

	TRAINING DEPARTMENT SIMULATOR AVAILABILITY	Reference No.: KFT-072	
		Revision: 0	Page: 1
		Associated Procedure: KGT-025	
DATE	INSTRUCTOR		
DESCRIPTION OF TRAINING IMPACT, SIMULATOR UNAVAILABILITY			
Time of Simulator Failure:			
Time of Simulator Return:			
Actual Down Time:			
Could the session be completed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were the objectives of the session achieved? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please give comments if possible: 			
If the objectives were not achieved, how much actual training time was lost? 			
Were there knock-on effects? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please give details: 			
Were there problems or delays in returning the simulator to operability?. YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please give details: 			
On completion, forward to the Senior Instructor responsible for the simulator.			