

American Flight Schools Aircraft Checkout

PILOT NAME:						CHECKOUT DATE:					
AIRCRAFT MAKE & MODEL:						AIRCRAFT TAIL #:					
CHECKOUT TYPE: <input type="checkbox"/> Initial Aircraft Checkout <input type="checkbox"/> Club Flight Review <input type="checkbox"/> 61.56 Flight Review <input type="checkbox"/> Mountain Checkout											
<input type="checkbox"/> Instructor Initial <input type="checkbox"/> Instructor Annual <input type="checkbox"/> Remedial <input type="checkbox"/> Other_____											
<input type="checkbox"/> WRITTEN TEST COMPLETED <input type="checkbox"/> FLIGHT CHECK COMPLETED <input type="checkbox"/> POLICIES REVIEWED HOURS IN MAKE & MODEL _____											
Grading Scale 1 = Below Acceptable Standards 4 = Above Average											
2 = Below Average, Outside ACS but corrects 5 = Excellent											
3 = Within ACS											
I. ORAL DISCUSSION						VIII. INSTRUMENT REFERENCE MANEUVERS					
A. Review Pilot Credentials <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						A. Straight & Level Flight <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
B. Review CFI Policies & Procedures <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						B. Constant Speed Climbs <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
C. Local Procedures <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						C. Constant Speed Descents <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
D. Electronic Flight Bag (EFB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						D. Turns to a Heading <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
						E. Recovery from Unusual Attitudes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
						F. Radio Nav & Radar Services <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
II. PREFLIGHT PREPERATION						IX. INSTRUMENT FLIGHT PROCEDURES					
A. Certificates & Documents <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						A. Ground Prep (WX, AC Systems, Flt Plans) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
B. Obtaining Weather Information <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						B. ATC Clearance & Traffic Procedures <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
C. Determine Weight & Balance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						C. Holding Procedures <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
D. Determine Takeoff Performance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						D. Partial Panel Unusual Attitude Recovery <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
E. Determine Cruise Performance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						E. Course Intercept & Tracking of Courses <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
F. Determine Landing Performance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						F. Instrument Approach Procedures <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
G. Cross-Country Flight Planning <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						1. Precision Approach <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
H. Aircraft Systems <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						2. Non-Precision Approach <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
I. Aeromedical Factors <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						3. Partial Panel Approach <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
III. GROUND OPERATIONS						4. Circling & Missed Approach <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
A. Visual Inspection <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						X. GROUND REFERENCE MANEUVERS					
B. Starting Engine (s) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						1 2 3 4 5 VC					
C. Taxiing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						A Rectangular Course <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
D. Use of Checklists (Mandatory) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						B. S-Turns <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
E. Passenger Briefing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						C. Turns Around a Point <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
F. Sterile Cockpit Procedures <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						XI. NIGHT FLIGHT OPERATIONS					
G. Post-Flight Procedures <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						1 2 3 4 5 VC					
IV. AIRPORT & TRAFFIC PATTERN OPS						A. Physiological Aspects of Night Flying <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
A. Radio Comms & ATC Light Signals <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						B. Prep & Personal Equipment <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
B. Surface & Traffic Pattern Operations <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						C. Aircraft & Airport Lighting <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
C. Airport & Runway Markings & Lighting <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						D. Night Orientation & Navigation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
V. TAKEOFF & CLIMB						XII. APPROACHES & LANDINGS					
1 2 3 4 5 VC						1 2 3 4 5 VC					
A. Normal Takeoff & Climb <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC						A. Normal Approaches & Landings <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> VC					
B. Crosswind Takeoff & Climb <input type="checkbox"/> 1 <input type="checkbox"/>											

