



DEPARTMENT OF THE NAVY
COMMANDER
TRAINING AIR WING FIVE
7480 USS ENTERPRISE STREET SUITE 205
MILTON, FLORIDA 32570-6017

IN REPLY REFER TO

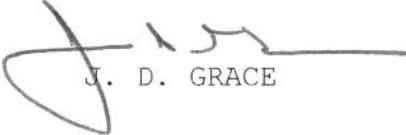
COMTRAWINGFIVEINST 1542.3H CH-1
Code N52
10 May 12

COMTRAWING FIVE INSTRUCTION 1542.3H CHANGE TRANSMITTAL 1

Subj: STUDENT NAVAL AVIATOR (SNA) CRITIQUE

Encl: (1) Enclosure (1) page 8
(3) Student Critique of High-Risk Training

1. Purpose. To provide changes to the basic instruction.
2. Action. Make the following changes to the basic instruction:
 - a. Remove pages 5 and 6 from enclosure (1).
 - b. Replace enclosure (1) page 8 of the basic instruction with enclosure (1) of this change transmittal.
 - c. Replace enclosure (3) of the basic instruction with enclosure (3) of this change transmittal.


J. D. GRACE

Distribution:
COMTRAWINGFIVEINST 5216.1S
List II, III(a)

STUDENT CRITIQUE OF HIGH-RISK TRAINING

Although it is optional to complete the top portion of this form, paragraphs 1-4 shall be completed.

Course: _____ Date: _____

Squadron: _____ Class: _____

Name: _____

Write N/A if the item does not apply. Please provide an explanation for each item marked 1, 2, or NO on the back of this form.

1. Using YES/NO rating, evaluate whether the items listed were adequately explained to you prior to the beginning of each high-risk training situation.

- A. Training Time Out procedures.
- B. Pre-Mishap Plan.
- C. Tasks to be performed.
- D. Method used to determine successful performance.

2. Using a YES/NO rating, answer the following questions as they relate to safety during the high-risk training situation.

- A. Safety precautions were reemphasized immediately prior to job performance.
- B. The instructor evaluated my knowledge of safety precautions prior to job performance.
- C. Laboratory/equipment was safe for use.

3. Using a YES/NO rating, answer the following questions concerning the instructor.

- A. Encouraged me to report unsafe or unhealthy conditions.
- B. Encouraged me to do my best.
- C. Provided a learning environment that was not threatening to me.

4. Using a 1 to 5 rating scale, answer the following: (1-Strongly Disagree, 2-Disagree, 3-Neither Agree nor Disagree, 4-Agree, 5-Strongly Agree)

- A. I felt my safety was always a primary concern of the instructor.
- B. I felt that the training environment was both safe and non-hazardous.

For high-risk training situations, no one will place pressure on you to sign this form. If you wish to sign it you may; however, you have the right to remain anonymous.

support courses (if applicable):

1-Poor 2-Fair 3-Average 4-Above Average 5-Excellent

- a. Tactical Formation Flight Procedures (1, 2, 3, 4, 5)

3. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the instructor knowledge and overall presentation of the following **T-6B** Air Force Formation Top-off flight support courses (if applicable):

1-Poor 2-Fair 3-Average 4-Above Average 5-Excellent

- a. Air Force Formation Flight Procedures (1, 2, 3, 4, 5)

4. Please describe whether Introductory Flight School (IFS) had a positive or negative impact on your Primary Flight Training:



DEPARTMENT OF THE NAVY

COMMANDER

TRAINING AIR WING FIVE

7480 USS ENTERPRISE STREET SUITE 205

MILTON, FLORIDA 32570-6017

Ch-1 incorp 10 May 12 - cmw

IN REPLY REFER TO

COMTRAWINGFIVEINST 1542.3H

Code N52

21 Apr 11

COMTRAWINGFIVE INSTRUCTION 1542.3H

From: Commander, Training Air Wing FIVE

Subj: STUDENT NAVAL AVIATOR CRITIQUE

Encl: (1) Fixed-Wing Student Naval Aviator Critique
(2) Rotary Wing Student Naval Aviator Critique
(3) Student Critique of High-Risk Training
(4) Squadron Routing Slip for Naval Aviator Critiques
(5) TW-5 Routing Slip for Naval Aviator Critiques

1. Purpose. To provide a standardized critique form and feedback procedure for all training squadrons under the cognizance of Training Air Wing (TRAWING) FIVE.

