

Factual Report – Attachment 5
Atlas Air 3591 Cargo Loading Information

OPERATIONAL FACTORS

DCA19MA086

STRATAIR

Daily Scale Check

MONTH Feb 2019

DATE	WEIGHTS	TIME	NAME	SIGNATURE
1				
2	1.000	16:45	ERNESTO Glez	
3	1.000	16:40	ERNESTO Glez	
4	1.000	17:10	ERNESTO Glez	
5	1.000	17:50	ERNESTO Glez	
6	1.000	17:20	ERNESTO Glez	
7	1.000	16:30	Henry Hdc	
8	1.000	17:10	Henry Hdc	
9	1.000	16:40	ERNESTO Glez	
10	1.000	16:45	ERNESTO Glez	
11	1.000	16:35	ERNESTO Glez	
12	1.000	16:30	ERNESTO Glez	
13	1.000	16:30	ERNESTO Glez	
14	1.000	16:35	Henry Hdc	
15	1.000	16:35	Henry Hdc	
16	1.000	16:50	ERNESTO Glez	
17	1.000	16:55	ERNESTO Glez	
18	1.000	17:10	ERNESTO Glez	
19	1.000	17:05	ERNESTO Glez	
20	1.000	16:30	ERNESTO Glez	
21	1.000	17:20	Henry Hdc	
22	1.000	17:00	Henry Hdc	
23	1.000	16:30	ERNESTO Glez	
24	1.000	16:45	ERNESTO Glez	
25	1.000	16:54	ERNESTO Glez	
26	1.000	17:00	ERNESTO Glez	
27	1.000	16:30	ERNESTO Glez	
28				
29				
30				
31				



Certificate of Inspection

THIS CERTIFIES THAT THE WEIGHING DEVICES LISTED AT

STRATAIR 716B-6185 NW 18th ST. MIA.

(SN-123532 & 123471)

HAVE BEEN TESTED ON THIS DATE 1-21-19 AND ARE

Correct

WITHIN THE TOLERANCE ALLOWED BY
THE STATE OF FLORIDA

AND

U.S. GOVERNMENT STANDARDS



CERTIFIED SCALE MECHANIC

REGISTRATION NUMBER # 397

COMPLIES WITH STATUTE 531



Certificate of Inspection

THIS CERTIFIES THAT THE WEIGHING DEVICES LISTED AT

STRATAIR - 716B - 6185NW 18th ST. MIAMI

[REDACTED]
HAVE BEEN TESTED ON THIS DATE 12-6-18 AND ARE

Correct

WITHIN THE TOLERANCE ALLOWED BY
THE STATE OF FLORIDA

AND

U.S. GOVERNMENT STANDARDS

[REDACTED]
CERTIFIED SCALE MECHANIC

REGISTRATION NUMBER # 397

COMPLIES WITH STATUTE 531



Specimen Result Certificate

Printed by: 2914 - Concentra Medical Center - Doral Report printed on: 2/24/2019 12:04 PM Page 1 of 1
 ID Number: 51092819

Attention: Sabrina Morales COD Concentra Medical Center - Doral [REDACTED]	Verification Date 2/24/2019 01:04 PM CST
Collection Site: 2914-Concentra Medical Center - Doral	Medical Review Officer: Dr. Stephen Kracht 8140 Ward Parkway Ste 275 Kansas City MO 64114 [REDACTED]

Donor Name: Knight, Ronald	Donor SSN: [REDACTED]
Date Of Test: 2/24/2019	Donor ID: [REDACTED]
ID Number: [REDACTED]	Reason for Test: Post Accident
	Regulation: Non-DOT
	Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	50 ng/ml		Opiates	Negative	2000 ng/ml	
Cocaine	Negative	300 ng/ml		PCP	Negative	25 ng/ml	
Amphetamines	Negative	1000 ng/ml					

Final Result Disposition: **Negative**

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory test(s) for the specimen identified by this form in accordance with the Florida Drug-Free Workplace Program as found in Section 112.0455, F.S., and Chapter 59A-25, F.A.C.

Negative
 Positive
 Test Cancelled
 Refusal to test because
 Dilute
 Adulterated
 Substituted

REMARKS:

Dr. Stephen Kracht [REDACTED] 2/24/2019 01:04 PM
 (PRINT) Medical Review Officer's Name Signature of Medical Review Officer Date (Mo./Day/Yr.)

NON FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Lab Address:
10101 Renner Blvd.
Lenexa, KS 66219



Lab Acct #: 65091313

SPECIMEN ID NO. 51092819

LAB ACCESSION NO.

