

BASE NAME : NE NC: Smithfield

Last Name : Burke **Certificate No. :** [REDACTED] **Ratings :**
First Name : Jeffrey **Certificate Type :** COM Instrument - Helicopter; Rotorcraft - Helicopter
Middle Name : LeRoy **Duties :** Pilot-in-Command

Nonspecific Requirements:

| Req | Due | Last | First | Expired |
|----------------------|----------|----------|---------|--------------------------|
| MED | 10/31/17 | 10/6/16 | | <input type="checkbox"/> |
| Auto | 5/31/18 | 5/5/17 | | <input type="checkbox"/> |
| Line | 5/31/18 | 5/5/17 | | <input type="checkbox"/> |
| GEN | 12/31/17 | 7/24/17 | 8/25/09 | <input type="checkbox"/> |
| LFAE | 12/31/17 | 12/19/16 | | <input type="checkbox"/> |
| PICDEM Fire | 11/30/17 | 10/31/11 | | <input type="checkbox"/> |
| HANDSON Fire | 11/30/18 | 11/8/16 | | <input type="checkbox"/> |
| PICDEM EM IABS | 11/30/17 | 11/8/16 | | <input type="checkbox"/> |
| 135.611 Exemption | 10/31/17 | 10/30/16 | | <input type="checkbox"/> |

Aircraft Specific Requirements:

| Acft | Req | Due | Last | First | Expired | BaseMo |
|-----------------|-----------------------|----------|----------|---------|--------------------------|--------|
| EC135 | GND | 11/30/17 | 11/7/16 | 8/5/09 | <input type="checkbox"/> | 11 |
| | FLT | 11/30/17 | 11/8/16 | 8/24/09 | <input type="checkbox"/> | |
| | Ann | 11/30/17 | 11/9/16 | | <input type="checkbox"/> | 11 |
| | IFR | 5/31/17 | 11/9/16 | | <input type="checkbox"/> | 11/5 |
| | PICDEM Emer Evac | 11/30/17 | 10/31/11 | | <input type="checkbox"/> | |
| | HANDSON Emer Evac | 11/30/18 | 11/8/16 | | <input type="checkbox"/> | |
| | PMSP | 5/31/18 | 5/3/17 | | <input type="checkbox"/> | |
| EC135NVG | GND | 8/31/18 | 7/24/17 | 5/16/10 | <input type="checkbox"/> | 8 |
| | FLT | 11/30/17 | 11/8/16 | 5/21/10 | <input type="checkbox"/> | |
| | Ann | 11/30/17 | 11/9/16 | | <input type="checkbox"/> | 11 |
| EC145 | GND | 5/31/18 | 5/3/17 | 3/1/12 | <input type="checkbox"/> | 5 |
| | FLT | 5/31/18 | 4/30/17 | 6/11/12 | <input type="checkbox"/> | |
| | Ann | 5/31/18 | 5/5/17 | | <input type="checkbox"/> | 5 |
| | IFR | 11/30/17 | 5/5/17 | | <input type="checkbox"/> | 5/11 |
| | PICDEM Emer Evac | 5/31/18 | 6/7/16 | | <input type="checkbox"/> | |
| | HANDSON Emer Evac | 5/31/19 | 4/30/17 | | <input type="checkbox"/> | |
| | PICDEM Ditch Evac | 5/31/18 | 6/7/16 | | <input type="checkbox"/> | |
| | HANDSON Ditch Evac | 5/31/19 | 4/30/17 | | <input type="checkbox"/> | |
| | PMSP | 8/31/18 | 8/25/17 | | <input type="checkbox"/> | |



OPERATIONS DIVISION

PILOT DATA AND TRAINING RECORD

| | | | | | | |
|-----------------|-----|---------|---------|--------|--------------------------|---|
| EC145NVG | GND | 8/31/18 | 7/24/17 | 7/6/12 | <input type="checkbox"/> | 8 |
| | FLT | 5/31/18 | 4/30/17 | 7/7/12 | <input type="checkbox"/> | |
| | Ann | 5/31/18 | 5/5/17 | | <input type="checkbox"/> | 5 |

Name: Burke, Jeffrey LeRoy

Base Assignment: Smithfield, NC

| Assigned Aircraft | Diff Trng | Duties | | | | | | SIC | CA | TC | Assigned by | Date Assigned | Date Removed | Remark |
|--|-----------|--------------------------------------|--------|---------|-----|---------|---------|--------------------------------------|----|----------------|-------------|---------------|--------------|--------|
| | | Captain | | NVG | | IFR | VFR D/N | | | | | | | |
| | | IFR | Hi-Min | VFR D/N | NVG | IFR | VFR D/N | | | | | | | |
| EC135 | | | | X | | | | | | | | | | |
| EC135 | | X | | | | | | | | C. Bassett, CP | 08-26-12 | 10-01-12 | Expired | |
| EC135NVG | | | | | X | | | | | C. Bassett, CP | 03-30-10 | 03-31-12 | Expired | |
| EC135 | | X | | | | | | | | C. Bassett, CP | 05-22-10 | 06-30-11 | Expired | |
| EC145 | | | | X | | | | | | D. McCall, CP | 04-12-12 | 01-01-15 | Expired | |
| EC145 | | X | | | | | | | | D. McCall, CP | 06-15-12 | | | |
| EC145NVG | | | | | X | | | | | D. McCall, CP | 06-15-12 | 01-01-15 | Expired | |
| EC135 | | | | X | | | | | | D. McCall, CP | 07-07-12 | | | |
| EC135NVG | | | | | X | | | | | D. McCall, CP | 12-06-12 | | | |
| EC135 | | X | | | | | | | | D. McCall, CP | 12-06-12 | | | |
| EC145 | | X | | | | | | | | R. Helweg, CP | 01-07-15 | | | |
| | | | | | | | | | | R. Helweg, CP | 01-07-15 | | | |
| Authorized Instrument Approach Procedures | | | | | | | | | | | | | | |
| Approaches w/MDA | | Precision App w/Vert Guidance | | | | | | Precision Approach Procedures | | | | | | |
| GPS - LNAV | X | RNAV (GPS) | | | X | ILS | | | | | | | X | |
| GPS - LNAV Non Part 97 | | RNAV (GPS) Non-Part 97 | | | X | ILS/DME | | | | | | | X | |
| LDA | X | | | | | PAR | | | | | | | | |
| LDA/DME | X | | | | | | | | | | | | | |
| LOC | X | | | | | | | | | | | | | |
| LOC/BC | | | | | | | | | | | | | | |
| LOC/BC/DME | | | | | | | | | | | | | | |
| LOC/DME | X | | | | | | | | | | | | | |
| NDB | | | | | | | | | | | | | | |
| NDB/DME | | | | | | | | | | | | | | |
| RNAV (GPS) | X | | | | | | | | | | | | | |
| RNAV (VOR/DME) | | | | | | | | | | | | | | |
| SDF | X | | | | | | | | | | | | | |
| VOR | X | | | | | | | | | | | | | |
| VOR/DME | X | | | | | | | | | | | | | |
| VOR/DME/LOC | | | | | | | | | | | | | | |
| ASR | | | | | | | | | | | | | | |
| Circle to Land | X | | | | | | | | | | | | | |



CURRENT MEDICAL CERTIFICATE

14 CFR 135.63 (a) (4) (v)

NAME: Burke, Jeffrey LeRoy

DATE: 11-10-08

CLASS: Second

DATE: 10-29-09

CLASS: Second

DATE: 10-19-10

CLASS: Second

DATE: 10-04-11

CLASS: Second

DATE: 10-09-12

CLASS: Second

DATE: 10-15-13

CLASS: Second

DATE: 10-21-14

CLASS: Second

DATE: 10-06-15

CLASS: Second

DATE: 10-06-16

CLASS: Second

| | | | | | |
|---|-----------------------------------|--------|--|-------|-----|
| UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration | | | | | |
| MEDICAL CERTIFICATE SECOND CLASS | | | | | |
| This certifies that <i>(Full name and address)</i> : JEFFREY Leroy BURKE [REDACTED] | | | | | |
| Date of Birth | Height | Weight | Hair | Eyes | Sex |
| [REDACTED] | 68 | 204 | BROWN | HAZEL | M |
| has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate. | | | | | |
| Limitations | None | | | | |
| | | | | | |
| Date of Examination 10/06/2016 | | | Examiner's Designation No. [REDACTED] | | |
| Examiner | Signature [REDACTED] | | | | |
| | Typed Name WOODWARD CANNON, MD | | | | |
| AIRMAN'S SIGNATURE [REDACTED] | | | | | |
| Applicant ID: 2001564643 | | | Control No.: 200007519108 | | |

Fold Here

CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

(Cut on dashed line)



AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300
 FAA Civil Aerospace Medical Institute
 Mike Monroney Aeronautical Center
 P.O Box 26080
 Oklahoma City, OK 73125-9914

JEFFREY Leroy BURKE
[REDACTED]

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

I UNITED STATES OF AMERICA XI
DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION



IV NAME
JEFFREY LEROY BURKE
V ADDRESS
[REDACTED]

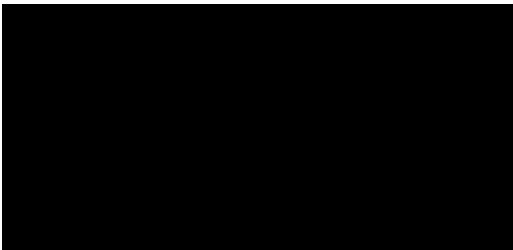
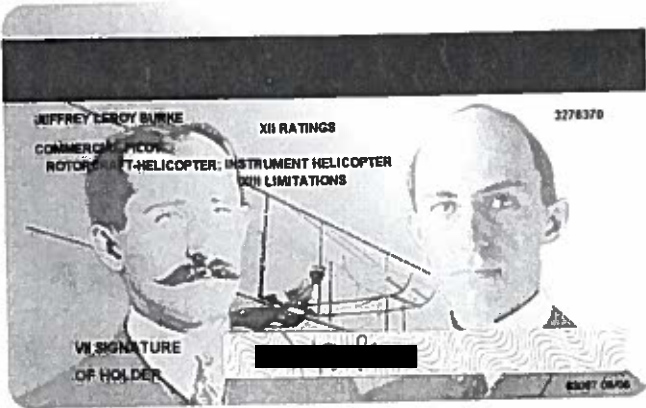
VI NATIONALITY USA SEX HEIGHT WEIGHT HAIR EYES
IVa D.O.B. [REDACTED] M 67 185 BROWN GREEN

IX HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

II COMMERCIAL PILOT
III CERTIFICATE NUMBER [REDACTED]
X DATE OF ISSUE 13 NOV 2007



IVY [REDACTED]
ADMINISTRATOR



COMPETENCY TEST AND CHECKS
HISTORICAL RECORD-DO NOT REMOVE!

14CFR 135.63 (a)(4)(vi)
Insert Form 8410-3 (Following)

Name: Burke, Jeffrey LeRoy

| Date | Type* | Aircraft Type | Results | | 293 (a) | 293 (b) | 297 | 299 | HNVGO |
|----------|-------|---------------|--------------|----------------|---------|---------|-----|-----|-------|
| | | | Satisfactory | Unsatisfactory | | | | | |
| 05-02-14 | RE | EC145 | X | | X | X | | X | |
| 05-02-14 | RE | EC145 | X | | | | X | | |
| 05-02-14 | RE | EC145NVG | X | | | | | | X |
| 01-07-15 | RE | EC135 | X | | X | X | | X | |
| 01-07-15 | RQ | EC135 | X | | | | X | | |
| 01-07-15 | RE | EC135NVG | X | | | | | | X |
| 05-19-15 | RE | EC145 | X | | X | X | | X | |
| 05-19-15 | RE | EC145NVG | X | | | | | | X |
| 12-05-15 | RE | EC135 | X | | | | | X | |
| 12-06-15 | RE | EC135 | X | | X | X | | | |
| 12-06-15 | RE | EC135 | X | | | | X | | |
| 12-06-15 | RE | EC135NVG | X | | | | | | X |
| 06-08-16 | RE | EC145 | X | | X | X | | X | |
| 06-08-16 | RE | EC145 | X | | | | X | | |
| 06-08-16 | RE | EC145NVG | X | | | | | | X |
| 11-08-16 | RE | EC135 | X | | | | | X | |
| 11-09-16 | RE | EC135 | X | | X | X | | | |
| 11-09-16 | RE | EC135 | X | | | | X | | |
| 11-09-16 | RE | EC135NVG | X | | | | | | X |
| 5-05-17 | RE | EC145 | X | | X | X | | X | |
| 5-05-17 | RE | EC145 | X | | | | X | | |
| 5-05-17 | RE | EC145NVG | X | | | | | | X |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

* In = Initial New Hire; Re = Recurrent; Tr = Transition; Up = Up Grade; Rq = Requalification

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

COMPETENCY TEST AND CHECKS
HISTORICAL RECORD-DO NOT REMOVE!

