SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Mission Scanner

NAME (Last, First, MI)	CAPID	DATE ISSUED

Prerequisites

Item	Date Completed
Qualified GES	
At least 18 years of age	

The above listed member has completed the required prerequisite training for the mission scanner specialty.

_____ _____
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-2015 Demonstrate Ground Operations and Safety	
Complete Task O-2017 Demonstrate Post-Crash Actions	
Complete Task O-2019 Demonstrate Proper Number and Character Pronunciation	
Complete Task O-2020 Use Prowords and Code Words	
Complete Task O-2021 Interpret Emergency Signals and Demonstrate Air/Ground Team Coordination	
Complete Task O-2024 Demonstrate Use of Sectional Charts	
Complete Task P-2013 Discuss Mission Scanner Duties and Responsibilities	
Complete Task P-2014 Discuss CAP Liability Coverage and Mishap Reporting	
Complete Task P-2015 Enter Data into CAP Forms	
Complete Task P-2016 Identify and Discuss Major Aircraft Controls	
Complete Task P-2017 Identify and Discuss Major Aircraft Instruments	
Complete Task P-2018 Discuss Aircraft Weight and Balance	
Complete Task P-2019 Identify Items Checked During an Aircraft Pre-Flight Inspection	
Complete Task P-2020 Discuss the Dangers of Wake Turbulence	
Complete Task P-2021 Discuss how Atmospheric and Lighting Conditions Effect Scanning Effectiveness	
Complete Task P-2022 Identify Visual Clues and Wreckage Patterns	
Complete Task P-2023 Discuss how Reduced Visibility and Turbulence Effect Search Operations	
Complete Task P-2024 Discuss Strategies to Combat High Altitude Effects	
Complete Task P-2025 Discuss Common Search Terms	
Complete Task P-2026 Identify what to Look For and Record during Damage Assessment Missions	
Complete Task P-2027 Describe CAP Search Patterns	
Complete Task P-2028 Discuss Crew Resource Management	

The above listed member has completed the required familiarization and preparatory training requirements for the (insert specialty name) specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

_____ _____
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0204 Locate a point on a Map using Latitude and Longitude	
Complete Task O-0205 Locate a point on a Map using the CAP Grid System	
Complete Task O-2016 Demonstrate Safety While Taxiing	
Complete Task O-2018 Operate the Aircraft Communications Equipment	
Complete Task O-2022 Demonstrate Scanning Patterns and Locate Targets	
Complete Task O-2023 Demonstrate Techniques to Reduce Fatigue	
Complete Task O-2025 Track and Record Position on Sectionals and Maps	
Complete Task P-0101 Keep a Log	
Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*	

Exercise Participation

The above listed member satisfactorily participated as a mission scanner trainee under my direct supervision on mission number _____.

_____ _____

QUALIFIED SUPERVISOR'S SIGNATURE DATE

The above listed member satisfactorily participated as a mission scanner trainee under my direct supervision on mission number _____.

_____ _____

QUALIFIED SUPERVISOR'S SIGNATURE DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the mission scanner specialty qualification and is authorized to serve in that specialty on training or actual missions.

_____ _____

UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE DATE