

CAP PILOT FLIGHT EVALUATION - AIRPLANE

DATE OF CHECK

MEMBER'S NAME (print or type) <i>Johnson, James</i>	CAP MEMBER EXP DATE <i>Jan 2003</i>	CHARTER NO <i>IA - 087</i>	AIRCRAFT <i>C-172</i>
TYPE CHECK: (Check all satisfactorily completed flight checks)			
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Instructor/Check Pilot	<input checked="" type="checkbox"/> Night Orientation	<input type="checkbox"/> Annual Standardization
<input type="checkbox"/> Multi-Engine	<input type="checkbox"/> Instrument	<input checked="" type="checkbox"/> Cadet Orientation	<input type="checkbox"/> Other
INSTRUCTIONS			
Sections I and II may be completed separately within a 30-day period before the flight check. All items for the appropriate type of check must be completed indicating S - Satisfactory, U - Unsatisfactory or V - Visually. If a member can satisfactorily perform the more complex maneuvers, less complex maneuvers need not be accomplished at the discretion of the check pilot. Night orientation is for familiarization only and required only at the discretion of wing commanders or higher. Pilots are evaluated on their ability to satisfactorily perform the tasks assigned, knowledge of procedures, smoothness, judgment, and mastery of the aircraft. Failure to meet the standards of performance for any task performed will result in an unsatisfactory evaluation. Tolerances specified in the appropriate FAA Practical Test Standards represent the minimum performance expected in good flying conditions. Individuals holding an instrument rating or ATP certificate are required to demonstrate instrument proficiency on a CAPF 5 flight check or be restricted from exercising instrument privileges on CAP flight activities.			
I. ORAL DISCUSSION		VII. INSTRUMENT REFERENCE MANEUVERS	
A. CAPF 5 Written Exam	<input checked="" type="checkbox"/>	A. Straight & Level Flight	<input checked="" type="checkbox"/>
B. Review CAPR 60-1 & Supplements	<input checked="" type="checkbox"/>	B. Constant Airspeed Climbs	<input checked="" type="checkbox"/>
C. Review Flight Release Procedures	<input checked="" type="checkbox"/>	C. Constant Airspeed Descents	<input checked="" type="checkbox"/>
D. Review CAPF 9 Requirements	<input checked="" type="checkbox"/>	D. Turns to A Heading	<input checked="" type="checkbox"/>
E. Local Procedures	<input checked="" type="checkbox"/>	E. Unusual Flight Attitudes	<input checked="" type="checkbox"/>
II. PREFLIGHT PREPARATION		F. Radio Nav & Radar Services	<input checked="" type="checkbox"/>
A. Certificates & Documents	<input checked="" type="checkbox"/>	VIII. FLIGHT AT CRITICALLY SLOW AIRSPEEDS	
B. Obtaining Weather Information	<input checked="" type="checkbox"/>	A. Full Stalls - Power Off	<input checked="" type="checkbox"/>
C. Determine Weight & Balance	<input checked="" type="checkbox"/>	B. Full Stalls - Power On	<input checked="" type="checkbox"/>
D. Determine Takeoff Performance	<input checked="" type="checkbox"/>	C. Maneuvering At Crit Slow Airspeed	<input checked="" type="checkbox"/>
E. Determine Cruise Performance	<input checked="" type="checkbox"/>	D. Constant Altitude Turns	<input checked="" type="checkbox"/>
F. Determine Landing Performance	<input checked="" type="checkbox"/>	IX. GROUND REFERENCE MANEUVERS	
G. Cross-country Flight Planning	<input checked="" type="checkbox"/>	A. Rectangular Course	<input checked="" type="checkbox"/>
H. Airplane Systems	<input checked="" type="checkbox"/>	B. S - Turns Across A Road	<input checked="" type="checkbox"/>
I. Aeromedical Facts Understanding	<input checked="" type="checkbox"/>	C. Turns Around A Point	<input checked="" type="checkbox"/>
III. GROUND OPERATIONS		X. NIGHT FLIGHT OPERATIONS	
A. Visual Inspection	<input checked="" type="checkbox"/>	A. Preparation & Equipment	<input checked="" type="checkbox"/>
B. Cockpit Management	<input checked="" type="checkbox"/>	B. Night Flight Procedures	<input checked="" type="checkbox"/>
C. Starting Engines	<input checked="" type="checkbox"/>	C. Factors Essential To Night Flight	<input checked="" type="checkbox"/>
D. Taxiing	<input checked="" type="checkbox"/>	D. Airplane & Airport Lighting	<input checked="" type="checkbox"/>
E. Pre-takeoff Check	<input checked="" type="checkbox"/>	XI. EMERGENCY PROCEDURES	
F. Takeoff Briefing	<input checked="" type="checkbox"/>	A. Emergency Approach & Landing (sim)	<input checked="" type="checkbox"/>
G. Post-flight Procedures	<input checked="" type="checkbox"/>	B. System & Equipment Malfunction	<input checked="" type="checkbox"/>
IV. AIRPORT & TRAFFIC PATTERN OPS		C. POH Bold Face Knowledge	<input checked="" type="checkbox"/>
A. Radio Comm & ATC Light Signals	<input checked="" type="checkbox"/>	D. Emergency Descent	<input checked="" type="checkbox"/>
B. Surface & Traffic Pattern Operations	<input checked="" type="checkbox"/>	XII. APPROACHES & LANDINGS	
C. Airport & Runway Markings & Lighting	<input checked="" type="checkbox"/>	A. Normal Approaches and Landings	<input checked="" type="checkbox"/>
V. TAKEOFF & CLIMBS		B. X-wind Approaches and Landings	<input checked="" type="checkbox"/>
A. Normal Takeoff & Climb	<input checked="" type="checkbox"/>	C. Forward Slips to Landing	<input checked="" type="checkbox"/>
B. Crosswind Takeoff & Climb	<input checked="" type="checkbox"/>	D. Go-around	<input checked="" type="checkbox"/>
C. Short-field Takeoff & Climb	<input checked="" type="checkbox"/>	F. Short-field Approach & Landing	<input checked="" type="checkbox"/>
D. Soft-field Takeoff & Climb	<input checked="" type="checkbox"/>	F. Soft-field Approach & Landing	<input checked="" type="checkbox"/>
VI. CROSS COUNTRY FLYING		XIII. SAFETY AWARENESS	
A. Pirage & Dead Reckoning	<input checked="" type="checkbox"/>	A. Clearing Turns	<input checked="" type="checkbox"/>
B. Radio Navigation	<input checked="" type="checkbox"/>	B. Vigilance & Risk Management & Judgment	<input checked="" type="checkbox"/>
C. Diversion	<input checked="" type="checkbox"/>	C. Fuel Management	<input checked="" type="checkbox"/>
D. Lost Procedures	<input checked="" type="checkbox"/>		