14CFR 135.63 (a)(4)(vi)

Insert Form 8410-3 (Following)

Name: Burke, Jeffrey LeRoy

| Date | Type* | Aircraft Type | Results | | 293 (a) | 293 (b) | 297 | 299 | HNVGO |
|----------|-------|---------------|--------------|----------------|---------|---------|-----|-----|-------|
| | | | Satisfactory | Unsatisfactory | | | | | |
| 8-26-09 | IN | EC135 | X | | X | X | | X | |
| 3-30-10 | TR | EC135 | X | | | | X | | |
| 5-22-10 | TR | EC135NVG | X | | | | | | X |
| 9-2-10 | RE | EC135 | X | | X | X | X | X | |
| 03-29-11 | RE | EC135 | X | | | | X | | |
| 08-18-11 | RE | EC135 | X | | X | X | | X | |
| 08-18-11 | RE | EC135 | X | | | | X | | |
| 04-12-12 | RQ | EC135 | X | | | | X | | |
| 06-15-12 | TR | EC145 | X | | X | X | | X | |
| 06-15-12 | TR | EC145 | X | | | | X | | |
| 07-07-12 | TR | EC145NVG | X | | | | | | X |
| 12-06-12 | RQ | EC135 | X | | X | X | | X | |
| 12-06-12 | RQ | EC135NVG | X | | | | | | X |
| 01-31-13 | RE | EC145 | X | | | | X | X | |
| 02-05-13 | RE | EC145 | X | | X | X | | X | |
| 02-05-13 | RE | EC145NVG | X | | | | | | X |
| 08-07-13 | RE | EC145 | X | | X | X | | X | |
| 08-07-13 | RE | EC145 | X | | | | X | | |
| 08-07-13 | RE | EC145NVG | X | | | | | | X |
| 12-10-13 | RE | EC135 | X | | X | X | | | |
| 12-10-13 | RE | EC135 | X | | | | X | | |
| 12-10-13 | RE | EC135NVG | X | | | | | | X |
| 12-11-13 | RE | EC135 | X | | | | | X | |

* In = Initial New Hire; Re = Recurrent; Tr = Transition; Up = Up Grade; Rq = Requalification

DEN-FSDO / FAA Approved/Accepted _____

Date: _____

AMC Helicopter 8410-3

| | | | | | | | |
|--|--|---|----------|--|---------------------|---|-----|
| 14 CFR 135 Airman Competency/Proficiency Check | | | | LOCATION (City, State or Airport ID) Dallas, Texas | | Date of Check 09 November 2016 | |
| Name of Airman (exactly as it appears on the airman certificate) Jeffrey Leroy Burke | | | | TYPE OF CHECK CFR 135.293 <input checked="" type="checkbox"/> CFR 135.297 <input checked="" type="checkbox"/> CFR 135.299 <input type="checkbox"/> HNVGO <input checked="" type="checkbox"/> | | Observed evaluation 135.339 <input type="checkbox"/> | |
| Pilot Certification Information | | Grade Commercial Pilot | | Medical Information | | Class Second | |
| Employed by Air Methods Corporation | | Based at (City, State) Smithfield, NC | | Date of Exam 06 Oct 2016 | | Date of Birth | |
| Name of Check Airman Ted R Miller | | Signature of Check Airman <i>Ted R Miller</i> | | Flight Time 2+30 | | Aircraft N Number N1353SIM | |
| Flight Maneuver Grades (S-Satisfactory, U-Unsatisfactory, U/S-Retained, N/A-Not Applicable) | | | | | | | |
| Aircraft Examination | | | | Non-normal and Emergency Procedures | | | |
| Part 135.293/135.297 | Oral <input checked="" type="checkbox"/> | Written <input type="checkbox"/> | Aircraft | FB | System Malfunctions | Aircraft | FS |
| Ground Operations | | | | Takeoffs and Departures | | | |
| Preflight Inspection | | | | Simulated NVG Malfunction with Appropriate Recovery | | | |
| Start Procedures | | | | Recovery from IMC | | | |
| Taxiing and Ground Hover | | | | Maneuver by Partial Panel (No Standby Instrumentation) | | | |
| Pretakeoff Checks | | | | Instrument Approach (Type) ILS | | | |
| Normal | | | | Power Failure & Autorotation (Power Recovery) (SE only) | | | |
| Instrument | | | | Hovering Autorotations (SE only) | | | |
| With Powerplant Failure (ME only) | | | | Tail Rotor Failure (Oral Only) | | | |
| Rapid Deceleration (Quick Stop) | | | | Dynamic Rollover (Oral Only) | | | |
| Area Departure | | | | Low Rotor RPM (Oral Only) | | | |
| | | | | Anti-torque System Failure (Oral Only) | | | |
| | | | | Confined Pinnacle Operations | | | |
| | | | | Slope Operations | | | |
| | | | | Ground Hazard Recognition | | | |
| Inflight Maneuvers | | | | Instrument Procedures | | | |
| Sleep Turns | | | | Area Arrival | | | |
| Settling with Power | | | | Holding | | | |
| Unusual Attitude Recovery | | | | Normal ILS Approach | | | |
| | | | | Engine-Out ILS (ME only) | | | |
| | | | | Coupled Approach | | | |
| | | | | Nonprecision Approach (Type) RNAV (GPS) | | | |
| | | | | Second Nonprecision Approach (Type) LOC | | | |
| | | | | Missed Approach from an ILS | | | |
| | | | | Second Missed approach | | | |
| | | | | Circling Approach (Type) LOC | | | |
| Landings and Approaches to Landings | | | | Remarks | | | |
| Normal | | | | Make-Model / Expires EC135 (12 Months) November 2017 | | | |
| Landing from an ILS | | | | Use of Autopilot <input checked="" type="checkbox"/> authorized <input type="checkbox"/> not authorized | | | |
| Landing with Engine Out (ME only) | | | | Make-Model / Expires EC135 (12 Months) November 2017 | | | |
| Circling Approach | | | | Make-Model / Expires EC135 (12 Months) November 2017 | | | |
| Remarks | | | | Miscellaneous | | | |
| Recurrent 135.293 / 297 / HNVGO checkride completed in Base Month | | | | Aircraft Oral Satisfactory <input checked="" type="checkbox"/> (List Aircraft Make/Model/Series Below) | | | |
| | | | | EC135 | N/A | N/A | N/A |
| Results of Check <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | FAA Inspector's Signature | | | |
| Check Airman's Performance (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | FAA Inspector's Signature | | | |
| Region | | | | Attach completed form to an email. Type "8410" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region. | | | |
| District Office | | | | Date: | | | |
| DEN-FSDO / FAA Approved/Accepted | | | | | | | |

AMC Helicopter 8410-3

| | | | | | | | |
|--|--|---------------------------|--|---|--|--|--|
| 14 CFR 135 Airman Competency/Proficiency Check | | | | LOCATION (City, State or Airport ID) | | Date of Check | |
| | | | | Dallas, TX | | 08 November 2016 | |
| Name of Airman (exactly as it appears on the airman certificate) | | | | TYPE OF CHECK | | Observed evaluation 135.339 <input type="checkbox"/> | |
| Jeffrey Leroy Burke | | | | CFR 135.293 <input type="checkbox"/> CFR 135.297 <input type="checkbox"/> CFR 135.299 <input checked="" type="checkbox"/> | | Initial <input type="checkbox"/> Recurrent <input checked="" type="checkbox"/> | |
| Pilot Certification Information | | Grade | | Medical Information | | Class | |
| | | Commercial Pilot | | | | Second | |
| Employed by | | Based at (City, State) | | Date of Exam | | Date of Birth | |
| Air Methods Corporation | | Smithfield, NC | | 06 Oct 2016 | | | |
| Name of Check Airman | | Signature of Check Airman | | Type of Aircraft (Make/Model) | | Flight Time | |
| Ted R Miller | | Ted R Miller | | EC135 | | 0+19 | |
| Aircraft Examination | | | | | | | |
| Part 135.293/135.297 | | | | Aircraft | | FS | |
| Oral <input type="checkbox"/> Written <input type="checkbox"/> | | | | N/A | | N/A | |
| Ground Operations | | | | Non-normal and Emergency Procedures | | | |
| Preflight Inspection | | | | S | | N/A | |
| Start Procedures | | | | S | | N/A | |
| Taxiing and Ground Hover | | | | S | | N/A | |
| Pretakeoff Checks | | | | S | | N/A | |
| Takeoffs and Departures | | | | Hovering Autorotations (SE only) | | | |
| Normal | | | | S | | N/A | |
| Instrument | | | | N/A | | N/A | |
| With Powerplant Failure (ME only) | | | | N/A | | N/A | |
| Rapid Deceleration (Quick Stop) | | | | N/A | | N/A | |
| Area Departure | | | | N/A | | N/A | |
| | | | | N/A | | N/A | |
| | | | | N/A | | N/A | |
| Inflight Maneuvers | | | | Brownout / Whitout / Flat Light Operations | | | |
| Steep Turns | | | | N/A | | N/A | |
| Settling with Power | | | | N/A | | N/A | |
| Unusual Attitude Recovery | | | | N/A | | N/A | |
| Instrument Procedures | | | | General | | | |
| Area Arrival | | | | N/A | | N/A | |
| Holding | | | | N/A | | N/A | |
| Normal ILS Approach | | | | N/A | | N/A | |
| Engine-Out ILS (ME only) | | | | N/A | | N/A | |
| Coupled Approach | | | | N/A | | N/A | |
| Nonprecision Approach (Type) | | | | N/A | | N/A | |
| Second Nonprecision Approach (Type) | | | | N/A | | N/A | |
| Missed Approach from an ILS | | | | N/A | | N/A | |
| Second Missed approach | | | | N/A | | N/A | |
| Circling Approach (Type) | | | | N/A | | N/A | |
| Landings and Approaches to Landings | | | | Satisfactory Line Checks 135.299 | | | |
| Normal | | | | S | | N/A | |
| Landing from an ILS | | | | N/A | | N/A | |
| Landing with Engine Out (ME only) | | | | N/A | | N/A | |
| Circling Approach | | | | N/A | | N/A | |
| Remarks | | | | Satisfactory HNVGO | | | |
| | | | | N/A | | N/A | |
| | | | | N/A | | N/A | |
| Recurrent 299—Completed in Base Month. | | | | Satisfactory Knowledge 135.293(a) | | | |
| | | | | N/A | | N/A | |
| | | | | N/A | | N/A | |
| Results of Check <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | Satisfactory Competency 135.293(b) | | | |
| Check Airman's Performance (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | N/A | | N/A | |
| Region | | District Office | | FAA Inspector's Signature | | | |
| Attach completed form to an email, type "8410" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region. | | | | FAA Inspector's Signature | | | |
| DEN-FSDO / FAA Approved/Accepted | | | | Date: | | | |

