



<b>PILOT CHECK REPORT</b>				A/C <input type="checkbox"/> SIM <input type="checkbox"/>		DATE OF CHECK	
NAME OF AIRMAN (last, first, middle)				MEDICAL INFORMATION CLASS:		VALID UNTIL: DD/MM/YY	
PILOT CERTIFICATION INFORMATION		Grade: ATPL <input type="checkbox"/> CPL <input type="checkbox"/>		Date of Birth DD/MM/YY		Instrument Rating Valid until:	
Number:		AEROPLANE TYPE (Make/Model)					
EMPLOYED BY:		MANAGEMENT <input type="checkbox"/> NON-MANAGEMENT <input type="checkbox"/>		Simulator/Training Device Level =		ID No:	
				AIRCRAFT/SIM TIME:		SIM BASE:	
PILOT CREW STATUS		PIC <input type="checkbox"/> SIC <input type="checkbox"/>		TRE SFE		TRI <input type="checkbox"/> SFI <input type="checkbox"/>	
<b>AIRMAN COMPETENCY INFORMATION</b> Demonstrated Competency Equivalent to: ANTR FCL 1 <input type="checkbox"/> ANTR FCL 2 <input type="checkbox"/> OPC <input type="checkbox"/> LPC <input type="checkbox"/>				Use of Autopilot is: Authorized <input type="checkbox"/> Not Authorized <input type="checkbox"/> CAT II <input type="checkbox"/> CAT III <input type="checkbox"/> HUD <input type="checkbox"/> EVS <input type="checkbox"/> SVS <input type="checkbox"/>			
<b>FLIGHT MANEUVERS GRADE (S-Satisfactory U-Unsatisfactory)</b>							
PRE-FLIGHT		SIM		A/C			
1. Equipment Examination (Oral or Written)							
2. Pre-flight Inspection							
3. Taxing							
4. Powerplant Checks							
TAKE-OFFS				31. Others specify: (CRM Decision Making etc.)			
5. Normal (VMC)							
6. Low Visibility							
7. Crosswind							
8. With Simulated Powerplant Failure							
9. Rejected Takeoff							
INFLIGHT MANEUVERS				HELICOPTER			
10. Steep Turns							
11. Approaches to Stalls							
12. Specific Flight Characteristics							
13. Powerplant Failure							
LANDINGS				1. Ground and/or Air Taxi			
14. Normal (VMC)							
15. From an ILS (IMC to Mins.)							
16. Crosswind							
17. With Simulated Powerplant(s) Failure							
18. Rejected Landing							
19. From Circling Approach							
EMERGENCIES				Date of Examination:			
20. Normal and Abnormal Procedures							
21. Emergency Procedures							
INSTRUMENT PROCEDURES				AIRCRAFT / HELICOPTER CHECK			
22. Area Departure				Date of Check		Aircraft/Heli Base	
23. Holding				Reg. No.			
24. Area Arrivals				Aircraft / Heli Type:		Flight Time:	
25. ILS Approaches				REMARKS			
26. Other Instrument Approaches							
Approaches: NDB/ADF							
VOR							
ILS							
Others (Specify)				Con't over:			
RESULT OF CHECK <input type="checkbox"/> S <input type="checkbox"/> U		PILOT SIGNATURE:				BCAA USE ONLY	
						BCAA STAMP/SIGNATURE	
Name of TRE/SFE		TRE/SFE Stamp and Signature:				TRE/SFE Performance: <input type="checkbox"/> S <input type="checkbox"/> U	