XIV. INSTRUMENT PROFICIENCY		F. Determine Weight & Balance	
A. Ground Prep (WX, AC systems, Ffl Plan)	N/A	G. Normal & Crosswind Takeoffs	
B. Alt Traffic Procedures		H. Normal Climb	
C. Compliance with ATC Clearances		I. Maximum Performance Takeoff & Climb	
D. Holding Procedures		J. Flight at Critically Slow Airspeed	
E. Flight By Reference to Instruments		K. Emergency Procedures	
F. Recovery from Unusual Attitudes		(1) System & Equipment Malfunctions	
G. Intercept & Tracking (VOR & NDB)		(2) One-engine Operation	
H. Instrument Approach Procedures		(3) Engine Failure/Takeoff Below VMC	
ILS/MLS Approach		(4) Engine Failure/After Liftoff	
VOR/VORTAC Approach		(5) Engine Failure/En Route	
NDB Approach		(6) Engine Out Manoeuvring	
Circling Approach		(7) Approach & Landing	
Missed Approach		(8) Minimum Controllable A/S Descent	
XV. MULT-ENGINE PROCEDURES		(9) Instrument Flight Procedures	
A. Airplane Systems and Operation		(a) Single-engine Non-prec Approach	
B. Use of Minimum Equipment List		(b) Single-engine Non-prec Approach	
C. Determine Takeoff Performance		(c) Single-engine Circling Manuever	
D. Determine Cruise Performance		(10) Normal & Xwind Approach/Landing	
E. Determine Landing Performance		(11) Go-around	

REVIEW OF CERTIFICATES AND DOCUMENTS (VERIFIED BY CHECK PILOT)
 FAA Pilot Certificate No. [redacted] FCC Radio Telephone Permit Date (if Applicable): [redacted]
 FAA III Class Medical, Issue Date: 7/24/00 FAA BFR DATE: 3/30/02

I certify that I have read and understand all applicable FAA, CAP, and state regulations pertaining to flying subject aircraft. I acknowledge any restrictions or training requirements stated above. I also understand that maintaining currency, recurring requirements, and compliance with applicable directives is my personal responsibility.

DATE	MEMBER'S NAME & GRADE (Print or Type)	MEMBER'S SIGNATURE
6-5-2002	Johnson, James 2nd Lt	[Signature]

I certify that I have administered a CAP flight check as indicated and that the below named CAP member (Evaluator initial blank)

- OK Has a current CAPR 60-1 and is aware of the Statement of Understanding requirements.
- OK Has demonstrated proficiency required to fly the indicated aircraft.
- OK Has demonstrated proficiency required to be a cadet orientation pilot.
- N/A Has demonstrated instrument proficiency.
- N/A Is not qualified. Requires additional training and recheck.

COMMENTS (For annual standardization evaluation. List all aircraft the member is qualified to fly):

DATE	FLIGHT TIME	EVALUATOR'S NAME & CERT NO.	EVALUATOR'S SIGNATURE
6/5	1.0	Don [Signature] CAP 207145	[Signature]
NAME & GRADE OF UNIT OPERATIONS OFFICER		SIGNATURE	DATE

DEPARTMENT OF TRANSPORTATION

FEDERAL AVIATION ADMINISTRATION



Pilot Proficiency Award Program

This is to certify that

JAMES EDWARD JOHNSON

has satisfactorily completed the requirements to become eligible to wear the Pilot Proficiency Wings, Phase IV attesting to this individual's dedication to aviation safety.

MARCH 21, 1998

Date

Roger "N" Clark
Signature

ROGER "N" CLARK
SAFETY PROGRAM MANAGER