SeaPort Airlines Juneau, AK July 17, 2015 ANC15FA049

NATIONAL TRANSPORTATION SAFETY BOARD WASHINGTON, D.C.

ATTACHMENT 28

CFIT Training Records

12 Pages



INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Adon Ender

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
	FLAT LIGHT RECOGNITION						
GROUND TRAINING ALASKA	WHITE OUT RECOGNITION	Initial	TTP	1.0		4-14-15	David William
	DETERIORATING VISIBILITY	- INITICA					
	INADVERTENT IMC						
	TRANSPORTATION						

^{*}Enter the appropriate Training Category: (I=Initial; REC=Recurrent)
TTP: Train to Proficiency – No Minimum Training Time Required

certify that the foregoin information is knowledge. Trainee's Signature:	TRAINEE CERTI a true record of the training received Date: 4//4	TIFICATION ed. The training times and completion dates are correct to the best of the bes	f my
I certify that the foregoing information is and this individual possesses the knowled correct to the best of my knowledge.	CERTIFICATION S a true record of the training given to ge and meets the requirements for sa	N SIGNATURE to the above-named individual. The results of this training were review satisfactory completion of this training. The training times and comp	ewed by me; letion dates are

⁽¹⁾ Additional training time will be provided in case of unsatisfactory performance and will be entered in this column. Absence of additional training times indicates a satisfactory performance was achieved on the initial test.



INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Jarrod Franklish

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
	FLAT LIGHT RECOGNITION						
GROUND TRAINING ALASKA	WHITE OUT RECOGNITION	Initial	TTP	1.0	4-1	4-14-15	David William
	DETERIORATING VISIBILITY	- I-NITICA					
	INADVERTENT IMC						
	TRANSPORTATION						

^{*}Enter the appropriate Training Category: (I=Initial; REC=Recurrent)

I certify that the foregoing information knowledge. Trainee's Signature:	TRAINEE Con is a true record of the training re	ERTIFICATION ceived. The training times :	and completion dates are correct	t to the best of my
I certify that the foregoing informatic and this individual possesses the know correct to the best of my knowledge.	in is a true record of the training give	ON SIGNATURE en to the above-named in for satisfactory completion	dividual. The results of this train n of this training. The training tim	ing were reviewed by me; nes and completion dates are
Signature	Title: BCP	Date:	4-14-15	

TTP: Train to Proficiency - No Minimum Training Time Required

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INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Michael Heak

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
	FLAT LIGHT RECOGNITION						
GROUND TRAINING ALASKA	WHITE OUT RECOGNITION	Tutil	ПР	1.0		d dilitie	David Willia
	DETERIORATING VISIBILITY				4-14-15	4-14-15	
	INADVERTENT IMC						
	TRANSPORTATION						

^{*}Enter the appropriate Training Category: (I=Initial, REC=Recurrent)

I certify that the foregoing infor knowledge.	TRAINEE CERTIF mation is a true record of the training received.	ICATION The training times and completion dates are correct to the best of my
Trainee's Signature:	Date:	
certify that the foregoing infor and this individual possesses the correct to the best of my knowle Signature:	knowledge and meets the requirements for sati	GNATURE ne above-named individual. The results of this training were reviewed by me; sfactory completion of this training. The training times and completion dates are Date: 4 - 14 - 15

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INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Charles Hitcheak TO

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
	FLAT LIGHT RECOGNITION						
GROUND TRAINING ALASKA	WHITE OUT RECOGNITION	Twitic	TTP	1.0		4-14-15	David William
	DETERIORATING VISIBILITY						
	INADVERTENTIMC						
	TRANSPORTATION						

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I certify that the foregoing informat	TRAINEE CERTIFI ion is a true record of the training received.	CATION The training times and completion dates are correct to the best of	my
Trainee's Signature:	Date		
I certify that the foregoing informat and this individual possesses the kno correct to the best of my knowledge Signature.	wledge and meets the requirements for satis	GNATURE ne above-named individual. The results of this training were revies sfactory completion of this training. The training times and completion of the training times and completion. Date: 4-14-15	wed by me, ation dates are



INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Shown Michael

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
	FLAT LIGHT RECOGNITION						
GROUND TRAINING ALASKA	WHITE OUT RECOGNITION	Initial		1.0		4-14-15	David Willse
	DETERIORATING VISIBILITY	- Direct	TTP	1.0			Data Dice
	INADVERTENT IMC						
	TRANSPORTATION						

TTP: Train to Proficiency – No Minimum Training Time Required

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TRAINEE CERTIFICATION

I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.

Trainee's Signature:

Date:

CERTIFICATION SIGNATURE

I certify that the foregoing information is a true record of the training given to the above-named individual. The results of this training were reviewed by me, and this individual possesses the knowledge and meets the requirements for satisfactory completion of this training. The training times and completion dates are correct to the beatof my knowledge.