2. Cancellation. COMTRAWINGFIVEINST 1542.3G

3. Background. Enclosures (1) through (3) are designed to provide standardized critique forms for use by squadron, station, and wing staff personnel in identifying potential problems and favorable items encountered by Student Naval Aviators (SNAs) during training at TRAWING FIVE.

4. Action

a. Individual squadrons shall administer critiques at the completion of each phase of training. TRAWING FIVE Student Control (STUCON) shall administer critiques to students processed for attrition.

b. The squadron shall route critiques, review the critiques for action, and annotate action items on enclosure (4), then forward the critiques and enclosure (4) to TRAWING FIVE STUCON.

c. TRAWING FIVE STUCON shall route critiques to TRAWING FIVE departments utilizing enclosure (5). Each department can self-assign critique items to address and/or correct. If action items are assigned by departments, those actions shall be annotated on enclosure (5). Additionally, the Commodore or Deputy Commodore may assign action based on comments. Action items shall be logged in and tracked by the assigned department. Enclosures (1) and (2) will then be routed as follows:

(1) Section One will be forwarded to Naval Air Station Whiting Field (NASWF) to be retained for action.

(2) Sections Two and Three will be returned to TRAWING FIVE Academic Training Department for action and will be retained for a period of one year.

(3) Section Four will be returned to the squadron to be retained for a period of one year.

d. Enclosure (3) will be forwarded to TRAWING FIVE's Safety Department for action and retained for a period of one year.


J. L. VANDIVER

Distribution:
COMTRAWINGFIVEINST 5216.1S
List II, III(a)

FIXED-WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION ONE. NASWF FACILITIES.**1. MWR Facilities**

a. Please indicate your monthly use of these MWR facilities:

(1) Whiting Park and Outdoor Rec Center	1	2	3	4	Never
(2) Whiting Bowling Alley	1	2	3	4	Never
(3) Whiting Golf Course	1	2	3	4	Never
(4) Disk Golf Course	1	2	3	4	Never
(5) Archery Range	1	2	3	4	Never

b. Please indicate your weekly use of these MWR facilities:

(1) The Liberty Center	0	1	2	3	4	5
(2) The Coffee Shop	0	1	2	3	4	5
(3) Ace's Bar	0	1	2	3	4	5
(4) ITT	0	1	2	3	4	5
(5) Gymnasium/Fitness Center	0	1	2	3	4	5
(6) Swimming Pool (Across from CBQ)	0	1	2	3	4	5
(7) Recreation Pool (NASWF)	0	1	2	3	4	5

c. How many days per week did you eat at the following dining establishments?

(1) Golf Course Snack Bar	0	1	2	3	4	5
(2) Bowling Alley Snack Bar	0	1	2	3	4	5
(3) South Field Snack Bar	0	1	2	3	4	5
(4) Coffee Shop	0	1	2	3	4	5
(5) Subway	0	1	2	3	4	5

d. How was the quality of food at the dining establishments that you used?

- e. How was the service/staff at the facilities that you used?
- f. Did the facilities meet your needs? (i.e. operating hours)
- g. How would you improve the facilities?
- h. Is there another MWR facility/activity that you would want NASWF to have?

2. Commissary

- a. How often did you shop at the Commissary? (circle one)
Weekly Monthly Never
- b. How often did you shop at other grocery stores? (circle one)
Weekly Monthly Never
- c. What other grocery stores did you shop at?
- d. How was the service of the Commissary staff?
- e. Did the commissary carry the items that you needed?
- f. What items would you recommend the Commissary carry?

3. Legal/Chaplain Services

- a. Did the available services meet your needs? (circle one)

Legal	Chaplain		
Yes	No	Yes	No
- b. How could the services be improved?

4. Navy Exchange

- a. How often did you shop at the Navy Exchange? (circle one)
Weekly Monthly Never
- b. What type items did you purchase at the NEX?
- c. How was the service of the staff?
- d. What items would you recommend the NEX carry?

5. Medical

- a. Did you use the Medical Clinic?
- b. Did your family members use the Medical Clinic?
- c. How was the timeliness with which you were seen?
- d. How quickly was your prescription filled?

e. How was the service/professionalism of the Medical Staff?

6. Dental

a. Did you use the Dental Clinic?

b. How was the timeliness with which you were seen?

c. How was the service/professionalism of the Dental Staff?

