

## GENERAL FLIGHT CHECK AND TRAINING FORM

Name:			Member #:		Aircraft: N		Date:	
Aircraft Type:		Class Medical: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third			Certificate:		No:	
Initial: <input type="checkbox"/>	Type: <input type="checkbox"/>	Remedial: <input type="checkbox"/>	Total:		PIC:	Day:	Night:	
APC: <input type="checkbox"/>	IPC: <input type="checkbox"/>	BFR/Other: <input type="checkbox"/>	Day <input type="checkbox"/>	Night <input type="checkbox"/>	X-C:	Inst:	SEL:	

Basic Maneuvers	U	S
Straight and Level		
Climb & Climbing Turns		
Desc. & Desc'ding. Turns		
Slow Flight & Stalls	U	S
Slow Flight without Flaps		
Slow Flight with Flaps		
Power Off Stall		
TO and Dep. Stall		
App.-to-Ldg. Stall		
Accelerated Stall		
Ground Reference	U	S
Rectangular Course		
S-Turns		
Turns About a Point		
Eights Around a Point		

Comm. Maneuvers	U	S
Chandelles		
Lazy Eights		
Eights-on-Pylon		
Takeoffs & Landings	U	S
Normal: T/O <input type="checkbox"/> Ldg. <input type="checkbox"/>		
X-wind: T/O <input type="checkbox"/> Ldg. <input type="checkbox"/>		
Soft Fld: T/O <input type="checkbox"/> Ldg. <input type="checkbox"/>		
Short Fld: T/O <input type="checkbox"/> Ldg. <input type="checkbox"/>		
Instrument Apps.	U	S
ILS <input type="checkbox"/> LOC <input type="checkbox"/>		
VOR <input type="checkbox"/> ADF <input type="checkbox"/> GPS <input type="checkbox"/>		
Visual <input type="checkbox"/> Contact <input type="checkbox"/>		
Missed		
Holding Patterns		

Emergency Proc.	U	S
Eng. Fail: T/O <input type="checkbox"/> Flt <input type="checkbox"/>		
Eng. Fire: Gnd <input type="checkbox"/> Flt <input type="checkbox"/>		
Elec: Failure <input type="checkbox"/> Fire <input type="checkbox"/>		
Emerg. Ldg. Gear Ext.		
General	U	S
Oral		
Aircraft Systems		
Night Operations		
A/C Perf./Wt. & Bal.		
Preflight Plng. & Wx. Bg.		
Nav. Log & Flt. Plan Mgt.		
LOFT		
Situational Awareness		
Judgment		

Mark grades 1 or 2 in U column; grades 3, 4 or 5 in S column: (1=Poor; 2=Bel. Avg; 3=Avg; 4=Above Avg; 5=Excellent)

### Narrative Comments

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Training Instructor \_\_\_\_\_

Check Instructor (Print Name) \_\_\_\_\_

Check Instructor Signature \_\_\_\_\_

- Flight Check Satisfactory
- Flight Check Unsatisfactory
- Flight Check Incomplete

Date \_\_\_\_\_