51092819

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
Concentra Medical Center - Doral - 2914-0
7800 NW 25TH ST
MIAMI, FL 33122

B. MRO Name, Address, Phone and Fax No.
Dr. Stephen Kracht
8140 Ward Parkway
Kansas City, MO 64114

C. Donor SSN or Employee I.D. No. 000-00-0000

D. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Periodic
 Return to Duty Follow Up Other (Specify) _____

E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (Specify) 5 Panel + ECS (27215N)

F. Collection Site Address
Concentra Medical Center - Doral - 2914
7800 NW 25TH ST STE 4
MIAMI, FL 33122

Collector Phone No. _____
Collector Fax No. _____

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.
Is temperature between 90° and 100° F? Yes No. Enter Remark _____

Specimen Collection
 Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS: _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector _____ **Time and Date of Collection** 12:56:12 AM PM
Antonio Cepero **Date (Mo./Day/Yr.)** 02 / 24 / 2019
(PRINT) Collector's Name (First, MI, Last)

SPECIMEN BOTTLE(S) RELEASED TO:
 Fed Ex UPS Courier Other _____

RECEIVED AT LAB

Signature of Accessioner _____ **Primary Specimen Bottle Seal Intact**
(PRINT) Accessioner's Name (First, MI, Last) _____ **Date (Mo./Day/Yr.)** _____ Yes No, enter remarks below

SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor _____ **(PRINT) Donor's Name (First, MI, Last)** Ronald Knight **Date (Mo./Day/Yr.)** 02 / 24 / 2019
Daytime Phone No. _____ Evening Phone No. () Not Provided **Date of Birth** _____
(PRINT) Donor's Name (First, MI, Last)

Should the results of the laboratory tests for the specimen identified by this form be confirmed as positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records.
THIS IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy. TAKE THIS COPY WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

Negative Dilute Positive Test Cancelled Refusal to Test Because: Adulterated Substituted

REMARKS: _____

Signature of Medical Review Officer _____ **(PRINT) Medical Review Officer's Name (First, MI, Last)** _____ **Date (Mo./Day/Yr.)** _____

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED FAILED TO RECONFIRM - REASON _____

Signature of Medical Review Officer _____ **(PRINT) Medical Review Officer's Name (First, MI, Last)** _____ **Date (Mo./Day/Yr.)** _____

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Ronald D. Knight
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [REDACTED]

C: Employer Name Stratair
Street 1791 New 63rd

City, State, ZIP _____
DER Name and Telephone No. Karen James [REDACTED]
DER Name DER (Area Code & Phone Number)

D: Reason for Test: Random Reasonable Susp. Post-Accident Return to Duty Follow-up Pre-employment

Intoximeters ASU XL
Test Number: 2987
Serial Number: 18655
Test Date: 02/24/2019
Test Time: 13:59:48
Test Temperature: 22.3°C
Test Type: Screening
Reason for Test:
Post Accident
Type 0/21SL Time
BLNK 0.000 13:00:02
SUBJ:n 0.000 13:00:24
Test Status: Success

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

[REDACTED]
Signature of Employee Date 2 24 19
Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # QR Lot # & Exp. Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS: _____

Alcohol Technician's Company [REDACTED]
Company Street Address 1791 New 63rd
(PRINT) Alcohol Technician's Name (First, M.I., Last) [REDACTED]
Company City, State, Zip [REDACTED]
Phone Number (Area Code & Number) [REDACTED]
Signature of Alcohol Technician [REDACTED] Date 2 24 19
Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee _____ Date _____
Month / Day / Year



Weight & Balance Cat II
B767 Cargo
Loadplanner
Exam
2018

Name: RONALD Knight

Company: STRATAIR Station: MIA

Employee No: _____ Signature: 

Date: 9/6/2018

Grade: 100 %



1. The permissible ULD Size Codes of the lower deck forward cargo compartment of the B767-300SF aircraft are K, P, Q, A, L, and M.

- a. True
- b. False

2. Maximum Company on the B767-300SF aircraft, including crew, is not to exceed _____.

- a. five
- b. six
- c. seven
- d. nine

3. When using Sable, what is the maximum weight change allowed in the LMC area without printing a new loadsheet?

- a. 0 lbs.
- b. 110 lbs.
- c. 300 lbs.
- d. 3000 lbs.

4. In the event a flight routing change occurs after the Sable Load sheet is printed and provided to the flight deck crew, the Captain (PIC) is authorized to make a pen and ink change to the flight number, departure and the destination airport only.

- a. True
- b. False

5. A total of ____ Size Code A or M ULDs can be loaded in the lower forward cargo compartment of the B767-300SF aircraft.

