TRAINING AND CUSTOMER SERVICE CHECKLIST FOR ATEP PRODUCTS

CHECKLIST FOR ATE TRAINING

Item No.	Pre-TAD (Completed between 30 and 60 days prior to training by the FST PC.)	
1	POC: Name: _____	Initial ☐
	Phone Number: _____ E-mail: _____	Date: ☐
	Alt. POC: Name: _____	Initial ☐
	Phone Number: _____ E-mail: _____	Date: ☐
2	Dates of Training: _____	Initial ☐
3		Date: ☐
	Times of Training: _____	Initial ☐
4		Date: ☐
	Total Number of hours planned for actual training: _____	Initial ☐
5	Site Visit Cleared. ☐ Yes ☐ No	Date: ☐
		Initial ☐
6	Passports and overseas drivers license (if appropriate). A country clearance message must be sent and must include the Anti-Terrorism Training Completion date. (**Must be done 60 days prior to departure.**)	Date: ☐
		Initial ☐
7	Naval Message sent to G4 and G6 (if applicable)	Date: ☐
		Initial ☐
8	Request list of the students including: Rank, Name, E-mail, and Unit.	Date: ☐
		Initial ☐
9	Verify active website accounts from student list. Create TMDE website accounts as appropriate.	Date: ☐
		Initial ☐
10	If additional equipment is required to be shipped: - Inspect equipment - Inventory equipment - Perform operational check - Verify Software revision	Date: ☐
		Initial ☐
		Date: ☐
11	Contact POC and verify that all equipment (ATE, APS, etc.) has arrived (as appropriate).	Initial ☐
		Date: ☐

	During TAD (Contact Team Lead responsibility)	
1	Contact Team Lead meets with the POC and any others as required by POC.	Initial ☐
		Date: ☐
2	Complete Inventory and Operational Checks on all ATEP Products on-site.	Initial ☐
		Date: ☐
3	Status of all ATEP Products on-site documented.	Initial ☐
		Date: ☐

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CHECKLIST FOR ATE TRAINING

Items No.	Item(s) to be checked		Initial and Date when Completed.
4	Software version verified on all ATEP products.		Date / Initial
	- Serial Number of ATEP: _____		Date / Initial
	- Software Version: _____		Date / Initial
	- Calibration Due Date: _____		Date / Initial
5	Complete course outline -Introduction to include training times and attendance. -Cover learning objectives -Cover safety.		Date / Initial
6	Provide formal training on ATEP products.	List all products: _____	Date / Initial
7	Actual time spent on-site conducting formal training (in hours).	Number in hours: _____	Date / Initial
8	Provide informal training on ATEP products.	List all products: _____	Date / Initial
9	Actual time spent on-site conducting formal training (in hours).	Number in hours: _____	Date / Initial
10	Contact team lead meets with POC and all other required personnel for out brief.		Date / Initial
	Customer Service Checks **(Completed within 5 days of return from TAD by FST Contact Team Lead.)**		
1	**Deficiencies corrected or STR Submitted.**		Date / Initial
2	**Trip Report completed and submitted documenting the following:** **-Technical assistance provided** **-Repairs conducted** **-Informal training** **-Identify any additional training**		Date / Initial
3	**Fault History Database and System Log successfully uploaded?**		Date / Initial

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CHECKLIST FOR ATE TRAINING

Item No.		Initial and Date when completed
	Follow-up with On-site POC (Completed within 5 days of return from TAD by FST PC.) 1= Poor, 2= Fair, 3= Expected, 4= Very Good, 5= Outstanding. Provide comments for all ratings below 5 so we can improve.	
1	Communication/ Information from FST PC concerning on site visit.	Initial Date
2	Contact Team on-time for all training sessions per stated dates and times.	Initial Date
3	Professionalism of Contact Team?	Initial Date
4	Accomplishment of all planned agenda items?	Initial Date
5	Instructor's delivery (clear, confident, courteous)?	Initial Date
6	Adequacy of training materials/ handouts as appropriate to the training?	Initial Date
7	Efficiency of the training/ on-site visit (too long or too short)?	Initial Date
8	Knowledge of Contact Team on ATEP products?	Initial Date
9	Overall quality of training and customer support provided?	Initial Date
10	Value of this training/customer service visit to your organization?	Initial Date

Follow-up completed by FST PC: _____ Date _____

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