



**vistara**

TATA SIA Airlines Limited

Terminal 3, IGI Airport, Pier D, DPA-D05, New Delhi, India

*COURSE FEEDBACK FORM*

**PART "A"**

This form should be filled by the trainees after completion of course. Trainee need not to write or put their signature at the end of this form.

**NAME OF THE COURSE:**

**DATE:**

	EXCELLENT	GOOD	SATISFACTORY	POOR
1. How do you rate the content of course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How was the Instructional Skill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Amount of Information contained in the presentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The contents of course were in logical order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall satisfaction level of the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What topics could be added to, or presented to more detail?	<hr/>			
	<hr/>			
7. What topics could be added to, or presented to less detail?	<hr/>			
	<hr/>			
Any other concern related to this course:	<hr/>			
	<hr/>			
	<hr/>			



**vistara**

TATA SIA Airlines Limited

Terminal 3, IGI Airport, Pier D, DPA-D05, New Delhi, India

*COURSE FEEDBACK FORM*

**PART "B"**

(This part of form is for confidential reporting on inadequacies of Engineering Procedures, Documentation and Human factor concerns. Enter an "Tick mark" in the Box that best describe the area of concern (s))

<b>Please Mark Your work Area in Organization</b>	<b>Line / MCC / Quality / Stores / FTM</b>
1. <b>UNSAFE ACTS-</b> Skill based errors, violations or perceptual errors etc...	
2. <b>UNSAFE SUPERVISION-</b> Short cuts, fatigue, training and qualifications, peer pressure, inadequate supervision etc.	
3. <b>ORGANIZATIONAL FACTORS-</b> Facilities, time pressure, work force (manning levels), peer pressure, organization culture, services, health & safety, documentation etc...	

**Enter Description of Concern:**

---

---

---

---

---

---

---

---

**(This form will be filled at end of continuation training program and will be used to create a database & initiate necessary corrective action. (Ref. CAR 145.A.30 (e) & CAR 145.A.35 (d) / AMC 145.A.35 (d))**