AMC Helicopter 8410-3

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 14 CFR 135 Airman Competency/Proficiency Check | | | | LOCATION (City, State or Airport ID) Smithfield, NC | | Date of Check 05 May 2017 | |
| Name of Airman (exactly as it appears on the airman certificate) Jeffrey Leroy Burke | | | | TYPE OF CHECK CFR 135.293 <input checked="" type="checkbox"/> CFR 135.297 <input checked="" type="checkbox"/> CFR 135.299 <input checked="" type="checkbox"/> | | Observed evaluation 135.339 <input type="checkbox"/> | |
| Pilot Certification Information | | | | Medical Information | | Class | |
| Grade Commercial Pilot | | Number [REDACTED] | | Date of Exam 06 Oct 2016 | | Date of Birth [REDACTED] | |
| Employed by Air Methods Corporation | | Based at (City, State) Smithfield, NC | | Type of Aircraft (Make/Model) BK117 C2 (EC145) | | | |
| Name of Check Airman Glenn S. Uchiyama | | Signature of Check Airman <i>Glenn S. Uchiyama</i> | | Flight Time 2+05 | | Aircraft N Number N146DU | |
| Flight Maneuver Grades (S Satisfactory, U Unsatisfactory, U/S Retrained, N/A Not Applicable) | | | | | | | |
| Aircraft Examination | | Aircraft | | FS | | Non-normal and Emergency Procedures | |
| Part 135.293/135.297 | | Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> | | S N/A | | System Malfunctions | |
| Ground Operations | | | | | | Simulated NVG Malfunction with Appropriate Recovery | |
| Preflight Inspection | | S | | N/A | | Recovery from IIMC | |
| Start Procedures | | S | | N/A | | Maneuver by Partial Panel (No Standby Instrumentation) | |
| Taxing and Ground Hover | | S | | N/A | | Instrument Approach (Type) ILS | |
| Pretakeoff Checks | | S | | N/A | | Power Failure & Autorotation (Power Recovery) (SE only) | |
| Takeoffs and Departures | | | | | | Hovering Autorotations (SE only) | |
| Normal | | S | | N/A | | Tail Rotor Failure (Oral Only) | |
| Instrument | | S | | N/A | | Dynamic Rollover (Oral Only) | |
| With Powerplant Failure (ME only) | | S | | N/A | | Low Rotor RPM (Oral Only) | |
| Rapid Deceleration (Quick Stop) | | S | | N/A | | Anti-torque System Failure (Oral Only) | |
| Area Departure | | S | | N/A | | Confined Pinnacle Operations | |
| | | N/A | | N/A | | Slope Operations | |
| | | N/A | | N/A | | Ground Hazard Recognition | |
| Inflight Maneuvers | | | | | | Browout / Whitout / Flat Light Operations | |
| Steep Turns | | S | | N/A | | Use of External Lighting | |
| Settling with Power | | S | | N/A | | | |
| Unusual Altitude Recovery | | S | | N/A | | | |
| Instrument Procedures | | | | | | General | |
| Area Arrival | | S | | N/A | | Judgment | |
| Holding | | GPS | | S | | N/A | |
| Normal ILS Approach | | ILS | | S | | N/A | |
| Engine-Out ILS (ME only) | | S | | N/A | | N/A | |
| Coupled Approach | | S | | N/A | | N/A | |
| Nonprecision Approach (Type) RNAV (GPS) | | S | | N/A | | Airman Competency Information | |
| Second Nonprecision Approach (Type) RNAV (GPS) Non-Part97 | | S | | N/A | | Satisfactory Knowledge 135.293(a) | |
| Missed Approach from an ILS | | S | | N/A | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | |
| Second Missed approach | | S | | N/A | | Satisfactory Competency 135.293(b) | |
| Circling Approach (Type) LOC | | S | | N/A | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | |
| Landings and Approaches to Landings | | | | | | Satisfactory Line Checks 135.299 | |
| Normal | | S | | N/A | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | |
| Landing from an ILS | | S | | N/A | | Satisfactory IFR Proficiency 135.297 | |
| Landing with Engine Out (ME only) | | S | | N/A | | Make-Model / Expires BK117C2(EC145) (6 Months) November 2017 | |
| Circling Approach | | S | | N/A | | Satisfactory HNVGO | |
| Remarks | | | | | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | |
| Trained and checked for non-Part 97 approach and departure procedures at uncontrolled helipads and airports | | | | | | Use of Autopilot <input checked="" type="checkbox"/> if/authorized <input type="checkbox"/> of authorized | |
| | | | | | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | |
| | | | | | | Miscellaneous | |
| | | | | | | Aircraft Oral Satisfactory <input checked="" type="checkbox"/> (List Aircraft Make/Model/Series Below) | |
| | | | | | | BK117C2(EC145) N/A N/A N/A | |
| | | | | | | N/A N/A N/A N/A | |
| Results of Check <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | | | FAA Inspector's Signature | |
| Check Airman's Performance (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | | | FAA Inspector's Signature | |
| Region | | District Office | | | | | |
| Attach completed form to an email. Type "8410" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region. | | | | FAA Inspector's Signature | | | |
| DEN FSDD / FAA Approved/Accepted | | | | Date: | | | |

Helicopter Flight Training



| Section One: General Information | | | | | | | |
|----------------------------------|----------------------|------|------|------|------|------|------|
| Name: | Jeffrey Leroy Burke | | | | | | |
| Date: | 08-Nov-16 | | | | | | |
| Training Category: | Recurrent | | | | | | |
| Aircraft Type: | EC135 FSTD N 1353SIM | | | | | | |
| Training Environment: | D | N | A | I/AI | FS | AATD | TT |
| Flight Time Brought Forward: | | | | | | | 0+00 |
| Flight Time This Period: | 0+30 | 2+00 | 1+30 | 1+20 | 2+30 | | 2+30 |
| Cumulative Flight Time: | 0+30 | 2+00 | 1+30 | 1+20 | 2+30 | 0+00 | 2+30 |

D=Day N=Night A=Aided H/AI=Hood/Actual Inst TT=Total time
AATD=Advanced Aviation Training Device
Grade only the maneuvers trained. Log all training times in hours & minutes.

| Section Two: Training | | | |
|---|-----|----|------|
| | A/C | FS | AATD |
| Ground Operations | | | |
| PreFlight Inspection | | | |
| Start Procedures | | B | |
| Taxiing | | B | |
| Before Takeoff Checks | | B | |
| Takeoffs and Departures | | | |
| Normal | | B | |
| Instrument | | B | |
| With Powerplant Failure - Rejected (ME only) | | B | |
| With Powerplant Failure - Continued (ME only) | | B | |
| Rejected Takeoff (ME only) | | B | |
| Rapid Deceleration (Quick Stop) | | B | |
| Area Departure | | B | |
| Inflight Maneuvers | | | |
| Steep Turns | | B | |
| Settling with Power | | B | |
| Unusual Attitude Recovery | | B | |
| Instrument Procedures | | | |
| Area Arrival | | B | |
| Holding | | B | |
| Normal ILS Approach | | B | |
| Engine-Out ILS (ME only) | | B | |
| Coupled Approach | | B | |
| PAR Approach | | B | |
| APV Approaches with DA | | B | |
| RNAV(GPS) Non-Part 97 Approaches | | B | |
| Nonprecision Approaches with MDA | | | |
| GPS | | | |
| LDA | | | |
| LDA/DME | | | |
| LOC | | B | |
| LOC/DME | | | |
| LOC BC | | | |
| ASR | | | |
| NDB | | | |
| NDB/DME | | | |
| RNAV (GPS) | | B | |
| SDF | | | |
| VOR | | | |
| VOR/DME | | | |
| Missed Approach from ILS | | B | |
| Second Missed Approach | | B | |
| Use of Autopilot | | B | |
| Circling Approach | | B | |
| Circle to Land Approach Maneuver | | B | |
| Landings | | | |
| Normal | | | B |
| Steep | | | B |
| Rejected | | | B |
| Landing from an ILS | | | B |
| Landing with Engine Out (ME only) | | | B |
| Non-Normal and Emergency Procedures | | | |
| System Malfunctions | | | B |
| Recovery from IMC | | | B |
| Maneuver by Partial Panel | | | |
| Instrument Approach | | | |
| Power Failure and Autorotation to a Power | | | |
| Recovery (SE Only) | | | |
| Hovering Autorotation (SE Only) | | | |
| NVG Failure and Recovery | | | B |
| Tail Rotor Failure (Oral Only) | | | B |
| Anti-Torque System Failure (Oral Only) | | | B |
| Dynamic Rollover (Oral Only) | | | B |
| Low Rotor RPM (Oral Only) | | | B |
| Confined Area / Pinnacle | | | B |
| Slope Operations | | | B |
| Ground Hazard Recognition | | | B |
| Brownout/Whiteout/Flat Light Operations | | | B |
| Use of External Light | | | B |
| Engine Fire (Oral Only) | | | B |
| Governor/FADEC Failure | | | B |
| Hydraulic Failure | | | B |
| Landing Gear Failure | | | |
| Instrument Failure | | | |
| Generator Failure | | | B |
| Inverter Failure | | | |
| AFCs Failure | | | B |
| Communication Failure | | | |
| General | | | |
| Judgment | | | B |
| Crew Coordination | | | B |
| Situational Awareness | | | B |
| Use of Checklist | | | B |
| Radar/Stormscope Use | | | |
| AFCs/FD Familiarization | | | B |
| Nav/HSI Procedures | | | B |
| Transition to NVG Unaided to Aided Flight | | | B |

| Section Three: Grading | | | |
|------------------------|--|---------------------|-------------------|
| Initial | GRADING | A - Exceeds FAA PTS | B - Meets FAA PTS |
| smc | Recommended for Competency Check, 14 CFR 135.293 (a) and (b) and Line Check 14 CFR 135.299 | | |
| smc | Recommended for IFR Proficiency Check 14 CFR 135.297 | | |
| smc | Recommended for NVG Proficiency Check | | |
| | Demonstrated Satisfactory Instrument Proficiency, 14 CFR 61.57(d) | | |

Comments (Comments are required):
Mr. Burke started his flight at 64FD with practice on engine out maneuvers. We then proceeded to SCENE for confined area approaches. While enroute to JFK rooftop he went IMC and proceeded to KPBI via the RNAV RWY 14 with a full missed. We then conducted steep turn practice and a flight to holding over the PBI VORTAC (South) on the 180 radial. Following holding we flew the LOC 28R to circling mins with the circling approach maneuver. On the airport we conducted Quickstops, slopes, and a FADEC in a hover. We then performed an ITQ on 10L with weather at 50' and .5 miles vis. Returned to KPBI via a coupled ILS 28R with full missed. I then vectored him to ILS RWY 10L with an engine fire and loss of upper modes for a hand flown ILS. Discussed Power settling techniques.

| Section Four: Signatures | |
|--|---|
| Instructor/Check Airman Signature:  | Pilot Signature:  |
| Instructor/Check Airman Name: Scott Curtin | |
| Observed by: _____ | Title: _____ |
| Training Captain / Instructor Observed Ride IAW 135.340 <input type="checkbox"/> | Trained and authorized to complete ROC checks. <input type="checkbox"/> |

Attach completed form to an email. Type "Training Forms" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region.

Helicopter Ground Training Record

Section One: General Information

| | | | |
|-----------------------------|---------------------|----------|--|
| Name: | Jeffrey Leroy Burke | | |
| Aircraft Type: | EC135 | | |
| Type of Training: | Recurrent | | |
| Ground Training Base Month: | Current | November | |

Section Two: Training Modules

| Date | Module | Instructor |
|---|---|------------|
| General Operational Subjects Modules | | |
| 07-Nov-16 | 1 . Rotorcraft Flight Manual | Thompson |
| 07-Nov-16 | 2 . Aircraft General | Thompson |
| 07-Nov-16 | 3 . Crew Compartment | Thompson |
| 07-Nov-16 | 4 . Operating Limits | Thompson |
| 07-Nov-16 | 5 . Performance Data | Thompson |
| 07-Nov-16 | 6 . Weight & Balance | Thompson |
| Aircraft Systems Modules | | |
| 07-Nov-16 | 1 . Airframe | Thompson |
| 07-Nov-16 | 2 . Powerplant | Thompson |
| 07-Nov-16 | 3 . Fuel | Thompson |
| 07-Nov-16 | 4 . Transmission and Drive Train | Thompson |
| 07-Nov-16 | 5 . Tail Rotor Drive System (if applicable) | Thompson |
| 07-Nov-16 | 6 . Main Rotor and Rotation Controls | Thompson |
| 07-Nov-16 | 7 . Flight Controls and Anti-torque System | Thompson |
| 07-Nov-16 | 8 . Hydraulic System | Thompson |
| 07-Nov-16 | 9 . Electrical System | Thompson |
| 07-Nov-16 | 10 . Ground Handling and Utility Systems | Thompson |
| 07-Nov-16 | 11 . Servicing | Thompson |
| 07-Nov-16 | 12 . Navigation Systems | Thompson |
| 07-Nov-16 | 13 . Auto-flight Systems | Thompson |
| Aircraft Systems Integration Modules | | |
| 07-Nov-16 | 1 . Use of Checklist | Thompson |
| 07-Nov-16 | 2 . Emergency Procedures | Thompson |
| 07-Nov-16 | 3 . Normal Procedures | Thompson |
| 07-Nov-16 | 4 . Supplements (as appropriate) | Thompson |
| Other | | |
| 07-Nov-16 | 1 . Annual Review of Certificate Holder Accidents/Incidents Recurrent Training Only - 14 CFR 135.331 & 135.351 | Thompson |

Attach completed form to an email. Type "Training forms" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region.

