

	Company Name □□□□□□ □□□ □□□□□ □□□□□□ <b>ETHIOPIAN CIVIL AVIATION AUTHORITY</b>	Document No <b>ECAA/PEL/OF/037</b>	
	Document Title <b>Practical Test for Aircraft Maintenance Technician License Form</b>		Issue No <b>1</b>

Name: \_\_\_\_\_ License no. \_\_\_\_\_  
 Category \_\_\_\_\_ Type rating \_\_\_\_\_  
 CAA PEL Inspector \_\_\_\_\_ Date \_\_\_\_\_  
 The above named candidate is qualified to take the practical test indicated hereunder.

NO	SUBJECT	PASS	FAIL

I/we hereby certify that the above named has has not  demonstrated the necessary practical ability to perform the functions applicable to the privileges of the above license and /or rating.

Remarks: \_\_\_\_\_


Name of Designated Examiner: \_\_\_\_\_ Sig.: \_\_\_\_\_

For official use: Do not write below this line.

Date received on: \_\_\_\_\_ By \_\_\_\_\_

Action \_\_\_\_\_

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE

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	Document Title <b>PROTOCOL FOR ALCOHOL/ PSYCHOACTIVE SUBSTANCES ASSESSMENT</b>	Issue No 1	Page No. Page 2 of 4

## SECTION - 7


### 7.1 PROTOCOL FOR ALCOHOL/ PSYCHOACTIVE SUBSTANCES ASSESSMENT

1. Inform Captain/ ATCO in-charge about impending procedure.
2. Show Captain /ATCO the relevant sections of the ECAAs \_\_\_\_\_ which is on a laminated separate sheet indicating the sanctions for refusal to test and positivity for alcohol and or psychoactive substances.
  - ◀ Aircrew or ATCO selected for spot check
  - ◀ Refusal of an aircrew or ATCO to be tested for alcohol or psychoactive substances carries an immediate penalty of one year suspension from aircrew or ATCO duties.
3. Commence spot check.
4. If test is **negative** aircrew/ATCO **is immediately allowed to continue** with his/her duties.
5. If found **positive** for alcohol or drugs the aircrew or ATCO will be **immediately taken off the flight or traffic control** for further administrative, disciplinary measures, and aeromedical disposition.
6. The positive test sample is sent to a reference laboratory for confirmatory testing.

### 7.2 PROTOCOL FOR ALCOHOL/ PSYCHOACTIVE SUBSTANCES ASSESSMENT PROCEDURE FORM

1. Name of Airline or Organization \_\_\_\_\_
2. Name of most senior aircrew/ATCO on duty acknowledging procedure
  - 2.1 Full Name :                      Surname                      First                      Middle
  - 2.2 Designation \_\_\_\_\_
  - 2.3 Signature/ Date: \_\_\_\_\_
3. Location of spot check: \_\_\_\_\_

Date: \_\_\_\_\_

	Company Name □□□□□□ □□□ □□□□□ □□□□□□ <b>ETHIOPIAN CIVIL AVIATION AUTHORITY</b>	Document No <b>ECAA/PEL/OF/037</b>	
	Document Title <b>PROTOCOL FOR ALCOHOL/ PSYCHOACTIVE SUBSTANCES ASSESSMENT</b>	Issue No 1	Page No. Page 3 of 4

3.1 Time of spot check commencement: \_\_\_\_\_

4. Candidate selected for spot check:

4.1 Full Name:                      Surname                      First                      Middle

4.2 Designation \_\_\_\_\_

4.3 Pre-Test Signature /Date: \_\_\_\_\_

4.4 Licence No: \_\_\_\_\_

4.5 Expiration Date : \_\_\_\_\_

5. Type of Drug Tested for : \_\_\_\_\_

5.1 Sample used:    AIR ( BREATHE )                      BLOOD                      URINE

5.2 Equipment used: \_\_\_\_\_

5.3 Test result:                      Positive                      Negative

5.4 Test value of alcohol or psychoactive substance: \_\_\_\_\_

5.5 Test of spot check conclusion: \_\_\_\_\_

5.6 Post Test Signature/ Date: \_\_\_\_\_

6. Positive Result:

6.1 Test repeated

6.2 Second Test result:    Positive  Negative


6.3 Test value of alcohol or psychoactive substance: \_\_\_\_\_

6.4 Time of second test conclusion: \_\_\_\_\_

6.5 Second Test sample if blood or urine taken in a tampe poof container marked, sealed in the presence of the positive aircrew/ATCO.

6.6 Proceed if desired by the aircrew/ATCO to the confirmatory laboratory accompanied by the representative of the ECAA for confirmatory testing.  
**AEOMEDICAL STANDARDS USE ONLY**

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