



PILOT CHECK REPORT				LOCATION	DATE OF CHECK		
NAME OF AIRMAN (last, first, middle initial)				MEDICAL INFORMATION CLASS:	VALID UNTIL: DD/MM/YY		
PILOT CERTIFICATION INFORMATION	Grade:		Date of Birth DD/MM/YY	Instrument Rating Valid until:			
	Number:		AEROPLANE TYPE (Make/Model)				
EMPLOYED BY:		BASED AT :	Simulator/Training Device Level =		ID No:		
PILOT CREW STATUS PIC <input type="checkbox"/> SIC <input type="checkbox"/> LTC <input type="checkbox"/> LST/INITIAL <input type="checkbox"/>			FLIGHT TIME				
SIM BASE:							
AIRMAN COMPETENCY INFORMATION				Use of Autopilot is/is not Authorized ()			
Demonstrated Competency Equivalent to:				Expires: (12 Months) ()			
FAR 135.293 () FAR 135.297 () ANTR/ JAR OPC ()				CAT II () CAT III ()			
FAR 121.427 () FAR 121.441 () ANTR/ JAR LPC ()							
FLIGHT MANEUVERS GRADE (S-Satisfactory U-Unsatisfactory)							
PREFLIGHT		SIM	A/C	STD	SIM	A/C	STD
1. Equipment Examination (Oral or Written)					27. Circling Approaches		
2. Preflight Inspection					28. Missed Approaches		
3. Taxing					29. Comm/Nav Procedures		
4. Powerplant Checks					30. Use of Auto Pilot		
TAKEOFFS				31. Others specify: (CRM Decision Making etc.)			
5. Normal (VMC)							
6. Instrument (IMC @ Mins.)							
7. Crosswind							
8. With Simulated Powerplant Failure					HELICOPTER		
9. Rejected Takeoff					1. Ground and/or Air Taxi		
INFLIGHT MANEUVERS				2. Hovering Manoeuvres			
10. Steep Turns					3. Normal and Crosswind T.O. & Landings		
11. Approaches to Stalls					4. High Altitude T.O. & Landings		
12. Specific Flight Characteristics					5. Simulated Engine Failure		
13. Powerplant Failure					6. Confined Areas, Slopes and Pinnacles		
LANDINGS				7. Rapid Deceleration (Quick Stops)			
14. Normal (VMC)					8. Auto Rotation (Single Engine)		
15. From an ILS (IMC to Mins.)					9. Hovering Autorotation (Single Engine)		
16. Crosswind					10. Tail Rotor Failure (Oral)		
17. With Simulated Powerplant(s) Failure					11. Settling With Power (Oral or Flight)		
18. Rejected Landing					TECHNICAL KNOWLEDGE		
19. From Circling Approach					<input type="checkbox"/> Written Examination <input type="checkbox"/> Oral Examination Name of Examiner:		
EMERGENCIES				Date of Examination:			
20. Normal and Abnormal Procedures					<input type="checkbox"/> Passed <input type="checkbox"/> Failed		
21. Emergency Procedures					AIRCRAFT / HELICOPTER CHECK		
INSTRUMENT PROCEDURES				Date of Check	Aircraft/Heli Base	Reg. No.	
22. Area Departure					Aircraft / Heli Type:		
23. Holding					Flight Time:		
24. Area Arrivals					REMARKS		
25. ILS Approaches							
26. Other Instrument Approaches							
Approaches: NDB/ADF							
VOR							
ILS							
Others (Specify)					Con't over:		
RESULT OF CHECK <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				DESIGNATED EXAMINERS PERFORMANCE <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Name of TRE/TCE/DE/ASI		No.	Signature:		Pilot Signature:		