



**EN-ROUTE CABIN INSPECTION**

REF:.....  
 OPERATOR:..... DATE:.....  
 AIRCRAFT TYPE:..... REGISTRATION #:.....  
 FLIGHT No:..... FROM:..... TO:.....  
 PILOT-IN-COMMAND:..... SENIOR ATTENDANT:.....

PREFLIGHT	SAT	UNSAT- ACTION TO BE TAKEN
<b>CABIN CREW CABIN INSPECTION</b>		
Emergency Equipment		
Fire extinguishers		
First aid kits		
Portable oxygen, bottles/masks		
Megaphones		
Emergency exits		
Evacuation slides		
Life jackets		
Rafts		
Electric torches		
Cabin Equipment		
Flight attendant		
Passenger briefing cards		
Passenger seats		
Lavatory No smoking signs/decals		
Galley		
Storage compartments, restraints		
Stationary cart		
Lowest deck equipment		
Elevators		
Oxygen		
Intercom		
<b>CABIN CREW KNOWLEDGE</b>		
Currency of Certificate of Competency		
Required personal equipment		
Emergency equipment		
Emergency procedures		
First aid		
Dangerous goods		
<b>DEPARTURE</b>		
Passenger Briefing		
Required information		
Life jacket demonstration		
Emergency exit instructions		
Oxygen demonstration		
No smoking/Exit/Seat Belt signs		
Use of seat belts		
Clarity of PA system announcements		
Use of video		



INFLIGHT	SAT	UNSAT - ACTION TO BE TAKEN
Flight Attendant Duty Station		
Seat location/safety harness		
Use of safety harness		
F/A position at take-off/landing		
Restraint		
Serving carts/galley equipment		
Use of child restraint devices		
Storage of cabin baggage		
Turbulent air security		
Crew Co-ordination		
Response to flight deck calls		
Monitor seat belt/No smoking sign		
Cabin occurrences/difficulties		
Handling emergencies		
Air alarm evacuation slides		
Others		
Compliance with CAA Regulations		
Compliance with operator's policy/ procedures		
Handling of handicapped persons		

**FOR OFFICIAL USE ONLY**

REMARKS:.....

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DISCREPANCIES OBSERVED:.....

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NAME OF PERSONNEL BRIEFED:.....

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 CORRECTIVE ACTION REQUIRED:.....  
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LETTER OF CORRECTION SENT:.....

OPERATOR'S RESPONSE RECEIVED/ACCCEPTED:.....

CORRECTIVE ACTION ACCOMPLISHED:.....

FOLLOW-UP INSPECTION DATE:.....

CLOSE-OUT DATE:..... or PURSUE VIOLATION ACTION:.....

Inspector's Name & ASI #

Signature

Date