



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

## CL: O-OPS 0014 EMERGENCY EVACUATION DITCHING/DEMONSTRATION REPORT

### EMERGENCY EVACUATION DITCHING/DEMONSTRATION REPORT - FRONT PAGE

**Instructions:** Attach briefing card required by Part 8 of the Nigeria Civil Aviation Regulations (Operation of Aircraft), and diagram of aircraft showing location of cabin crew seats, emergency equipment, and exits used for the demonstration.

1. Date and Time of Demonstration	2. Results A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory
3. Name of Operator and Designator	
4. Make, Model, Series, and Registration Number	
5. Name and Title of Team Members:	
6. Type of Demonstration  A. <input type="checkbox"/> Aborted Takeoff Full-scale B. <input type="checkbox"/> Aborted Takeoff Partial C. <input type="checkbox"/> Ditching	7. Reason for Demonstration A. <input type="checkbox"/> Initial Type Certification B. <input type="checkbox"/> New Aircraft Type C. <input type="checkbox"/> Increase in Seating Capacity D. <input type="checkbox"/> Change in Cabin Configuration E. <input type="checkbox"/> Change in CC Number, Duties, Location, or procedures  F. <input type="checkbox"/> Change in Exit Number Location, or Opening Mechanism G. <input type="checkbox"/> New Operator Certification H. <input type="checkbox"/> Other (Specify) _____ _____ _____ _____

8. Number of Persons on Board A. Flight crew members _____ B. Cabin crew members _____ C. Passengers _____ D. Total _____			9. Applicable Regulations A. <input type="checkbox"/> Nig-CAR Part 9 B. <input type="checkbox"/> Nig-CAR Part 9 C. <input type="checkbox"/> Nig-CAR Part 9 D. <input type="checkbox"/> Nig-CAR Part 9 E. <input type="checkbox"/> Nig-CAR Part 9		
10. Exits Used*		11. Type of Slides Used A. <input checked="" type="checkbox"/> Inflatable B. <input checked="" type="checkbox"/> Non-inflatable C. <input type="checkbox"/> Slide Raft	12. Time Record A. <input checked="" type="checkbox"/> Aborted Takeoff Full Scale _____ sec B. <input checked="" type="checkbox"/> Aborted Partial Takeoff _____ sec C. <input type="checkbox"/> Ditching _____ min		
A	B		C		
D	E		F		
<b>Comment Record</b>					
13. Aeroplane location A. <input type="checkbox"/> Hangar B. <input type="checkbox"/> Ramp			17. Crew Knowledge A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
14. Operator Safety Precautions A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory			18. Equipment Reliability A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
15. Emergency Equipment Inspections A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory			19. Operator Procedures A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
16. Emergency Equipment Inspections A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory			20. Other (Record on block 23) A. <input type="checkbox"/> Satisfactory B. <input type="checkbox"/> Unsatisfactory		
*Exit Code: L = Left; R = Right; W = Window; F = Floor Level; VS = Ventral Stairs; T = Tail, C = Cockpit, U = Upper Deck; B = Below Main Cabin Floor. Number the Exits from Cockpit to Tail.					

**EMERGENCY EVACUATION DITCHING/DEMONSTRATION REPORT – BACK PAGE**

21. How Non-designated Exits were blocked:

22. Initiation Signal

23. Discrepancies/Recommendations: (Make Reference to Appropriate Blocks)

Block	Remarks

24. Authority Office Action	Person responsible for safety oversight:
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DTL/CPM Name	Signature	Date
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25. Director General/Managing Director of Civil Aviation Review:

Name	Signature	Date
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