Section Three: Remarks

Section Four: Signatures

I certify that the above named pilot has completed the indicated training in accordance with the hour requirements set forth in the appropriate PTP Annex.

| | | |
|--|---------------|---------------------|
| | Signature: | |
| | Printed Name: | Richard L. Thompson |
| I have received the indicated training | Signature: | |
| | Printed Name: | Jeffrey Leroy Burke |

Air Methods Emergency Drill Training

Section One: General Information

| | | | |
|--|---------------------|--------------|----------------|
| Name: | Jeffrey Leroy Burke | Base: | Smithfield, NC |
| email: | @ | | |
| Aircraft Make and Model for Evacuation Drill: | | | |
| EC135 | | | |

Section Two: Training Information

| | | | |
|---|-------------------------------------|-------------------|--------------|
| Select Type of Training: | Recurrent 24-Mo Hands-On | | |
| | Date | Instructor | |
| Ditching and evacuation situations (if applicable) | <input type="checkbox"/> | | |
| Emergency evacuation and operation of emergency exits in normal and emergency mode (use of slide if applicable) | <input checked="" type="checkbox"/> | 08-Nov-2016 | Ted R Miller |
| Hand-held fire extinguisher/Fire in flight/ Smoke control | <input checked="" type="checkbox"/> | 08-Nov-2016 | Ted R Miller |
| Rapid depressurization (if applicable) | <input type="checkbox"/> | | |
| Use of crew and passenger emergency oxygen system | <input type="checkbox"/> | | |
| Removal of life rafts from aircraft, inflating and boarding | <input type="checkbox"/> | | |
| Donning and inflation of life vests and use of other flotation devices | <input type="checkbox"/> | | |
| Illness, injury or other abnormal situations involving passengers or crewmembers | <input checked="" type="checkbox"/> | 08-Nov-2016 | Ted R Miller |

Section Three: Signatures

| | | |
|---|----------------------|-------------------------------|
| Certifying Instructor Signature: | [Redacted Signature] | |
| Printed Name and Title: | Ted R Miller | Check Airman/Training Captain |
| Certifying Manager Signature: | | |
| Printed Name: | | |

NOTES:

- 1 Select appropriate type of training from drop-down box.
- 2 Check boxes that apply; enter date of training and instructor's name.
- 3 Attach completed form to an email. Type "Training Forms" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region.; scan and save as "pilotname.emergencydrills.mm/yy.pdf"
- 4 Training shall be conducted by an authorized trainer; authorized trainers are Check Airmen/Training Captains and Air Transportation Ground Instructors or AMC management personnel, and base lead pilots. Upon completion of training, the trainer will evaluate the knowledge and competency of crewmembers that have completed the ground training curriculum and certify satisfactory completion of training.
- 5 The emergency drill (actual hands-on) training must be conducted every 24 months; pictorial/classroom emergency situation training must be done every 12 months IAW CFR 135.341c and 8900.1 Vol. 3, Chap. 19, Sec. 4. Once designated, trainers will train themselves by completing the above requirements, then fill in the appropriate blocks and forward to a training manager for signature.
- 6 Air Transportation Ground Instructors (Ref. (8900.1 Vol. 3, Chap. 20, Sec. 1) shall be qualified pilots; ground instructor designation shall be tracked on AMC TF135 (5280) and placed in the flight record administrative section.

Helicopter Flight Training

Section One: General Information

| | | | | | | | |
|---|------|--|----------------|------|------|------|------|
| Name: Jeffrey Leroy Burke | | Date: 30-Apr-17 | | | | | |
| Training Category: Recurrent | | Aircraft Type: BK117 C2 (EC145) | N 146DU | | | | |
| Training for the following authorizations: <input checked="" type="checkbox"/> 135.293 <input checked="" type="checkbox"/> 135.297 <input checked="" type="checkbox"/> HNVGC <input type="checkbox"/> N/A | | | | | | | |
| Training Environment: | D | N | A | H/AI | FS | AATD | TT |
| Flight Time Brought Forward: | | | | | | | 0+00 |
| Flight Time This Period: | | 2+00 | 0+30 | 1+30 | | | 2+00 |
| Cumulative Flight Time: | 0+00 | 2+00 | 0+30 | 1+30 | 0+00 | 0+00 | 2+00 |

D=Day N Night A=Aided H/AI=Hood/Actual Inst TT=Total time
AATD=Advanced Aviation Training Device
Grade only the maneuvers trained. Log all training times in hours & minutes.

Section Two: Training

| | | A/C | FS | AATD | | | A/C | FS | AATD |
|---|--|-----|----|------|--|--|-----|----|------|
| Ground Operations | | | | | Landings | | | | |
| Preflight Inspection | | | B | | Normal | | B | | |
| Start Procedures | | | B | | Steep | | B | | |
| Taxing | | | B | | Rejected | | B | | |
| Before Takeoff Checks | | | B | | Landing from an ILS | | B | | |
| Takeoffs and Departures | | | | | Non-Normal and Emergency Procedures System Malfunction: | | | | |
| Normal | | | B | | Landing with Engine Out (ME only) | | B | | |
| Instrument | | | B | | System Malfunctions | | B | | |
| With Powerplant Failure - Rejected (ME only) | | | B | | Recovery from IMC | | B | | |
| With Powerplant Failure - Continued (ME only) | | | | | Maneuver by Partial Panel | | | | |
| Rejected Takeoff (ME only) | | | B | | Instrument Approach | | B | | |
| Rapid Deceleration (Quick Stop) | | | B | | Power Failure and Autorotation to a Power | | | | |
| Area Departure | | | B | | Recovery (SE Only) | | | | |
| Flight Maneuvers | | | | | Hovering Autorotation (SE Only) | | | | |
| Steep Turns | | | B | | NVG Failure and Recovery | | B | | |
| Settling with Power | | | B | | Tail Rotor Failure (Oral Only) | | | | |
| Unusual Attitude Recovery | | | B | | Anti-Torque System Failure (Oral Only) | | B | | |
| Instrument Procedures | | | | | Dynamic Roll-over (Oral Only) | | | | |
| Area Arrival | | | B | | Low Rotor RPM (Oral Only) | | B | | |
| Holding | | | B | | Confined Area / Pinnacle | | B | | |
| Normal ILS Approach | | | B | | Slope Operations | | B | | |
| Engine-Out ILS (ME only) | | | B | | Ground Hazard Recognition | | B | | |
| Coupled Approach | | | B | | Brownout/Whiteout/Flat Light Operations | | B | | |
| PAR Approach | | | | | Use of External Light | | B | | |
| APV Approaches with DA | | | | | Engine Fire (Oral Only) | | | | |
| RNAV(GPS) Non-Part 97 Approaches | | | B | | Governor/FADEC Failure | | | | |
| Nonprecision Approaches with MDA | | | | | Hydraulic Failure | | | | |
| GPS | | | B | | Landing Gear Failure | | | | |
| LDA | | | | | Instrument Failure | | | | |
| LDA/DME | | | | | Generator Failure | | | | |
| LOC | | | B | | Inverter Failure | | | | |
| LOC/DME | | | | | AFCS Failure | | | | |
| LOC BC | | | | | Communication Failure | | | | |
| ASR | | | | | | | | | |
| NDB | | | | | | | | | |
| NDB/DME | | | | | | | | | |
| RNAV (GPS) | | | B | | General | | | | |
| SDF | | | | | Judgment | | B | | |
| VOR | | | | | Crew Coordination | | B | | |
| VOR/DME | | | | | Situational Awareness | | B | | |
| Missed Approach from ILS | | | B | | Use of Checklist | | B | | |
| Second Missed Approach | | | B | | Radar/Stormscope Use | | B | | |
| Use of Autopilot | | | B | | AFCS/FD Familiarization | | B | | |
| Crcling Approach | | | B | | Nav/HSI Procedures | | B | | |
| Circle to Land Approach Maneuver | | | B | | Transition to NVG Unaided to Aided Flight | | B | | |

Section Three: Grading

GRADING: **A** = Exceeds FAA PTS **B** = Meets FAA PTS **C** = Requires Additional Training

| | |
|-------------------------|---|
| Training Final Outcome: | Airman has completed all training requirements IAW AMC PTP and is ready for evaluation. |
|-------------------------|---|

Comments (Comments are required):
 Recurrent flight training included Copter RNAV(GPS) 142, Non-Part 97 to Johnston Memorial Hospital (NC23); LOC RWY 5 and RNAV (GPS) RWYS at KHRJ, 2X ILS RWY03 at KJNX. Good training flight.

Section Four: Signatures

| | |
|--|------------------|
| Instructor/Check Airman Signature: | Pilot Signature: |
| Instructor/Check Airman Name: Glenn S. Uchiyama | |
| Observed by: _____ | Title: _____ |

| | |
|--|--|
| Training Captain / Instructor Observed Rule IAW 135.34J <input type="checkbox"/> | Trained and authorized to complete ROC checks <input type="checkbox"/> |
|--|--|

Attach completed form to an email. Type "Training Forms" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region.

Helicopter Ground Training Record

Section One: General Information

| | | | |
|-----------------------------|---------------------|-----|--|
| Name: | Jeffrey Leroy Burke | | |
| Aircraft Type: | BK117 C2 (EC145) | | |
| Type of Training: | Recurrent | | |
| Ground Training Base Month: | Current | May | |

Section Two: Training Modules

| Date | # | Module | Instructor |
|---|----|---|---------------|
| General Operational Subjects Modules | | | |
| 03-May-17 | 1 | Rotorcraft Flight Manual | G.S. Uchiyama |
| 03-May-17 | 2 | Aircraft General | G.S. Uchiyama |
| 03-May-17 | 3 | Crew Compartment | G.S. Uchiyama |
| 03-May-17 | 4 | Operating Limits | G.S. Uchiyama |
| 03-May-17 | 5 | Performance Data | G.S. Uchiyama |
| 03-May-17 | 6 | Weight & Balance | G.S. Uchiyama |
| Aircraft Systems Modules | | | |
| 03-May-17 | 1 | Airframe | G.S. Uchiyama |
| 03-May-17 | 2 | Powerplant | G.S. Uchiyama |
| 03-May-17 | 3 | Fuel | G.S. Uchiyama |
| 03-May-17 | 4 | Transmission and Drive Train | G.S. Uchiyama |
| 03-May-17 | 5 | Tail Rotor Drive System (if applicable) | G.S. Uchiyama |
| 03-May-17 | 6 | Main Rotor and Rotation Controls | G.S. Uchiyama |
| 03-May-17 | 7 | Flight Controls and Anti-torque System | G.S. Uchiyama |
| 03-May-17 | 8 | Hydraulic System | G.S. Uchiyama |
| 03-May-17 | 9 | Electrical System | G.S. Uchiyama |
| 03-May-17 | 10 | Ground Handling and Utility Systems | G.S. Uchiyama |
| 03-May-17 | 11 | Servicing | G.S. Uchiyama |
| 03-May-17 | 12 | Navigation Systems | G.S. Uchiyama |
| 03-May-17 | 13 | Auto-flight Systems | G.S. Uchiyama |
| Aircraft Systems Integration Modules | | | |
| 03-May-17 | 1 | Use of Checklist | G.S. Uchiyama |
| 03-May-17 | 2 | Emergency Procedures | G.S. Uchiyama |
| 03-May-17 | 3 | Normal Procedures | G.S. Uchiyama |
| 03-May-17 | 4 | Supplements (as appropriate) | G.S. Uchiyama |
| Other | | | |
| 03-May-17 | 1 | Annual Review of Certificate Holder Accidents/Incidents Recurrent Training Only - 14 CFR 135.331 & 135.351 | G.S. Uchiyama |

Attach completed form to an email. Type "Training forms" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region.