7. Security

a. With 5 being the best, please rate the professionalism of the Security Department. (circle one)

(1) Gate Guards	1	2	3	4	5
(2) Force Protection	1	2	3	4	5
(3) ID Card Office	1	2	3	4	5
(4) Pass and Tag	1	2	3	4	5

8. Fleet and Family Support Center (FFSC)

a. Did you or your family take any classes at FFSC? Yes No

b. With 5 being the best, please rate the usefulness of the class. (circle one)

1 2 3 4 5

c. How was the staff/service at FFSC?

d. How was the timeliness of your service?

9. Billeting/Base Housing

a. Did you reside in the CBQ or Base Housing? Yes No (If yes, please circle which, and answer the questions below.)

(1) Were the living conditions satisfactory?

(2) How was the staff service (front desk or housing office, housekeepers or maintenance)?

(3) How would you improve your residence?

b. If you did not reside in the CBQ or Base Housing, why not?

10. Community

a. Which Community events did your family participate in? (circle all that apply)

(1) Swimming Lessons at the Pool

(2) Prime Time for Tots at the Community Center

- (3) Gymnastics/Dance/Piano Lessons at the Community Center
- (4) Weekly Bible Study at the Fellowship Hall
- (5) Others (please identify)

11. Overall

- a. How would you categorize your time at Whiting Field?

FIXED-WING STUDENT NAVAL AVIATOR CRITIQUE

(T-6B)

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION TWO. TRAWING FIVE, ACADEMICS.

1. Was the instruction received at Academic Training satisfactory?

Was it standardized with squadron procedures?

2. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the instructor knowledge and overall presentation of the following academic courses:

1- Poor 2-Fair 3-Average 4-Above Average 5- Excellent

a. Ejection Seat/Egress Procedures (1, 2, 3, 4, 5)

b. Aviation Safety Program (1, 2, 3, 4, 5)

c. GLOC/GTIP (1, 2, 3, 4, 5)

d. Crew Resource Management (1, 2, 3, 4, 5)

e. Wheels Watch (1, 2, 3, 4, 5)

f. TIMS/Curriculum Review (1, 2, 3, 4, 5)

g. Airsickness Awareness (1, 2, 3, 4, 5)

h. T-6B Aircraft Systems 1 (1, 2, 3, 4, 5)

i. T-6B Aircraft Systems 2 (1, 2, 3, 4, 5)

j. FMS Trainers (1, 2, 3, 4, 5)

support courses (if applicable):

1-Poor 2-Fair 3-Average 4-Above Average 5-Excellent

- a. Tactical Formation Flight Procedures (1, 2, 3, 4, 5)

3. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the instructor knowledge and overall presentation of the following **T-6B** Air Force Formation Top-off flight support courses (if applicable):

1-Poor 2-Fair 3-Average 4-Above Average 5-Excellent

- a. Air Force Formation Flight Procedures (1, 2, 3, 4, 5)

4. Please describe whether Introductory Flight School (IFS) had a positive or negative impact on your Primary Flight Training:

FIXED-WING STUDENT NAVAL AVIATOR CRITIQUE

(T-6B)

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION THREE. TRAWING FIVE, FLIGHT SUPPORT.

1. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the instructor knowledge and overall presentation of the following T-6B initial flight support courses:

1- Poor 2-Fair 3-Average 4-Above Average 5- Excellent

- a. Contact Flight Procedures (1, 2, 3, 4, 5)
- b. Contact Flight 0 (1, 2, 3, 4, 5)
- c. Night Procedures (1, 2, 3, 4, 5)
- d. Safe-for-Solo (1, 2, 3, 4, 5)
- e. Basic Instruments Flight Procedures (1, 2, 3, 4, 5)
- f. Radio Instruments Flight Procedures (1, 2, 3, 4, 5)
- g. Navigation Flight Procedures (1, 2, 3, 4, 5)
- h. Weather Review (Meteorology B) (1, 2, 3, 4, 5)
- i. Formation (1, 2, 3, 4, 5)

2. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the instructor knowledge and overall presentation of the following **T-6B** USN/USMC Strike Top-off flight

support courses (if applicable):

1-Poor 2-Fair 3-Average 4-Above Average 5-Excellent

- a. Tactical Formation Flight Procedures (1, 2, 3, 4, 5)

3. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the instructor knowledge and overall presentation of the following **T-6B** Air Force Formation Top-off flight support courses (if applicable):

1-Poor 2-Fair 3-Average 4-Above Average 5-Excellent

- a. Air Force Formation Flight Procedures (1, 2, 3, 4, 5)

FIXED-WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION FOUR. SQUADRON CRITIQUE.

