**6. WINCH LAUNCH SIGNALS – LAMP AND BAT – C8**

The below named person has undergone local theoretical and practical training to enable him/her to competently use both lamp and bat launch signals from launch point and caravan-winch-caravan.

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| DATE | TASK | METHOD | INSTRUCTOR |
| I confirm that all the information contained under the TASK column has been delivered.  Instructor: …………………………………… Signature: ………………………….… Date:……………………… | **Aldis Lamp** - position and mounting/Sighting lamp with winch/Switching sequence as per caravan switching sequence on control box. | Verbal Instruction  Practical Instruction | NAME: …………………………….…………….  SIGNATURE: …………………..……………... |
| Demonstrate control box sequence for – Take up slack. All out and **STOP**.  Turn STOP switch off only when absolutely clear winch has stopped launch cycle. | Verbal Instruction  Practical Instruction | NAME: ………………………..………………....  SIGNATURE: …………………………………. |
| **Bat Signals –** take up slack – arms length downward arc left to right. All out – arms length upward arc left to right. | Verbal Instruction  Practical Instruction | NAME: ………………………...….……………..  SIGNATURE: ……..…………...……………… |
| **STOP, STOP, STOP: –** hold bat steady at arms length above head until winch has responded to the signal. | Verbal Instruction  Practical Instruction | NAME: …………………………..………………  SIGNATURE: ………………………..………... |
| **Aero tow Bat Signals –** the same signals as above using any form of bat agreeable to the tug pilot.  The tug pilot will advise operators position relative to the tug aircraft. | Verbal Instruction  Practical Instruction | NAME: ……………………..……………………  SIGNATURE: ……………...………………….. |
|  | Verbal Instruction  Practical Instruction | NAME: …………………………………………..  SIGNATURE: …………………………………. |
|  | Verbal Instruction  Practical Instruction | NAME: …………………………………………..  SIGNATURE: …………………………………. |

I confirm that I have received all the theoretical and practical training outlined above, and that I fully understand the procedures and health and safety aspects regarding each of the procedures as described above.

STUDENT NAME: ………………………………………………............................................................................

DATE: ………………… STUDENT SIGNATURE ……………………………………………………………