Section Three: Remarks

Section Four: Signatures

I certify that the above named pilot has completed the indicated training in accordance with the hour requirements set forth in the appropriate PTP Annex.

| | | |
|--|---------------|---------------------|
| | Signature: | |
| | Printed Name: | Glenn S. Uchiyama |
| I have received the indicated training | Signature: | |
| | Printed Name: | Jeffrey Leroy Burke |

Air Methods Emergency Drill Training

Section One: General Information

| | | | |
|--|---------------------|--------------|----------------|
| Name: | Jeffrey Leroy Burke | Base: | Smithfield, NC |
| email: | [REDACTED] | | |
| Aircraft Make and Model for Evacuation Drill: | | | |
| Bk117 C2 (EC145) | | | |

Section Two: Training Information

| | | | |
|---|-------------------------------------|-------------|-------------------|
| Select Type of Training: | Recurrent 24-Mo Hands-On | | |
| | | Date | Instructor |
| Ditching and evacuation situations (if applicable) | <input checked="" type="checkbox"/> | 30-Apr-2017 | Glenn S. Uchiyama |
| Emergency evacuation and operation of emergency exits in normal and emergency mode (use of slide if applicable) | <input checked="" type="checkbox"/> | 30-Apr-2017 | Glenn S. Uchiyama |
| Hand-held fire extinguisher/Fire in flight/ Smoke control | <input type="checkbox"/> | | |
| Rapid depressurization (if applicable) | <input type="checkbox"/> | | |
| Use of crew and passenger emergency oxygen system | <input type="checkbox"/> | | |
| Removal of life rafts from aircraft, inflating and boarding | <input type="checkbox"/> | | |
| Donning and inflation of life vests and use of other flotation devices | <input type="checkbox"/> | | |
| Illness, injury or other abnormal situations involving passengers or crewmembers | <input type="checkbox"/> | | |

Section Three: Signatures

| | |
|---|-------------------|
| Certifying Instructor Signature: | [REDACTED] |
| Printed Name and Title: | Glenn S. Uchiyama |
| Certifying Manager Signature: | |
| Printed Name: | |

NOTES:

- 1 Select appropriate type of training from drop-down box.
- 2 Check boxes that apply, enter date of training and instructor's name.
- 3 Attach completed form to an email. Type "Training Forms" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region; scan and save as "pilotname.emergencycrills mm/yy.pdf"
- 4 Training shall be conducted by an authorized trainer, authorized trainers are Check Airmen/Training Captains and Air Transportation Ground Instructors or AMC management personnel, and base lead pilots. Upon completion of training, the trainer will evaluate the knowledge and competency of crewmembers that have completed the ground training curriculum and certify satisfactory completion of training.
- 5 The emergency drill (actual hands-on) training must be conducted every 24 months, pictorial/classroom emergency situation training must be done every 12 months IAW CFR 135.341c and 8900.1 Vol. 3, Chap. 19, Sec. 4. Once designated, trainers will train themselves by completing the above requirements, then fill in the appropriate blocks and forward to a training manager for signature.
- 6 Air Transportation Ground Instructors (Ref. (8900 1 Vol. 3, Chap. 20, Sec. 1) shall be qualified pilots, ground instructor designation shall be tracked on AMC TF135 (5280) and placed in the flight record administrative section.

Training Completion Record

HISTORICAL RECORD – DO NOT REMOVE

14 CFR 135.63 (a)(4)(X)

14 CFR 135.339 (a)(2) or 340 (a)(2)

Name: **Burke, Jeffrey LeRoy**

| Date | Aircraft Type | New Hire Initial | Transition | Upgrade | Recurrent | | Requal | Differences | Seat Dependent | EMR Situation | EMR Drill | Check Airman | Last Observed Name |
|---------|---------------|------------------|------------|---------|-----------|------|--------|-------------|----------------|---------------|-----------|--------------|--------------------|
| | | | | | Gnd | Fit | | | | | | | |
| 4-30-17 | EC145 | | | | | 2+00 | | | | | | | |
| 4-30-17 | EC145NMG | | | | | X | | | | | | | |
| 5-03-17 | EC145 | | | | X | | | | | | | | |
| 5-05-17 | EC145 | | | | | IFR | | | | | | | |
| 6-08-17 | LINK Q2 | | | | X | | | | | | | | |
| 7-24-17 | LINK Q3 | | | | X | | | | | | | | |
| 7-24-17 | EC135NMG | | | | LINK | | | | | | | | |
| 7-24-17 | EC145NMG | | | | LINK | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Training Completion Record

HISTORICAL RECORD – DO NOT REMOVE

14 CFR 135.63 (a)(4)(X)

14 CFR 135.339 (a)(2) or 340 (a)(2)

Section One: Training

Name: Burke, Jeffrey LeRoy

| Date | Aircraft Type | New Hire Initial | Transition | Upgrade | Recurrent | | | Differences | Seat Dependent | EMR Situation | EMR Drill | Check Airman | Last Observed Name |
|----------|---------------|------------------|------------|---------|-----------|------|--------|-------------|----------------|---------------|-----------|--------------|--------------------|
| | | | | | Grnd | Fit | Requal | | | | | | |
| 12-05-15 | EC135 | | | | | 2+30 | | | | | | | |
| 12-05-15 | EC135NVG | | | | | X | | | | | | | |
| 12-06-15 | EC135 | | | | | IFR | | | | | | | |
| 12-16-15 | CTS Q4 | | | | X | | | | | | | | |
| 12-21-15 | LFA SMFNC | | | | | | | | | | | | |
| 03-14-16 | LINK Q1 | | | | X | | | | | | | | |
| 5-26-16 | EC145 | | | | X | | | | | | | | |
| 06-07-16 | DRILLS | | | | | | | | | | | | |
| 06-07-16 | DRILLS | | | | | | | | | Emer Evac | | | |
| 06-08-16 | EC145 | | | | | | | | | Ditch+Evac | | | |
| 06-08-16 | EC145NVG | | | | | 2+00 | | | | | | | |
| 06-08-16 | EC145 | | | | | X | | | | | | | |
| 6-15-16 | LINK Q2 | | | | X | | | | | | | | |
| 08-14-16 | LINK Q3 | | | | X | | | | | | | | |
| 8-14-16 | EC135NVG | | | | LINK | | | | | | | | |
| 8-14-16 | EC145NVG | | | | LINK | | | | | | | | |
| 10-30-16 | IFR EXEMPT | | | | LINK | | | | | | | | |
| 11-07-16 | EC135 | | | | X | | | | | | | | |
| 11-08-16 | DRILLS | | | | | | | | | EM IABS | Fire Ext | | |
| 11-08-16 | EC135 | | | | | | | | | | Emer Evac | | |
| 11-08-16 | EC135 | | | | | 2+30 | | | | | | | |
| 11-08-16 | EC135NVG | | | | | X | | | | | | | |
| 11-09-16 | EC135 | | | | | IFR | | | | | | | |
| 12-17-16 | LINK Q4 | | | | X | | | | | | | | |
| 12-19-16 | LFA SMFNC | | | | | | | | | | | | |
| 3-08-17 | LINK Q1 | | | | X | | | | | | | | |
| 4-30-17 | EC145 | | | | | | | | | | | Emer Evac | |
| 4-30-17 | EC145 | | | | | | | | | | | Ditch+Evac | |

Section Two: FAA Signature

DEN-FSDO / FAA Approved / Accepted: _____

Date: _____

Training Completion Record

HISTORICAL RECORD – DO NOT REMOVE

14 CFR 135.63 (a)(4)(X)

14 CFR 135.339 (a)(2) or 340 (a)(2)

Section One: Training

Name: Burke, Jeffrey LeRoy

| Date | Aircraft Type | New Hire Initial | Transition | Upgrade | Recurrent | | Requal | Differences | Seat Dependent | EMR Situation | EMR Drill | Check Airman | Last Observed Name |
|----------|---------------|------------------|------------|---------|-----------|------|-----------|-------------|----------------|---------------|-------------------------|--------------|--------------------|
| | | | | | Gnd | Fit | | | | | | | |
| 09-18-14 | EC135NVG | | | | CTS | | | | | | | | |
| 09-18-14 | EC145NVG | | | | CTS | | | | | | | | |
| 11-24-14 | LFA SMFNC | | | | | | | | | | | | |
| 12-05-14 | CTS Q4 | | | | X | | | | | | | | |
| 01-04-15 | EC135 | | | | X | | | | | | | | |
| 01-06-15 | EC135 | | | | | 3+50 | | | | | | | |
| 01-06-15 | EC135NVG | | | | | X | | | | | | | |
| 01-07-15 | EC135 | | | | | | IFR | | | | | | |
| 01-07-15 | DRILLS | | | | | | | | | EM IABS | Fire Ext Emer Evac | | |
| 01-07-15 | EC135 | | | | | | | | | | | | |
| 3-05-15 | EC135 | | | | CTS | | | | | | | | |
| 03-05-15 | EC145 | | | | CTS | | | | | | | | |
| 03-17-15 | CTS Q1 | | | | X | | | | | | | | |
| 05-19-15 | DRILLS | | | | | | | | | EM IABS | Fire Ext | | |
| 05-19-15 | EC145 | | | | | 2+00 | | | | | | | |
| 05-19-15 | EC145NVG | | | | | X | | | | | | | |
| 05-19-15 | EC145 | | | | | | | | | | Emer Evac Ditch+Evac | | |
| 05-19-15 | EC145 | | | | X | | | | | | | | |
| 06-01-15 | CTS Q2 | | | | X | | | | | | | | |
| 06-15-15 | EC145 | | | | X | | | | | | | | |
| 07-10-15 | Base Orient | | | | | | | | | | | | |
| 08-17-15 | CTS Q3 | | | | X | | | | | | | | |
| 10-13-15 | EC135NVG | | | | CTS | | | | | | | | |
| 10-13-15 | EC145NVG | | | | CTS | | | | | | | | |
| 12-04-15 | EC135 | | | | X | | | | | | | | |
| 12-05-15 | DRILLS | | | | | | | | | EM IABS | Fire Ext Emer Evac | | |
| 12-05-15 | EC135 | | | | | | | | | | | | |
| 12-05-15 | EC135 | | | | | | | | | | | | |
| 12-05-15 | EC135 | | | | | | autopilot | | | | | | |

Section Two: FAA Signature

DEN-FSDO / FAA Approved / Accepted:

Date:



TRAINING COMPLETION
HISTORICAL RECORD – DO NOT REMOVE
 FAR 135.63 (a)(4)(X)
 FAR 135.339 (a)(2) or 340 (a)(2)

Name: Burke, Jeffrey LeRoy

| Date: | Aircraft Type | New Hire Initial: | Transition | Upgrade | Recurrent | | Requal | Differences | Seat Dependent | EMR Situation | EMR Drill | Check Airman | Last Observed* Name |
|----------|---------------|-------------------|------------|---------|-----------|------|--------|--------------------------|----------------|---------------|-----------|--------------|---------------------|
| | | | | | Gnd | Fit | | | | | | | |
| 08-07-13 | EC145 | | | | | X | | | | | | | |
| 08-07-13 | EC145 | | | | | IFR | | | | | | | |
| 08-07-13 | EC145NVG | | | | | X | | | | | | | |
| 08-20-13 | CTS Q3 | | | | | | | | | | | | |
| 9-3-13 | FEMA | | | | | | | Nat'l Response Framework | | | | | |
| 9-19-13 | FEMA | | | | | | | Hazardous Materials | | | | | |
| 10-20-13 | EC135NVG | | | | CTS | | | | | | | | |
| 10-20-13 | EC145NVG | | | | CTS | | | | | | | | |
| 11-23-13 | LFA SMFNC | | | | | | | | | | | | |
| 11-23-13 | LFA RDUNC | | | | | | | | | | | | |
| 12-09-13 | EC135 | | | | X | | | | | | | | |
| 12-10-13 | EC135 | | | | | X | | | | | | | |
| 12-10-13 | EC135NVG | | | | | X | | | | | | | |
| 12-10-13 | EC135 | | | | | IFR | | | | | | | |
| 12-10-13 | EC135 | | | | | | | ECI35 FSTD | | | | | |
| 12-11-13 | DRILLS | | | | | | | | | EM IABS | Fire Ext | | |
| 12-11-13 | EC135 | | | | | | | | | | Emer Evac | | |
| 12-16-13 | CTS Q4 | | | | X | | | | | | | | |
| 03-16-14 | EC135 | | | | CTS | | | | | | | | |
| 03-16-14 | EC145 | | | | CTS | | | | | | | | |
| 03-20-14 | CTS Q1 | | | | X | | | | | | | | |
| 05-01-14 | EC145 | | | | | 2+04 | | | | | | | |
| 05-01-14 | EC145NVG | | | | | X | | | | | | | |
| 05-02-14 | EC145 | | | | | IFR | | | | | | | |
| 05-02-14 | DRILLS | | | | | | | | | EM IABS | Fire Ext | | |
| 05-02-14 | EC145 | | | | | | | | | | Emer Evac | | |
| 06-04-14 | EC145 | | | | X | | | | | | | | |
| 06-09-14 | CTS Q2 | | | | X | | | | | | | | |
| 08-19-14 | CTS Q3 | | | | X | | | | | | | | |