CIRCLE APPROPRIATE ONE: VT-2 VT-3 VT-6

NOTE: YOUR CONSTRUCTIVE COMMENTS WILL BE ROUTED TO THE APPROPRIATE DEPARTMENTS WITHIN THIS COMMAND AND TRAWING FIVE. BE AS SPECIFIC AS POSSIBLE.

1. What general criticism do you have concerning the daily routing and scheduling within the squadron?

2. List any helpful instructional techniques that presented a better learning environment.

3. What (if any) undesirable methods or techniques of instruction were encountered?

4. What aspects of the training syllabus would you like to see expanded and why?

5. Were all flights in accordance with the master curriculum guide? (In other words, were all maneuvers introduced and demonstrated in accordance with the FTI?)

6. List any squadron personnel that were particularly helpful during training.

FIXED-WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION FOUR. SQUADRON CRITIQUE.

CIRCLE APPROPRIATE ONE: VT-2 VT-3 VT-6

NOTE: YOUR CONSTRUCTIVE COMMENTS WILL BE ROUTED TO THE APPROPRIATE DEPARTMENTS WITHIN THIS COMMAND AND TRAWING FIVE. BE AS SPECIFIC AS POSSIBLE.

7. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the quality of the following divisional services:

1- Poor 2-Fair 3-Average 4-Above Average 5- Excellent

a. Student Control (1, 2, 3, 4, 5)

b. Flight Support (1, 2, 3, 4, 5)

c. Schedules (1, 2, 3, 4, 5)

d. Admin (1, 2, 3, 4, 5)

e. Aircrew (1, 2, 3, 4, 5)

f. Logs and Records (1, 2, 3, 4, 5)

FIXED-WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION FOUR. SQUADRON CRITIQUE.

CIRCLE APPROPRIATE ONE: VT-2 VT-3 VT-6

NOTE: YOUR CONSTRUCTIVE COMMENTS WILL BE ROUTED TO THE APPROPRIATE DEPARTMENTS WITHIN THIS COMMAND AND TRAWING FIVE. BE AS SPECIFIC AS POSSIBLE.

8. SAFETY

a. While at this squadron, have you experienced or seen any act or procedure that you consider unsafe? Please explain the event and procedure which you consider to be unsafe. At what frequency of occurrence have you observed this?

b. If you were the Aviation Safety Officer, what area would you give special attention to in order to reduce this squadron's chance of experiencing an aircraft accident or mishap?

c. Describe fully the corrective methods to be taken to prevent this predicted mishap. In particular, include the actions you would take.

d. Comment on the squadron's overall safety program. Are there any safety hazards not previously mentioned? Do you have any suggestions for improvement? Do you have any criticisms?

9. Utilize the back of this page for any additional comments.

ROTARY-WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION ONE. NASWF FACILITIES.**1. MWR Facilities**

a. Please indicate your monthly use of these MWR facilities:

(1) Whiting Park and Outdoor Rec Center	1	2	3	4	Never
(2) Whiting Bowling Alley	1	2	3	4	Never
(3) Whiting Golf Course	1	2	3	4	Never
(4) Disk Golf Course	1	2	3	4	Never
(5) Archery Range	1	2	3	4	Never

b. Please indicate your weekly use of these MWR facilities:

(1) The Liberty Center	0	1	2	3	4	5
(2) The Coffee Shop	0	1	2	3	4	5
(3) Ace's Bar	0	1	2	3	4	5
(4) ITT	0	1	2	3	4	5
(5) Gymnasium/Fitness Center	0	1	2	3	4	5
(6) Swimming Pool (Across from CBQ)	0	1	2	3	4	5
(7) Recreation Pool (NASWF)	0	1	2	3	4	5

c. How many days per week did you eat at the following dining establishments?

(1) Golf Course Snack Bar	0	1	2	3	4	5
(2) Bowling Alley Snack Bar	0	1	2	3	4	5
(3) South Field Snack Bar	0	1	2	3	4	5
(4) Coffee Shop	0	1	2	3	4	5
(5) Subway	0	1	2	3	4	5

d. How was the quality of food at the dining establishments that you used?

- e. How was the service/staff at the facilities that you used?
- f. Did the MWR facilities meet your needs?
- g. How would you improve the facilities?
- h. Is there another facility/activity that you would want NASWF to have?

2. Commissary

- a. How often did you shop at the Commissary? (circle one)
Weekly Monthly Never
- b. How often did you shop at other grocery stores? (circle one)
Weekly Monthly Never
- c. What other grocery stores did you shop at?
- d. How was the service of the Commissary staff?
- e. Did the commissary carry the items that you needed?
- f. What items would you recommend the Commissary carry?