Signature: Date: 4-14-15



INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Taylor Phillips

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
	FLAT LIGHT RECOGNITION						
GROUND TRAINING	WHITE OUT RECOGNITION DETERIORATING	Twitzel	TTP	1.0		4-14-15	David William
	VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

^{*}Enter the appropriate Training Category: (I=Initial; REC=Recurrent)

I certify that the foregoing informatic	TRAINEE CERTIF on is a true record of the training received.	ICATION The training times and completion dates are correct to the best of my
Trainee's Signature:	Date:	
I certify that the foregoing informatic and this individual possesses the know correct to the best of my knowledge.	CERTIFICATION SI on is a true record of the training given to t wledge and meets the requirements for sat	GNATURE he above-named individual. The results of this training were reviewed by me; isfactory completion of this training. The training times and completion dates are
Signature:	Title: BCP	Date: 4-14-15

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INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: John Plett

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
	FLAT LIGHT RECOGNITION						
GROUND TRAINING ALASKA	WHITE OUT RECOGNITION	Initial	TTP	1.0		4-14-15	David William
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

^{*}Enter the appropriate Training Category: (I=Initial; REC=Recurrent)

I certify that the foregoing information knowledge: Trainee's Signature:	TRAINEE CERTI	d. The training times and completion dates are correct to the best of r	nγ
certify that the foregoing informatic and this individual possesses the know correct to the pest of my knowledge.	CERTIFICATION S in is a true record of the training given to yiedge and meets the requirements for sa	SIGNATURE of the above-named individual. The results of this training were review atisfactory completion of this training. The training times and complet	ed by me; ion dates are
Signature	Title: BCP	Date: 4-14-15	

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INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Denis Williams

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	Twited	TTP	1.0		4-14-15	David Walies
	WHITE OUT RECOGNITION DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

^{*}Enter the appropriate Training Category: (I=Initial; REC=Recurrent)

TTP: Train to Proficiency - No Minimum Training Time Required

i certify that the foregoths informs knowledge: Trainee's Signature	TRAINEE CERTIFICATION tion is a true record of the training received. The training times and completion dates are correct to the best of my Date: 4-14-15
certify that the foregoing informa	CERTIFICATION SIGNATURE ston is a true record of the training given to the above-named individual. The results of this training were reviewed by me;
and this individual possesses the kr correct to the best of my knowledg	Dwiedge and meets the requirements for satisfactory completion of this training. The training times and completion dates are

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INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: David Williams

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARK
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	REC	ТТР	1.0		4-14-15	David William
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

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TTP: Train to Proficiency - No Minimum Training Time Required

certify that the foregoin inform	TRAINEE CERTIFICATION ion is a true record of the training received. The training times and completion dates are correct to the best of my
knowledge. Trainee's Signature:	Date: 4-14-15
certify that the foregoing inform	CERTIFICATION SIGNATURE ion is a true record of the training given to the above-named individual. The results of this training were reviewed by n
and this individual possesses the l correct to the best of my knowled	owledge and meets the requirements for satisfactory completion of this training. The training times and completion dat 2.

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TTP: Train to Proficiency - No Minimum Training Time Required

Signature:

TRAINING CERTIFICATE

INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Chris Heyler

Date: 1/29/15

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	Rec	ттр	1.0		1/29/15	Sordan Smith
	WHITE OUT RECOGNITION						
	DETERIORATING VISIBILITY						
	INADVERTENT IMC						
	TRANSPORTATION						

TRAINEE CERTIFICATION

I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.

Trainee's Signature:

Date: 1/29/IS

CERTIFICATION SIGNATURE

I certify that the foregoing information is a true record of the training given to the above-named individual. The results of this training were reviewed by me; and this individual possesses the knowledge and meets the requirements for satisfactory completion of this training. The training times and conspletion dates are correct to the best of my knowledge.

(1) Additional training time will be provided in case of unsatisfactory performance and will be entered in this column. Absence of additional training times



TTP: Train to Proficiency - No Minimum Training Time Required

Signature:

TRAINING CERTIFICATE

INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Brett Cablentz

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION WHITE OUT RECOGNITION	Rec	TTP	1.0		1/29/15	Sordan
	DETERIORATING VISIBILITY						Smith
	INADVERTENT IMC						
	TRANSPORTATION						

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TRAINEE CERTIFICATION

I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.

Trainee's Signature.

Date: 1/29/15

CERTIFICATION SIGNATURE

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TRAINING CERTIFICATE

INITIAL & RECURRENT GROUND TRAINING

CFIT AVOIDANCE PROGRAM

NAME: Jamee Wallis

CURRICULUM SEGMENT	MODULE (if & as applicable)	TRAINING CATEGORY*	HOURS REQUIRED	HRS CMPLD	ADD'L HRS (1)	DATE COMPLETED	INSTRUCTOR & REMARKS
GROUND TRAINING ALASKA	FLAT LIGHT RECOGNITION	_ Rec	TTP	1.0		12/29/14) and an
	WHITE OUT RECOGNITION						Jordan Smith
	DETERIORATING VISIBILITY						Jan (4
	INADVERTENT IMC						
	TRANSPORTATION						

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TRAINEE CERTIFICATION

I certify that the foregoing information is a true record of the training received. The training times and completion dates are correct to the best of my knowledge.

Trainee's Signature:

Date: 12 - 29 - 19

CERTIFICATION SIGNATURE

I certify that the foregoing information is a true record of the training given to the above-named individual. The results of this training were reviewed by me; and this individual possesses the knowledge and meets the requirements for satisfactory completion of this training. The training times and conspletion dates are correct to the best of my knowledge.

Title: ACP

Date: 12129/14