

HANGAR ASSESSMENT FORM

SEG Region:	
Establishment:	
Building Name:	
GEMS ID:	

Specify maximum number of aircraft to be housed in the <i>hangar</i>	
Will the aircraft be fuelled? Yes/No	
Is the building a <i>deployable hangar</i> ? Yes/No	

Capability Manager comments

Capability Manager

Name:	
Position/title:	
Signature:	
Date:	

Note:

- The Building Contribution Factor Form at [Annex 5A](#) shall be completed.