; height: 40px;" type="text"/>

<b>14. SATISFACTORY / SAFE PERFORMANCE?</b> <table style="width:100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr><td>a. Communication within cockpit with intercom</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>b. Communication within cockpit without Intercom</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>c. Automatic info transmissions (ATIS / AWIB etc.)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>d. NAVAIDS (if applicable)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>e. ATS Communication – Standard Phraseology</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>f. ATS Communication – Non Standard Phraseology</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>g. Cockpit Auditory Warnings</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>h. Traffic Awareness</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>i. Overall impression on hearing performance</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	N/A	a. Communication within cockpit with intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Communication within cockpit without Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Automatic info transmissions (ATIS / AWIB etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. NAVAIDS (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. ATS Communication – Standard Phraseology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. ATS Communication – Non Standard Phraseology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Cockpit Auditory Warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Traffic Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Overall impression on hearing performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>15. Comments:</b> Must include interaction with an ATS provider, or a simulated interaction in the case of flight simulator.
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<b>16. CONTEMPORARY ADDITIONAL INFORMATION:</b> Please attach if any: (ie, PPL / CPL / BFR / IFR flight test report).

<b>17. Instructor / Examiner's Flying Organisation and Address</b> <i>(Stamp if any)</i>   	<b>18. Instructor / Examiner's CAA ID, license and rating</b>   <b>19. Instructor / Examiner Declaration:</b> I hereby certify that I personally identified and assessed the applicant named on this report and that this report, with any attached notes, embodies my examination correctly.   
Tel:	Signature: _____ Date: _____