3. Legal/Chaplain Services

- a. Did the available services meet your needs? (circle one)

Legal		Chaplain	
Yes	No	Yes	No
- b. How could the services be improved?

4. Navy Exchange

- a. How often did you shop at the Navy Exchange? (circle one)
Weekly Monthly Never
- b. What type items did you purchase at the NEX?
- c. How was the service of the staff?
- d. What items would you recommend the NEX carry?

5. Medical

- a. Did you use the Medical Clinic?
- b. Did your family members use the Medical Clinic?
- c. How was the timeliness with which you were seen?
- d. How quickly was your prescription filled?

e. How was the service/professionalism of the Medical Staff?

6. Dental

a. Did you use the Dental Clinic?

b. How was the timeliness with which you were seen?

c. How was the service/professionalism of the Dental Staff?

7. Security

a. With 5 being the best, please rate the professionalism of the Security Department. (circle one)

(1) Gate Guards	1	2	3	4	5
(2) Force Protection	1	2	3	4	5
(3) ID Card Office	1	2	3	4	5
(4) Pass and Tag	1	2	3	4	5

8. Fleet and Family Support Center (FFSC)

a. Did you or your family take any classes at FFSC? Yes No

b. With 5 being the best, please rate the usefulness of the class. (circle one)

1 2 3 4 5

c. How was the staff/service at FFSC?

d. How was the timeliness of your service?

9. Billeting/Base Housing

a. Did you reside in the CBQ or Base Housing? Yes No (If yes, please circle which, and answer the questions below.)

(1) Were the living conditions satisfactory?

(2) How was the staff service (front desk or housing office, housekeepers or maintenance)?

(3) How would you improve your residence?

b. If you did not reside in the CBQ or Base Housing, why not?

10. Community

a. Which Community events did your family participate in? (circle all that apply)

(1) Swimming Lessons at the Pool

- (2) Prime Time for Tots at the Community Center
- (3) Gymnastics/Dance/Piano Lessons at the Community Center
- (4) Weekly Bible Study at the Fellowship Hall
- (5) Others (please identify)

11. Overall

- a. How would you categorize your time at Whiting Field?

ROTARY WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION TWO. TRAWING FIVE, ACADEMICS.

1. Was the instruction received at Academic Training satisfactory?

Was it standardized with squadron procedures?

2. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the instructor knowledge and overall presentation of the following academic courses:

1- Poor 2-Fair 3-Average 4-Above Average 5- Excellent

a. TH-57 Systems (1, 2, 3, 4, 5)

b. TH-57 Aerodynamics (1, 2, 3, 4, 5)

c. TH-57 Instrument Navigation (1, 2, 3, 4, 5)

3. Were the personnel at Academic Training courteous and did they establish an environment conducive to learning?

List any personnel that were particularly helpful.

4. Did the training received at the 2B24/2C67 simulators adequately prepare you for flights in the squadron? Were the instructors and the instruction give standardized? If not, please comment.

ROTARY WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION THREE. TRAWING FIVE, FLIGHT SUPPORT.

1. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the instructor knowledge and overall presentation of the following academic courses:

1- Poor 2-Fair 3-Average 4-Above Average 5- Excellent

a. Course Rules Flight Procedures (1, 2, 3, 4, 5)

b. VFR Flight Procedures (1, 2, 3, 4, 5)

c. Night Vision (1, 2, 3, 4, 5)

d. RI Flight Procedures (1, 2, 3, 4, 5)

e. Aircrew Coordination (1, 2, 3, 4, 5)

f. MITAC (1, 2, 3, 4, 5)

g. Tactical Flight Procedures 1 through 4 (1, 2, 3, 4, 5)

ROTARY WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION FOUR. SQUADRON CRITIQUE.

CIRCLE APPROPRIATE ONE: HT-8 HT-18 HT-28

NOTE: YOUR CONSTRUCTIVE COMMENTS WILL BE ROUTED TO THE APPROPRIATE DEPARTMENTS WITHIN THIS COMMAND AND TRAWING FIVE. BE AS SPECIFIC AS POSSIBLE.

1. What general criticism do you have concerning the daily routing and scheduling within the squadron?

2. List any helpful instructional techniques that presented a better learning environment.

3. What (if any) undesirable methods or techniques of instruction were encountered?

4. What aspects of the training syllabus would you like to see expanded and why?

5. Were all flights in accordance with the master curriculum guide? (In other words, were all maneuvers introduced and demonstrated in accordance with the FTI?)