XVII. MOUNTAIN AIRPORT OPERATIONS		1	2	3	4	5	VC
A. High Altitude Takeoffs & Landing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. One-Way Takeoff and Landing (terrain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. One-Way Takeoff and Landing (gradient)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XVIII. MOUNTAIN FLIGHT OPERATIONS		1	2	3	4	5	VC
A. Recognition and Use of Orographic Lift		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Recognition of Areas of Lift and Sink		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Proper Ridge Crossing Techniques		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper Mountain Pass Techniques		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Planning for Emergencies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XIX. MOUNTAIN NAVIGATION		1	2	3	4	5	VC
A. Use of Limitations of Nav aids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Use of Sectional Charts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Use of Compass/DG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Magnetic Variation and its Limits		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Use of Major Terrain Features		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XX. MOUNTAIN EMERGENCY PROCEDURES		1	2	3	4	5	VC
A. Deteriorating Weather		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Engine Failure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Partial Power Loss		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Inability to Maintain Altitude (down draft)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Inability to Attain Altitude (density altitude)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XXI. MULTI-ENGINE PROCEDURES		1	2	3	4	5	VC
A. Engine Failure During TO Below VMC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Engine Failure After Liftoff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Maneuvering w/ 1 Engine INOP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Approach & Landing w/ 1 Engine Out		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. VMC Demonstration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Instrument Maneuvers w/ 1 Engine Out		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Instrument Approach w/ 1 Engine Out		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REVIEW OF CERTIFICATES AND DOCUMENTS (Verified by Check Instructor Pilot)							
FAA PILOT CERT NUMBER:				DATE OF LAST FLIGHT REVIEW:			
MEDICAL CLASS:				MEDICAL EXAM DATE:			
INSURANCE PROVIDER:				PILOT BIRTH DATE:			
TEACHING PRIVILEGES AUTHORIZED:							
<div><input type="checkbox"/> CFI<input type="checkbox"/> CFII<input type="checkbox"/> MEI<input type="checkbox"/> Tailwheel<input type="checkbox"/> Cirrus<input type="checkbox"/> Aerobatic<input type="checkbox"/> Mountain<input type="checkbox"/> Check Flight Instructor<input type="checkbox"/> Assistant Chief Flight Instructor<input type="checkbox"/> Other _____</div>							
PILOT IS AUTHORIZED TO FLY (CHECK ALL THAT APPLY)							
<div>Airframe<input type="checkbox"/> PA-28 160 HP<input type="checkbox"/> DA-20<input type="checkbox"/> 8KCAB<input type="checkbox"/> C152<input type="checkbox"/> PA-28 180 HP<input type="checkbox"/> DA-40<input type="checkbox"/> 7KCAB<input type="checkbox"/> C172 160 HP<input type="checkbox"/> Cirrus SR-20<input type="checkbox"/> DA-42<input type="checkbox"/> _____<input type="checkbox"/> C172 180HP<input type="checkbox"/> Cirrus SR-22<input type="checkbox"/> Tecnam P2010<input type="checkbox"/> _____<input type="checkbox"/> C182<input type="checkbox"/> AA-5A Cheetah<input type="checkbox"/> Tecnam P2006T<input type="checkbox"/> Turbo<input type="checkbox"/> AA-5B Tiger</div>				Simulator <div><input type="checkbox"/> RB-TD2<input type="checkbox"/> RB-FMX<input type="checkbox"/> PFC-GTX<input type="checkbox"/> PFC-CRX</div>		Avionics <div><input type="checkbox"/> 6-Pack<input type="checkbox"/> G3X<input type="checkbox"/> G1000<input type="checkbox"/> Avidyne<input type="checkbox"/> Aspen</div>	
CERTIFICATES and RATINGS <div><input type="checkbox"/> Student<input type="checkbox"/> Instrument<input type="checkbox"/> Sport<input type="checkbox"/> Multi<input type="checkbox"/> Private<input type="checkbox"/> CFI<input type="checkbox"/> Commercial<input type="checkbox"/> CFII<input type="checkbox"/> ATP<input type="checkbox"/> MEI</div>		ENDORSEMENTS <div><input type="checkbox"/> Tailwheel<input type="checkbox"/> SES<input type="checkbox"/> High Performance<input type="checkbox"/> Complex<input type="checkbox"/> High Altitude</div>		FLIGHT TIME: <div>Total Time _____ IFR _____ SEL _____ Actual Inst. _____ Multi _____ SES _____ Tailwheel _____ Other _____</div>			
I certify that I have read and understand all applicable 14CFR regulations pertaining to flying subject aircraft. I acknowledge any restrictions of training requirements stated on this checkout. I also understand that maintaining currency, recurring requirements, and compliance with applicable operational guidance is my personal responsibility.							
PILOT NAME:				SIGNATURE:			
I certify that I have administered this Checkout indicated and that the above named pilot has demonstrated the proficiency required to fly the indicated aircraft.							
INSTRUCTOR:				SIGNATURE:			
CFI EXPIRATION DATE:				CFI CERTIFICATE NUMBER:			
COMMENTS							