DEN-FSDO / FAA Approved/Accepted _____ Date _____



**TRAINING COMPLETION
HISTORICAL RECORD – DO NOT REMOVE**

FAR 135.63 (a)(4)(X)

FAR 135.339 (a)(2) or 340 (a)(2)

Name: Burke, Jeffrey LeRoy

| Date: | Aircraft Type | New Hire Initial | Transition | Upgrade | Recurrent | | Requal | Differences | Seat Dependent | EMR Situation | EMR Drill | Check Airman | Last Observed * Name |
|----------|---------------|------------------|------------|---------|-----------|-----|--------|-------------|----------------|---------------|-----------|--------------|----------------------|
| | | | | | Gnd | Flt | | | | | | | |
| 07-06-12 | EC145NVG | | GND | | | | | | | | | | |
| 07-07-12 | EC145NVG | | FLT | | | | | | | | | | |
| 08-07-12 | LFA RALNC | | | | | | | | | | | | |
| 08-07-12 | Base Orient | | | | | | | | | | | | |
| 08-08-12 | CTS Q3 | | | | X | | | | | | | | |
| 08-30-12 | EC135 | | | | X | | | | | | | | |
| 10-19-12 | EC135NVG | | | | CTS | | | | | | | | |
| 10-19-12 | EC135NVG | | | | CTS | | | | | | | | |
| 10-28-12 | DRILLS | | | | | | | | | | Fire Ext | | |
| 10-28-12 | EC135 | | | | | | | | | | Emer Evac | | |
| 10-28-12 | EC145 | | | | | | | | | | Emer Evac | | |
| 11-29-12 | LFA SMFNC | | | | | | | | | | | | |
| 12-06-12 | DRILLS | | | | | | | | | EM IABS | Fire Ext | | |
| 12-06-12 | EC135 | | | | | | FLT | | | | | | |
| 12-06-12 | EC135NVG | | | | | | FLT | | | | | | |
| 12-06-12 | EC135 | | | | | | | | | | Emer Evac | | |
| 12-16-12 | CTS Q4 | | | | X | | | | | | | | |
| 01-31-13 | EC145 | | | | | | | | | | | | |
| 02-05-13 | EC145 | | | | | | | | | | | | |
| 02-05-13 | EC145NVG | | | | | | | | | | | | |
| 02-15-13 | CTS Q1 | | | | X | | | | | | | | |
| 02-15-13 | EC135 | | | | CTS | | | | | | | | |
| 05-20-13 | CTS Q2 | | | | X | | | | | | | | |
| 06-18-13 | EC145 | | | | X | | | | | | | | |
| 06-20-13 | DRILLS | | | | | | | | | | | | |
| 06-20-13 | EC145 | | | | | | | | | EM IABS | Fire Ext | | |
| 07-10-13 | EC135 | | | | X | | | | | | Emer Evac | | |

DEN-FSDO / FAA Approved/Accepted _____

Date _____



TRAINING COMPLETION

HISTORICAL RECORD – DO NOT REMOVE

FAR 135.63 (a)(4)(X)

FAR 135.339 (a)(2) or 340 (a)(2)

Name: Burke, Jeffrey LeRoy

| Date: | Aircraft Type | New Hire Initial: | Transition | Upgrade | Recurrent | | Requal | Differences | Seat Dependent | EMR Situation | EMR Drill | Check Airman | Last Observed* Name |
|----------|---------------|-------------------|------------|---------|-----------|-----|--------|-------------|----------------|---------------|-----------|--------------|---------------------|
| | | | | | Gnd | Flt | | | | | | | |
| 9-19-10 | EC135NVG | | | | CTS | | | | | | | | |
| 11-7-10 | CTS Q4 | | | | X | | | | | | | | |
| 11-30-10 | LFA SMFNC | | | | | | | | | | | | |
| 03-05-11 | CTS Q1 | | | | X | | | | | | | | |
| 03-29-11 | EC135 | | | | | IFR | | | | | | | |
| 06-12-11 | CTS Q2 | | | | X | | | | | | | | |
| 07-13-11 | EC135 | | | | X | | | | | | | | |
| 07-29-11 | CTS Q3 | | | | X | | | | | | | | |
| 08-18-11 | EC135 | | | | | X | | | | | | | |
| 08-18-11 | EC135 | | | | | IFR | | | | | | | |
| 10-31-11 | DRILLS | | | | | | | | | EM IABS | | | |
| 10-31-11 | DRILLS | | | | | | | | | Fire Ext | | | |
| 10-31-11 | EC135 | | | | | | | | | Emer Evac | | | |
| 10-31-11 | EC135NVG | | | | | | | | | | | | |
| 11-28-11 | LFA SMFNC | | | | CTS | | | | | | | | |
| 12-22-11 | CTS Q4 | | | | X | | | | | | | | |
| 02-19-12 | CTS Q1 | | | | X | | | | | | | | |
| 03-01-12 | EC145 | | | | | | | | | | | | |
| 04-12-12 | EC135 | | GND | | | | IFR | | | | | | |
| 05-21-12 | CTS Q2 | | | | X | | | | | | | | |
| 06-11-12 | EC145 | | FLT | | | | | | | | | | |
| 06-11-12 | EC145 | | IFR | | | | | | | | | | |
| 06-11-12 | DRILLS | | | | | | | | | EM IABS | | | |
| 06-11-12 | EC145 | | | | | | | | | | | | |
| 06-13-12 | EC145 | | GND | | | | | | | | Emer Evac | | |

DEN-FSDO / FAA Approved/Accepted

Date

TRAINING COMPLETION
HISTORICAL RECORD – DO NOT REMOVE
 FAR 135.63 (a)(4)(X)
 FAR 135.339 (a)(2) or 340 (a)(2)

Name: Burke, Jeffrey LeRoy

| Date: | Aircraft Type | New Hire Initial: | Transition | Upgrade | Recurrent | | Requal | Differences | Seat Dependent | EMR Situation | EMR Drill | Check Airman | Last Observed* Name |
|----------|---------------|-------------------|------------|---------|-----------|-----|--------|---|----------------|---------------|-----------|--------------|---------------------|
| | | | | | Gnd | Fit | | | | | | | |
| 7-28-08 | FEMA | | | | | | | NIMS | | | | | |
| 8-5-08 | FEMA | | | | | | | Incident Command System | | | | | |
| 9-27-08 | FEMA | | | | | | | Single Resources & Initial Action Incidents | | | | | |
| 7-20-09 | Basic Indoc | GND | | | | | | | | | | | |
| 7-18-09 | DRILLS | GND | | | | | | | | | | | |
| 7-18-09 | DRILLS | GND | | | | | | | | EM IABS | Fire Ext | | |
| 8-5-09 | EC135 | GND | | | | | | | | | | | |
| 8-24-09 | EC135 | FLT | | | | | | | | | | | |
| 8-25-09 | EC135 | GND | | | | | | | | | | | |
| 8-25-09 | CTS Q3 | | | | X | | | | | | Emer Evac | | |
| 11-22-09 | LFA SMFNC | | | | | | | | | | | | |
| 12-10-09 | CTS Q4 | | | | X | | | | | | | | |
| 1-27-10 | EC135 | | IFR/GND | | | | | | | | | | |
| 2-26-10 | CTS Q1 | | | | X | | | | | | | | |
| 3-30-10 | EC135 | | IFR/FLT | | | | | | | | | | |
| 5-16-10 | EC135NVG | | GND | | | | | | | | | | |
| 5-21-10 | EC135NVG | | FLT | | | | | | | | | | |
| 6-23-10 | CTS Q2 | | | | X | | | | | | | | |
| 7-19-10 | CTS Q3 | | | | X | | | | | | | | |
| 8-10-10 | EC135 | | | | X | | | | | | | | |
| 8-31-10 | EC135 | | | | | | | | | | | | |
| 8-31-10 | DRILLS | | | | | | | | | Emer Evac | | | |
| 8-31-10 | DRILLS | | | | | | | | | Fire Ext | | | |
| 9-2-10 | EC135 | | | | | | | | | EM IABS | | | |
| 9-2-10 | DRILLS | | | | | X | | | | | | | |
| 9-2-10 | DRILLS | | | | | | | | | | | | |
| 9-2-10 | DRILLS | | | | | | | | | | | | |
| 9-2-10 | EC135 | | | | | | | | | | Fire Ext | | |
| | | | | | | | | | | | Emer Evac | | |



EC 135 Series Pilot's Maintenance & Servicing Procedures

06/13/2016

5.1 Training Record

NAME Jeffrey Burke
(Printed Name)

TITLE Pilot

DATE 5/3/10

(Print)

| ITEM NUMBER | DESCRIPTION | INSTRUCTORS INITIALS |
|-------------|--|----------------------|
| 001-S | Servicing Medical Gaseous Oxygen System | |
| 002-S | Oxygen Servicing Record | |
| 003-S | Liquid Oxygen (LOX), Servicing/Replenishing | |
| 001-AP | Liquid Oxygen (LOX) Bottle, Removing and Installing | |
| 002-AP | IABP Mount, Installation and Removal | |
| 003-AP | VAD (Ventricular Assist Device) and Mounting Sled, Installing and Removing | |
| 004-AP | Metro Cabin Forward Facing Seat, Installation and Removal | |
| 005-AP | Fischer & Entwicklugen Medical Crew Seats, Installation and Removal | |
| 006-AP | Martin Baker Side Facing Utility Seat, Installation and Removal | |
| 007-AP | Liquid Oxygen (LOX) Bottle - 7 Liter External, Removing and Installing | |
| 008-AP | PLS Loading Ramp Assembly, Removing and Installing | |
| 009-AP | Airworthiness/Preflight Check | |
| 010-AP | Maintenance Log Procedures | |
| 011-AP | Minimum Equipment List (MEL) Procedures | |
| 012-AP | Revel/Enve Mount with Extended Lower Med Wall, Removal and Installation | |
| 013-AP | Visual Check of Ring Frame for Cracks (AD 2012-11-02) | |
| 014-AP | IABP Mount, Installation and Removal - Metro Interior and Metro IABP | |
| 015-AP | LTV 1000 Mount, Removal and Installation | |
| 016-AP | Hillaero Phillips MRX Defibrillator Med Mount, Removal and Installation | |



| | | |
|--------|--|--|
| 001-ND | Removal and Installation of the GNS 430or 530 NavData Card | |
| 002-ND | Removal and Installation of the GMX 200 Database Card | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: Instructor must print and sign their name.

Instructor Name: Print OS whitlow

Signature [Redacted]

Certificate Number & Type [Redacted]

5.2 Oxygen Quiz

NAME Jeffrey Burke DATE 5/3/17

Instructions: Read questions thoroughly, choose the most correct answer.
Questions 1-6 are related to gaseous oxygen; questions 7-11 are related to liquid oxygen.