6. List any squadron personnel that were particularly helpful during training.

ROTARY WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION FOUR. SQUADRON CRITIQUE.

CIRCLE APPROPRIATE ONE: HT-8 HT-18 HT-28

NOTE: YOUR CONSTRUCTIVE COMMENTS WILL BE ROUTED TO THE APPROPRIATE DEPARTMENTS WITHIN THIS COMMAND AND TRAWING FIVE. BE AS SPECIFIC AS POSSIBLE.

7. Using the 1 to 5 rating scale, please circle the appropriate rating and provide comments on the quality of the following divisional services:

1- Poor 2-Fair 3-Average 4-Above Average 5- Excellent

- a. Welcome Aboard (1, 2, 3, 4, 5)
- b. Student Control (1, 2, 3, 4, 5)
- c. Flight Support (1, 2, 3, 4, 5)
- d. Schedules (1, 2, 3, 4, 5)
- e. Admin (1, 2, 3, 4, 5)
- f. Aircrew (1, 2, 3, 4, 5)
- g. Logs and Records (1, 2, 3, 4, 5)
- h. Preference Card Lecture (1, 2, 3, 4, 5)

ROTARY WING STUDENT NAVAL AVIATOR CRITIQUE

There is no requirement to sign this form, however, if you desire feedback, a name is necessary.

NAME: _____
(Optional)

DATE: _____

SECTION FOUR. SQUADRON CRITIQUE.

CIRCLE APPROPRIATE ONE: HT-8 HT-18 HT-28

NOTE: YOUR CONSTRUCTIVE COMMENTS WILL BE ROUTED TO THE APPROPRIATE DEPARTMENTS WITHIN THIS COMMAND AND TRAWING FIVE. BE AS SPECIFIC AS POSSIBLE.

8. SAFETY

a. While at this squadron, have you experienced or seen any act or procedure that you consider unsafe? Please explain the event and procedure that you consider to be unsafe. At what frequency of occurrence have you observed this?

b. If you were the Aviation Safety Officer, what area would you give special attention to in order to reduce this squadron's chance of experiencing an aircraft accident or mishap?

c. Describe fully the corrective methods to be taken to prevent this predicted mishap. In particular, include the actions you would take.

d. Comment on the squadron's overall safety program. Are there any safety hazards not previously mentioned? Do you have any suggestions for improvement? Do you have any criticisms?

9. Utilize the back of this page for any additional comments.

STUDENT CRITIQUE OF HIGH-RISK TRAINING

Although it is optional to complete the top portion of this form, paragraphs 1-4 shall be completed.

Course: _____ Date: _____

Squadron: _____ Class: _____

Name: _____

Write N/A if the item does not apply. Please provide an explanation for each item marked 1, 2, or NO on the back of this form.

1. Using YES/NO rating, evaluate whether the items listed were adequately explained to you prior to the beginning of each high-risk training situation.

- A. Training Time Out procedures.
- B. Pre-Mishap Plan.
- C. Tasks to be performed.
- D. Method used to determine successful performance.

2. Using a YES/NO rating, answer the following questions as they relate to safety during the high-risk training situation.

- A. Safety precautions were reemphasized immediately prior to job performance.
- B. The instructor evaluated my knowledge of safety precautions prior to job performance.
- C. Laboratory/equipment was safe for use.

3. Using a YES/NO rating, answer the following questions concerning the instructor.

- A. Encouraged me to report unsafe or unhealthy conditions.
- B. Encouraged me to do my best.
- C. Provided a learning environment that was not threatening to me.

4. Using a 1 to 5 rating scale, answer the following: (1-Strongly Disagree, 2-Disagree, 3-Neither Agree nor Disagree, 4-Agree, 5-Strongly Agree)

- A. I felt my safety was always a primary concern of the instructor.
- B. I felt that the training environment was both safe and non-hazardous.

For high-risk training situations, no one will place pressure on you to sign this form. If you wish to sign it you may; however, you have the right to remain anonymous.

SQUADRON ROUTING SLIP FOR NAVAL AVIATOR CRITIQUES

<u>REVIEWER</u>	<u>DATE</u>	<u>INITIALS</u>
CO		
XO		
OPS		
ADMIN		
SAFETY		
SENIOR SERVICES		
FLT LEADER		
STAN		
SCO		

ACTION TO BE TAKEN:

RESPONSIBLE DEPT:

