



NIGERIAN SAFETY INVESTIGATION BUREAU

INVESTIGATOR'S CREDENTIAL FORM

NAME OF STAFF:

DESIGNATION:

DIVISION:

DATE:

EVALUATION CRITERIA

STATUS

YES

NO

COMMENT

QUALIFICATION

Does the staff have a university Degree?

Is he/she a certificate or license holder?

If YES, state License/certificate details

JOB EXPERIENCE

Has the staff worked for the SLCAA?

If YES, How long?

Has the staff worked for any other agency within the aviation industry?

If YES, How long?

Has the Staff worked in a subject matter industry other than the aviation industry?

If YES, How long?

Has the staff done any aircraft accident investigation training?

If YES, Attached list of relevant investigation courses done

Does the staff require recurrent training?

If YES, is it a qualification requirement?

If YES, State if done

COMPETENCY

Is the staff being appraised?

If YES, State Frequency

Based on the performance appraisal, is the staff performance on the task satisfactory?

Is your overall assessment of the staff satisfactory?

If YES, State Reason(s)

RECOMMENDATION:

SIGN BY: NAME:	APPROVED BY: NAME:
DESIGNATION:	DESIGNATION