1. Oxygen itself is:
 - a. Flammable
 - b. Nonflammable
2. When combustible materials come in contact with oxygen in concentrations above 23%, they may
 - a. Turn a different color
 - b. Become brittle
 - c. Ignite with explosive violence
3. Which statement is true concerning proper configuration of aircraft prior to servicing oxygen system?
 - a. Aircraft ungrounded, electrical power off, oxygen system off.
 - b. Aircraft grounded, electrical power off, oxygen system on.
 - c. Aircraft grounded, electrical power off, oxygen system off.
 - d. Aircraft ungrounded, electrical power on, oxygen system on.
4. Which of the following items should be accomplished prior to servicing oxygen system (select all correct answers)?
 - a. Inspect oxygen fill port for contamination.
 - b. Lightly lubricate oxygen fill port threads prior to installing fill hose.
 - c. Purge contaminants from fill hose with short bursts of oxygen.
 - d. Inspect fill hose for condition.
5. What is the correct sequence of operations on cascade system when starting to service the aircraft oxygen system (number items with 1, 2, 3, 4 to indicate proper sequence)?
 - a. 3 Slowly open valve on selected cascade system service bottle.
 - b. 2 Set regulator on cascade system for 1800 psi delivery pressure.
 - c. 4 Allow pressure to equalize between selected cascade system bottle and aircraft bottle.
 - d. 1 Ensure that all valves on cascade system and manifold valve are closed.
6. Functional check after servicing: What is the correct maximum servicing pressure range indicated on the aircraft bottle indicator?
 - a. 1000 psi - 1800 psi.
 - b. 1500 psi - 1800 psi.
 - c. 1800 psi - 2250 psi.
 - d. 1000 psi - 2000 psi.
7. Prolonged contact of liquid oxygen to the skin can cause what condition?
 - a. Emotional distress
 - b. Eye strain
 - c. Frostbite
8. What protective gear should be worn to prevent exposure to liquid oxygen?
 - a. Leather Gloves
 - b. Long sleeves
 - c. Face mask
 - d. Cuff-less pants
 - e. Hard top shoes
 - f. All of the above

9. Before filling a LOX converter, check the pressure on the LOX filling cylinder. What is the maximum pressure allowed on the LOX filling cylinder?
- a. 25 psi
 - b. 50 psi
 - c. 70 psi
 - d. 100 psi
10. During the filling process, an indication of the LOX bottle being full is:
- a. Increased vapor from the vent port
 - b. No vapor from the vent port
 - c. A continuous stream of liquid oxygen from the vent port
 - d. A continuous stream of water from the vent port
11. A full LOX converter should weigh how much?
- a. 10 Liter = 35 lbs. / 7 Liter = 41 lbs.
 - b. 10 Liter = 41 lbs. / 7 Liter = 35 lbs.
 - c. 10 Liter = 45 lbs. / 7 Liter = 31 lbs.
 - d. 10 Liter = 31 lbs. / 7 Liter = 45 lbs.



5.1 Training Record

NAME Jeffrey Bualke
(Printed Name)

TITLE Pilot

DATE 8/25/17

(Print)

| ITEM NUMBER | DESCRIPTION | INSTRUCTORS INITIALS |
|-------------|--|----------------------|
| 001-S | Servicing Medical Gaseous Oxygen System | |
| 002-S | Oxygen Servicing Record | |
| 003-S | Liquid Oxygen (LOX), Servicing/Replenishing | |
| | | |
| 001-AP | Airworthiness/Preflight Check | |
| 002-AP | Maintenance Log Procedure | |
| 003-AP | Minimum Equipment List (MEL) Procedure | |
| 004-AP | Oxygen Cylinders, Removing and Installing | |
| 005-AP | Liquid Oxygen (LOX) Bottle, Removing and Installing | |
| 006-AP | Liquid Oxygen (LOX) Bottle - 7 Liter External, Removing and Installing | |
| 007-AP | Fischer Medical Seat, 1 or 2 Patient Configuration | |
| 008-AP | Modular Storage Unit, Removing and Installing | |
| 009-AP | LVAD Mount, Removing and Installing | |
| 010-AP | Balloon Pump/Mount, Removing and Installing | |
| 011-AP | Fischer & Entwicklugen Medical Crew Seats, Removing and Installing | |
| 012-AP | Check of Front Support Pins (MSB 292 72 0842) | |
| 013-AP | Medical Equipment Mounts, Installation & Removal | |
| 014-AP | Propaq Mount, Installation & Removal | |
| 015-AP | Hamilton T-1 Enclosure and Mount, Installation & Removal | |
| 016-AP | JJASP Balloon Pump Restraint System (BPRS), Removing & Installing | |
| 017-AP | LTV 1000 Mount, Removing & Installing | |



BK117-C2 Pilot's Maintenance & Servicing Procedures

08/11/2017

Training Record (continued)

DATE 8/25/17

NAME Jeffrey Becke
(Printed Name)

TITLE Pilot
(Print)

| ITEM NUMBER | DESCRIPTION | INSTRUCTORS INITIALS |
|-------------|---|----------------------|
| 018-AP | ReVel/Env Ventilator Wall Mount, Removing & Installing | |
| 019-AP | Criticool Mounting Plate Assy, Removing & Installing | |
| 020-AP | Check of the Covered Drain Valve (AD 2017-15-07) | ██████████ |
| 001-ND | Removal and Installation of the GNS 430 or 530 NavData Card | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: Instructor must print and sign their name.

Instructor Name: Print DS White

Signature ██████████

Certificate Number & Type ██████████



5.1 Training Record

NAME Jeffrey Burke
(Printed Name)

TITLE Pilot

DATE 5/4/12

(Print)

| ITEM NUMBER | DESCRIPTION | INSTRUCTORS INITIALS |
|-------------|--|----------------------|
| 001-S | Servicing Medical Gaseous Oxygen System | |
| 002-S | Oxygen Servicing Record | |
| 003-S | Liquid Oxygen (LOX), Servicing/Replenishing | |
| 001-AP | Oxygen Cylinders, Removing and Installing | |
| 002-AP | Liquid Oxygen (LOX) Bottle, Removing and Installing | |
| 003-AP | Liquid Oxygen (LOX) Bottle - 7 Liter External, Removing and Installing | |
| 004-AP | Fischer Medical Seat, 1 or 2 Patient Configuration | |
| 005-AP | Modular Storage Unit, Removing and Installing | |
| 006-AP | LVAD Mount, Removing and Installing | |
| 007-AP | Balloon Pump/Mount, Removing and Installing | |
| 008-AP | Airworthiness/Preflight Check | |
| 009-AP | Maintenance Log Procedure | |
| 010-AP | Minimum Equipment List (MEL) Procedure | |
| 011-AP | Fischer & Entwicklugen Medical Crew Seats, Removing and Installing | |
| 012-AP | Check of Front Support Pins (MSB 292 72 0842) | |
| 013-AP | Medical Equipment Mounts, Installation & Removal | |
| 014-AP | Propaq Mount, Installation & Removal | |
| 015-AP | Hamilton T-1 Enclosure and Mount, Installation & Removal | |
| 016-AP | JJASP Balloon Pump Restraint System (BPRS), Removing & Installing | |
| 017-AP | LTV 1000 Mount, Removing & Installing | |



Training Record (continued)

NAME Jeffrey Burke (Printed Name) TITLE Pilot (Print) DATE 5/4/12

| ITEM NUMBER | DESCRIPTION | INSTRUCTORS INITIALS |
|-------------|---|-------------------------|
| 018-AP | ReVel/Env Ventilator Wall Mount, Removing & Installing | |
| 001-ND | Removal and Installation of the GNS 430 or 530 NavData Card | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: Instructor must print and sign their name.

Instructor Name: Print B. J. White Signature [Redacted]

Certificate Number & Type [Redacted]

5.2 Oxygen Quiz

NAME Jeffrey Buake DATE 5/4/17

Instructions: Read questions thoroughly, choose the most correct answer.
Questions 1-6 are related to gaseous oxygen; questions 7-11 are related to liquid oxygen.

1. Oxygen itself is:
 - a. Flammable
 - b. Nonflammable
2. When combustible materials come in contact with oxygen in concentrations above 23%, they may
 - a. Turn a different color
 - b. Become brittle
 - c. Ignite with explosive violence
3. Which statement is true concerning proper configuration of aircraft prior to servicing oxygen system?
 - a. Aircraft ungrounded, electrical power off, oxygen system off.
 - b. Aircraft grounded, electrical power off, oxygen system on.
 - c. Aircraft grounded, electrical power off, oxygen system off.
 - d. Aircraft ungrounded, electrical power on, oxygen system on.
4. Which of the following items should be accomplished prior to servicing oxygen system (select all correct answers)?
 - a. Inspect oxygen fill port for contamination.
 - b. Lightly lubricate oxygen fill port threads prior to installing fill hose.
 - c. Purge contaminants from fill hose with short bursts of oxygen.
 - d. Inspect fill hose for condition.
5. What is the correct sequence of operations on cascade system when starting to service the aircraft oxygen system (number items with 1, 2, 3, 4 to indicate proper sequence)?
 - a. 3 Slowly open valve on selected cascade system service bottle.
 - b. 2 Set regulator on cascade system for 1800 psi delivery pressure.
 - c. 4 Allow pressure to equalize between selected cascade system bottle and aircraft bottle.
 - d. 1 Ensure that all valves on cascade system and manifold valve are closed.
6. Functional check after servicing: What is the correct maximum servicing pressure range indicated on the aircraft bottle indicator?
 - a. 1000 psi - 1800 psi.
 - b. 1500 psi - 1800 psi.
 - c. 1800 psi - 2250 psi.
 - d. 1000 psi - 2000 psi.
7. Prolonged contact of liquid oxygen to the skin can cause what condition?
 - a. Emotional distress
 - b. Eye strain
 - c. Frostbite
8. What protective gear should be worn to prevent exposure to liquid oxygen?
 - a. Leather Gloves
 - b. Long sleeves
 - c. Face mask
 - d. Cuff-less pants
 - e. Hard top shoes
 - f. All of the above

9. Before filling a LOX converter, check the pressure on the LOX filling cylinder. What is the maximum pressure allowed on the LOX filling cylinder?
- a. 25 psi
 - b. 50 psi
 - c. 70 psi
 - d. 100 psi
10. During the filling process, an indication of the LOX bottle being full is:
- a. Increased vapor from the vent port
 - b. No vapor from the vent port
 - c. A continuous stream of liquid oxygen from the vent port
 - d. A continuous stream of water from the vent port
11. A full LOX converter should weigh how much?
- a. 10 Liter = 35 lbs. / 7 Liter = 41 lbs.
 - b. 10 Liter = 41 lbs. / 7 Liter = 35 lbs.
 - c. 10 Liter = 45 lbs. / 7 Liter = 31 lbs.
 - d. 10 Liter = 31 lbs. / 7 Liter = 45 lbs.

Local Area Training

Section One: General Information

Name: Jeffrey Leroy Burke

Base: SMFNC

Section Two: Initial Training

| | | Date | Instructor Printed Name |
|-----------------|--------------------------|------|-------------------------|
| Local Area Exam | <input type="checkbox"/> | | |

Section Three: Recurrent Training

| | | Date | Instructor Printed Name |
|-----------------|-------------------------------------|------------|-------------------------|
| Local Area Exam | <input checked="" type="checkbox"/> | 12/19/2016 | Rex R. Bartles |

Instructor Signature: 

Section Four: Notes

Local flying areas are those areas in which the pilot has demonstrated a level of familiarity which allows the use of lower VFR operating minima as described in 14 CFR Part 135.609.

Local flying area minima may only be used by pilots who have passed a local flying area written examination on the appropriate local flying area within the previous 12 calendar months. Pilots may be qualified for more than one local flying area.

Any flight outside a local flying area is a "non-local" operation. Pilots who have not passed the local flying area written examination on a particular local flying area within the previous 12 calendar months, regardless of operational experience in that area, must use the non-local VFR minima described in 14 CFR Part 135.609 when operating in that area.

The local flying area examination will be administered by the Program Aviation Manager (PAM) / Aviation Service Manager (ASM), Regional Aviation Manager (RAM) or Lead Pilot familiar with the local flying area. The examination will be maintained locally but must include, at a minimum, the items specified in the sample Local Flying Area Examination found in the Air Methods Pilot Training Program, Annex 28 (Local Flying Area and Base Orientation Curriculum Segment). The manager administering the examination will email the test results, pilot's name, date of successful completion of the examination and the name of the base to the Flight Records Specialist as described below:

Local Area Training is not to be confused with CAMTS Local Area Orientation Requirements.

