EGRESS/EXPLOSIVE SYSTEM CHECKOUT INSTRUCTOR DESIGNATION

1. I,_____, fully understand my responsibilities as an
Name and Employee Number

Egress/Explosive Systems Checkout Instructor for _____ aircraft at FRCSE.
T/M/S

Signature: _____

2. The above named individual has completed the following:

A. Required Reading:

	Signature	Date
(1) Egress/Explosive System Checkout Program (NAMPSOP)	_____	_____
(2) MIMs/MRCs	_____	_____

B. OJT performed under the direct supervision of Program Manager.

	Signature	Date
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

3. Recommended: _____ _____
Seat Shop Supervisor/Program Manager Date

4. Designated: _____ _____
FRCSE Production Officer Date