

Declared training organisation (DTO)		
Name:		DK/DTO/
Address:	Phone:	e-mail:
Name of the representative: _____		
Name of the Head of training: _____		
Names of all instructors (flying and theory) involved in the training offered under the DTO, the courses on which they teach and date of joining the DTO (if within the last 12 months in the past calendar year) (and/or attach sheets)		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
Students:		
State number of active students in the DTO within the last 12 months: _____ (does not include students for difference training and revalidation)		
Training course(s):		
State which training courses the DTO provides:		

**Annual DTO review report
(DTO.GEN.270)**

Skill test and Theory Examination passes and failures in the last 12 months in the past calendar year;

Theory:

Skill test:

Passed: _____ Failed: _____

Passed: _____ Failed: _____

List of all training aircraft (and FSTD if applicable) or attach attachments (and/or attach sheets)

Registration and type:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Internal Review:

The annual internal review is designed for the DTO to evaluate the effectiveness of their safety system, adequacy of the training offered and their compliance with applicable regulations.

Hazards and risks identified as affecting the DTO.

(and/or attach sheets)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Effectiveness of mitigations put in place against the above

(and/or attach sheets)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Analysis of safety reports made and follow up actions:

Numbers of safety reports made in the DTO within the last 12 Months? _____

How many of these reports lead to a follow up action? _____

Are the DTO safety policy adequate:

if the answer is NO then attach the validated safety policy together with this report.

Yes: No:

Adequacy of the training practices in relation to the skill test / Theory exam pass rate:

Has the DTO performed a review of the training regarding the pass rates?

If no; state reason:

Did the review lead to any changes?

If yes; what changes were made?

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Standardisation:

Has the DTO performed flight and theory instructor standardization?

If no; state reason:

Training program:

Are the training programs adequate and in compliance with part-FCL:

Has the DTO made supervision of progress of students:

If no; state reason:

Flight instructors and flight simulation training instructors:

Has the DTO performed a review of the instructor qualification required by PART-FCL?

If no; state reason:

Filled by:

Name: _____ Function: _____

Date and Signature: _____