

Record of Review/Qualification/Proficiency Check

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Aircraft Type: \_\_\_\_\_ This record documents (check all that apply)

Aircraft Initial checkout: \_\_\_\_\_

Re-qualification: \_\_\_\_\_

Instrument Currency: \_\_\_\_\_

Annual Review: \_\_\_\_\_

Biennial Flight Review: \_\_\_\_\_

Initial review required for each aircraft member wishes to qualify in.

Check pilots: initial each item accomplished, annotate "NA" for items not accomplished or not applicable for the airplane or type of flight (i.e. VFR vs. IFR), or annotate "oral" for items accomplished by appropriate verbal instruction (i.e. Fire in Flight or Electrical Failure)

Publications

Written exam \_\_\_\_\_

Operating manual \_\_\_\_\_

FAR/AIM \_\_\_\_\_

Flight Planning \_\_\_\_\_

Weight and Balance \_\_\_\_\_

A/C Papers/Logbooks \_\_\_\_\_

Club sign out procedure \_\_\_\_\_

Preflight

Walk around inspection \_\_\_\_\_

Equipment inspection \_\_\_\_\_

Aircraft servicing \_\_\_\_\_

Use of check lists \_\_\_\_\_

Starting and Taxing \_\_\_\_\_

Aircraft System

Powerplant(s) \_\_\_\_\_

Fuel \_\_\_\_\_

Oil \_\_\_\_\_

Hydraulic \_\_\_\_\_

Electric \_\_\_\_\_

Vacuum \_\_\_\_\_

Brakes \_\_\_\_\_

Gear & flap operation \_\_\_\_\_

Takeoff

Normal \_\_\_\_\_

Crosswind (limits) \_\_\_\_\_

Short field \_\_\_\_\_

Soft field \_\_\_\_\_

Aborted \_\_\_\_\_

Pattern departure \_\_\_\_\_

Landing

Pattern Entry \_\_\_\_\_

Normal \_\_\_\_\_

Crosswind \_\_\_\_\_

Short field \_\_\_\_\_

Soft field \_\_\_\_\_

Go around \_\_\_\_\_

Local air work

Min. Control Speeds \_\_\_\_\_

Stalls-Power On/Off \_\_\_\_\_

Steep Turns \_\_\_\_\_

Unusual attitudes \_\_\_\_\_

Vmc Demonstration \_\_\_\_\_

Emergencies

Engine failure \_\_\_\_\_

Electrical failure \_\_\_\_\_

Emergency gear/flaps \_\_\_\_\_

Electrical fire \_\_\_\_\_

Engine fire \_\_\_\_\_

Comms failure (signals) \_\_\_\_\_

Instrument failure \_\_\_\_\_

Instrument flight

Holding \_\_\_\_\_

Approaches VOR \_\_\_\_\_

ILS \_\_\_\_\_

NDB \_\_\_\_\_

Missed approach \_\_\_\_\_

Post flight

Shut down \_\_\_\_\_

Servicing \_\_\_\_\_

Club sign in procedure \_\_\_\_\_

Pilot Certificate Type: \_\_\_\_\_

Medical Certificate Class: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Examiner's #: \_\_\_\_\_

Biennial Type (Military, FAA check, BFR): \_\_\_\_\_

Date: \_\_\_\_\_

Biennial Date: \_\_\_\_\_

Qualified as checked: VFR Day \_\_\_\_\_

VFR Night \_\_\_\_\_

IFR \_\_\_\_\_

Local \_\_\_\_\_

XC \_\_\_\_\_

Remarks:

Pilot's Signature: \_\_\_\_\_

Check Pilot Signature: \_\_\_\_\_