- a. four
- b. five
- c. three
- D. two



6. What does the SABLE error Unique Constraint mean?

- a. A previous loadplan was created with the same tail number
- b. You are using Kilos instead of pounds
- c. The error means there is nothing wrong
- d. There is an identical flight in SABLE already.

7. How many M size code ULDs can be loaded longitudinally (125" x 96") on the main deck of a B767-300SF?

- a. 11 size code "M" pallets and 2 size code "A" pallets
- b. 13 size code "M" pallets and 2 size code "A" pallets
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- d. Size code "M" pallets cannot be loaded on a B767-300SF

8. ULD Size Code A loaded longitudinal (88" x 125") in positions D2 through D16 have a height restriction of 76" IN.

- a. True
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9. When using SABLE Fat client to complete a loadplan, the loadplanner does not need to synchronize with the server when the flight is complete.

- a. True
- b. False

10. How many DQF containers may be loaded in the lower deck compartments?

- a. 15
- b. 24
- c. 8
- d. 30

11. Within how much time must messages be sent?

- a. 20 minutes
- b. 2 hours

- c. Whenever
- d. 25 minutes

12. It is not required to notify GCC of operational delays.

- a. True
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13. ULD inspections are required for every flight.

- a. True
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14. When should a walk around inspection of the aircraft be accomplished?

- a. Never
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15. The term BOW means

- a. Best Operating Method
- b. The front of the plane
- c. Basic Operating Weight
- d. What you do when you see royalty

16. A PAJ ULD's and a PAG ULD's have different base sheet dimensions

- a. True
- b. False

17. MVT Messages should be sent for which event/

- a. Arrivals
- b. Departures
- c. Delays
- d. All of the above



18. TOGW includes which of the following?

- a. Aircraft weight including cargo, crew, and fuel
- b. Cargo weight only
- c. Weight of the crew
- d. TOGW is not calculated

19. What is ZFW?

- a. Zero Flight Weight
- b. Zero Frame Work
- c. Zero Flight Window
- d. Zero Fuel Weight

20. A B767-300SF and a B-767-300BCF are similar aircraft but are not exactly the same. Because of this, there are separate chapters for referencing a B767-300SF and a B767-300BCF in the Weight and Balance Manual Vol. I 767.

- a. True
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Weight & Balance Cat II
B767 Cargo
Loadplanner
Exam
2018

Name: RONALD Knight

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- a. True
- b. False



5600 NW 36th Street, 2nd Floor, Miami, FL 33166, U.S.A

This is to certify that

Ronald Knight

Has successfully completed the Ground Security Coordinator Course (GSC) in accordance with the Ground Operations Training Manual (GOTM). This complies with the Transportation Security Administration requirements of 49 CFR 1544.101(d). The above employee / contractor or vendor is fully trained to perform GSC duties and responsibilities on behalf of Atlas Air.

And is awarded this

Certificate of Graduation

Initial *Recurrent* *Differences*
 AIOSSP *FAC/AIOSSP* *PCSSP*

Grade: 100

*Dates of Instruction: 3 September 2018,
Instructor: Timothy L. Frye*

Signature

Instructor's Signature



Weight & Balance Cat II
B767 Cargo
Loadplanner
Exam
2018

Name: Andrew Gregory Hernandez

Company: Strat Air Station: MIA

Employee No: [REDACTED] Signature: [REDACTED]

Date: 10-25-18

Grade: 100 %



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- D. two



6. What is the dry ice carriage limit for the Forward lower deck compartment, Aft lower deck compartment/ bulk cargo compartment, and Main Deck Cargo compartment of the B767-300SF aircraft?

- a. 500 Kgs, 500 kgs, and 2,000 kgs
- b. 2,000 kgs, 500 kgs, and 500 kgs
- c. 700 kgs, 700 kgs, and 2,000 kgs
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Employee No: [REDACTED] Signature: [REDACTED]

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20. A B767-300SF and a B-767-300BCF are similar aircraft but are not exactly the same. Because of this, there are separate chapters for referencing a B767-300SF and a B767-300BCF in the Weight and Balance Manual Vol. I 767.

- a. True
- b. False



d. All of the above

18. TOGW includes which of the following?

- a. Aircraft weight including cargo, crew, and fuel
- b. Cargo weight only
- c. Weight of the crew
- d. TOGW is not calculated

19. What is ZFW?

- a. Zero Flight Weight
- b. Zero Frame Work
- c. Zero Flight Window
- d. Zero Fuel Weight

20. A B767-300SF and a B-767-300BCF are similar aircraft but are not exactly the same. Because of this, there are separate chapters for referencing a B767-300SF and a B767-300BCF in the Weight and Balance Manual Vol. I 767.

- a. True
- b. False