



Operating Procedures Manual Acknowledgment Log

Complete the fields below to certify you have attended a Safety Briefing for the Air Sailing Gliderport and have read the Air Sailing Gliderport Operating Procedures Manual.

Name (Print) _____

Type of Safety Briefing (check and complete information for all that apply):

Safety Briefing Webinar

Live _____ Date _____

Personal _____ Date _____ By Whom _____

Recorded _____ Date _____

Phonetic alphabet designator for:

1st Poll _____ 2nd Poll _____ 3rd Poll _____ 4th Poll _____ 5th Poll _____

Airport Operations in the COVID-19 Environment Webinar

Live _____ Date _____

Personal _____ Date _____ By Whom _____

Recorded _____ Date _____

Phonetic alphabet designator for:

1st Poll _____ 2nd Poll _____ 3rd Poll _____ 4th Poll _____ 5th Poll _____

Emergency Contact Name _____

Emergency Contact No. _____

I certify the information provided above is true and correct, and I have read and understand the Air Sailing Gliderport Operating Procedures Manual.

Signature _____ Date _____