Directions:

1. Training shall be conducted by the Program Aviation Manager (PAM) / Aviation Service Manager (ASM), Regional Aviation Manager (RAM), or Lead Pilot, and sign this form to certify that training has been completed. Fill out section 2 or 3 as appropriate for the type of training. (Initial or Recurrent)
2. Save form as: pilotname.localareaexam.monthdate.pdf. Email completed form: Type "Training Forms" on the subject line and send to the AMC "135 Forms" email address appropriate for the region.

| FAR 135 AIRMAN COMPETENCY/PROFICIENCY CHECK | | | | LOCATION (City, State, or Airport ID) | | | DATE OF CHECK | | 6/15/2012 | | | |
|---|--|------------------|----------------------------------|---------------------------------------|------|---|---|---------|---|------------|------|-----|
| NAME OF AIRMAN (exactly as it appears on the airman certificate) | | | | KJNX | | | Observed Evaluation 135.333 | | <input type="checkbox"/> | | | |
| Jeffrey Leroy Burke | | | | TYPE OF CHECK | | | Initial <input checked="" type="checkbox"/> | | Recurrent <input type="checkbox"/> | | | |
| Pilot Certification Information: | | Grade | | Commercial Pilot | | | FAR 135.293 <input checked="" type="checkbox"/> | | FAR 135.297 <input checked="" type="checkbox"/> | | | |
| Number | | Commercial Pilot | | MEDICAL INFORMATION | | | FAR 135.299 <input checked="" type="checkbox"/> | | HNVGO <input type="checkbox"/> | | | |
| EMPLOYED BY | | QMLA253U | | BASED AT (City, State) | | | Date of Exam | | 10/4/2011 | | | |
| Air Methods Corporation | | Smithfield, NC | | TYPE AIRCRAFT (Make/Model) | | | Date of Birth | | SECOND | | | |
| NAME OF CHECK AIRMAN | | Wayne David | | SIG OF CHECK AIRMAN | | | BK117C2(EC145) | | FLIGHT TIME | | | |
| Wayne David | | Wayne David | | | | | 1:50 | | AIRCRAFT N NUMBER | | | |
| | | | | | | | | | N146DU | | | |
| FLIGHT MANEUVERS GRADES (S-Satisfactory, U-Unsatisfactory, U/S-Retrained, N/A-Not Applicable) | | | | | | | | | | | | |
| HELICOPTER | | | | | | | | | | | | |
| AIRCRAFT EXAMINATION | | | Aircraft | FS | AATD | LANDINGS AND APPROACHES TO LANDINGS (Continued) | | | Aircraft | FS | AATD | |
| Part 135.293/135.297 Oral <input checked="" type="checkbox"/> | | | Written <input type="checkbox"/> | S | N/A | N/A | Circling Approach | | | S | N/A | N/A |
| GROUND OPERATIONS | | | | | | NONNORMAL AND EMERGENCY PROCEDURES | | | | | | |
| Preflight Inspection | | | S | N/A | N/A | System Malfunctions | | | S | N/A | N/A | |
| Start Procedures | | | S | N/A | N/A | Simulated NVG Failure with Appropriate Recovery Procedures | | | N/A | N/A | N/A | |
| Taxing and Ground Hover | | | S | N/A | N/A | Recovery from IMC | | | S | N/A | N/A | |
| Pretakeoff Checks | | | S | N/A | N/A | Maneuver by Partial Panel (Helicopters without standby instrumentation) | | | N/A | N/A | N/A | |
| TAKEOFF AND DEPARTURES | | | | | | Instrument Approach (Type) | | GPS-LPV | S | N/A | N/A | |
| Normal | | | S | N/A | N/A | Power Failure and Autorotation to a power recovery (SE Only) | | | N/A | N/A | N/A | |
| Instrument | | | S | N/A | N/A | Hovering Autorotations (SE Only) | | | N/A | N/A | N/A | |
| With Powerplant Failure (ME Only) | | | S | N/A | N/A | Tail Rotor Failure (Oral Only) | | | S | N/A | N/A | |
| Rapid Deceleration (Quick Stop) | | | S | N/A | N/A | Dynamic Rollover (Oral Only) | | | S | N/A | N/A | |
| Area Departure | | | S | N/A | N/A | Low Rotor RPM (Oral Only) | | | S | N/A | N/A | |
| INFLIGHT MANEUVERS | | | | | | Anti-Torque System Failure (Oral Only) | | | S | N/A | N/A | |
| Steep Turns | | | S | N/A | N/A | Confined Area / Pinnacle Operations | | | S | N/A | N/A | |
| Sitting with Power (Oral Only) | | | S | N/A | N/A | Slope Operations | | | S | N/A | N/A | |
| Unusual Attitude Recovery | | | S | N/A | N/A | Ground Hazard Recognition | | | S | N/A | N/A | |
| INSTRUMENT PROCEDURES | | | | | | Brownout / Whiteout / Flat Light Operations | | | S | N/A | N/A | |
| Area Arrival | | | S | N/A | N/A | Use of External Lighting | | | S | N/A | N/A | |
| Holding | | | GPS | S | N/A | N/A | GENERAL | | | | | |
| Normal ILS Approach | | | ILS | S | N/A | N/A | Judgement | | | | | |
| Engine-Out ILS (ME Only) | | | S | N/A | N/A | Crew Coordination | | | | | | |
| Coupled Approach | | | S | N/A | N/A | MOC Procedures | | | | | | |
| Nonprecision Approach (Type) | | | LOC | S | N/A | N/A | AIRMAN COMPETENCY INFORMATION | | | | | |
| Second Nonprecision Approach (Type) | | | GPS-LPV | S | N/A | N/A | Satisfactory Knowledge 135.293(a) | | | Month/Year | | |
| Missed Approach from an ILS | | | S | N/A | N/A | Make-Model / Expires BK117C2(EC145) (12 Months) | | | FEB 2013 | | | |
| Second Missed Approach | | | S | N/A | N/A | Satisfactory Competency 135.293(b) | | | Month/Year | | | |
| Circling Approach (Type) | | | LOC | S | N/A | N/A | Make-Model / Expires BK117C2(EC145) (12 Months) | | | FEB 2013 | | |
| LANDINGS AND APPROACH TO LANDINGS | | | | | | Satisfactory Line Checks 135.299 | | | Month/Year | | | |
| Normal | | | S | N/A | N/A | Make-Model / Expires BK117C2(EC145) (12 Months) | | | FEB 2013 | | | |
| Landing from an ILS | | | S | N/A | N/A | Satisfactory IFR Proficiency 135.297 | | | Month/Year | | | |
| Landing with Engine-Out (ME Only) | | | S | N/A | N/A | Make-Model / Expires BK117C2(EC145) (6 Months) | | | DEC 2012 | | | |
| REMARKS | | | | | | Satisfactory HNVGO | | | Month/Year | | | |
| | | | | | | Make-Model / Expires N/A (12 Months) | | | N/A | | | |
| | | | | | | Use of Autopilot <input checked="" type="checkbox"/> authorized <input type="checkbox"/> not authorized | | | Month/Year | | | |
| | | | | | | Make-Model / Expires N/A (12 Months) | | | JUN 2013 | | | |
| | | | | | | MISCELLANEOUS | | | | | | |
| | | | | | | Aircraft Oral Satisfactory <input checked="" type="checkbox"/> | | | (List Aircraft Make/Model/Series Below) | | | |
| Results of Check <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | | | | | | | | | |
| Check Airman's Performance (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | | | | | | | | | |
| REGION | | | DISTRICT OFFICE | | | | | | | | | |
| Send completed form to 135forms appropriate box. Type "8410" on the subject line. | | | | | | FAA INSPECTOR'S SIGNATURE | | | | | | |
| DEN-FSDO / FAA Approved/Accepted: | | | | | | Date: | | | | | | |



Helicopter Training

| | | | | | | | | |
|--|------|--------------------------------------|---|------|----|------|------|---|
| Name: Jeffrey Leroy Burke | | | | | | | | Date: 6/11/2012 |
| Training Category: Transition Training | | Aircraft Type BK117C2 and N # N146DU | | | | | | |
| Training Environment: | D | N | A | H/AI | FS | AATD | TT | D=Day N=Night A=Aided H/AI=Hood/Act Inst. TT=Total Time FS=Flight Simulator AATD=Advance Aviation Training Device |
| Flight Time: | 1:35 | 1:25 | | 1:30 | | | 3:00 | Grade only the maneuvers trained. Log all training times in hours and minutes. |
| Cumulative Time: | 4:38 | 1:25 | | 1:30 | | | 6:03 | |

| | A/C | FS | AATD | | A/C | FS | AATD |
|--|-----|----------|------|--|-----|----|------|
| Ground Operations | | | | Landings and Approaches to Landings | | | |
| Preflight Inspection | B | | | Normal | B | | |
| Start Procedures | B | | | Steep | B | | |
| Taxiing and Ground Operations | B | | | Rejected Landing | | | |
| Pre-takeoff Checks | B | | | Landing from an ILS | B | | |
| Takeoff and Departures | | | | Landing with Engine-Out (ME only) | B | | |
| Normal | B | | | AFCS/FD Familiarization | B | | |
| Instrument | B | | | NAV/HSI Procedures | B | | |
| With Power-plant Failure (ME only) | B | | | Radar/ Storm-scope Use | B | | |
| Rejected <input checked="" type="checkbox"/> Continued <input checked="" type="checkbox"/> | | | | | | | |
| Rapid Deceleration (Quick Stop) | B | | | Transition Unaided to Aided Flight (NVG) | | | |
| Area Departure | B | | | Non-Normal & Emergency Procedures | | | |
| In-Flight Maneuvers | | | | System Malfunctions | B | | |
| Steep Turns | B | | | Recovery from IMC | B | | |
| Settling with Power (oral only) | B | | | Maneuver by Partial Panel | | | |
| Unusual Altitude Recovery | B | | | Instrument Approach | B | | |
| Instrument Procedures | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | |
| Area Arrival | B | | | Hovering Autorotation (SE only) | | | |
| Holding | B | | | Simulated NVG Failure & Recovery | | | |
| Normal ILS Approach | B | | | Tail Rotor Failure (Oral only) | B | | |
| Engine-Out ILS Approach (ME only) | | | | Dynamic Rollover (Oral only) | | | |
| Coupled Approach | B | | | Low Rotor RPM (Oral only) | B | | |
| PAR Approach | | | | Anti-Torque System (Oral only) | B | | |
| Non-Precision Approaches with MDA | | | | Confined Area / Pinnacle | B | | |
| VOR | | | | Slope Operations | B | | |
| VOR/DME | | | | Ground Hazard Recognition | B | | |
| NDB | | | | Brownout / Whiteout / Flat Light Ops | | | |
| NDB/DME | | | | Use of External Lighting | B | | |
| LOC | | | | Engine Fire (Oral) | | | |
| LOC BC | | | | Governor Failure / FADEC | | | |
| LOC/DME | | | | Hydraulic Failure | | | |
| SDF | | | | Landing Gear Failure | | | |
| ASR | | | | Instrument Failure | | | |
| LDA | | | | Generator Failure | | | |
| LDA/DME | | | | Inverter Failure | | | |
| GPS | | | | AFCS Failure | B | | |
| GPS / WAAS / VNAV | | LPV KRWI | B | Communications Failure | | | |
| GPS RNAV Non Pt 97 | | | | General | | | |
| Use of Auto-Pilot | B | | | Judgment | B | | |
| Missed Approach from ILS | B | | | Crew Coordination | B | | |
| Second Missed Approach | B | | | Situational Awareness | B | | |
| Circling Approach | B | | | Use of Checklist | B | | |
| Circle to Land Approach Maneuver | | | | | | | |

| | |
|----------------|---|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training |
| wd | Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299 |
| wd | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 |
| | Recommend an NVG Proficiency Check |
| | Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d) |


Comments (Comments are required for tasks graded C):
EC145 Transition.

Instructor / Check Airman Signature:  Pilot Signature: 

Instructor / Check Airman Name: Wayne David TITLE: _____

Observed by: _____

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340 ---

*Send completed forms attached to email: Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted Date: _____



Helicopter Training

| | | | | | | | |
|---|------|---|---|------|----|------|--------------------------------------|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 6/11/2012 |
| Training Category: Transition Training | | | | | | | Aircraft Type BK117C2 and N # N146DU |
| Training Environment: | D | N | A | H/AI | FS | AATD | TT |
| Flight Time: | 1:00 | | | | | | 1:00 |
| Cumulative Time: | 3:03 | | | | | | 3:03 |
| D=Day N=Night A=Aided H/AI=Hood/Act Inst. TT=Total Time FS=Flight Simulator AATD=Advance Aviation Training Device | | | | | | | |
| Grade only the maneuvers trained. Log all training times in hours and minutes. | | | | | | | |

| | A/C | FS | AATD | | A/C | FS | AATD |
|--|-----|----|------|--|-----|----|------|
| Ground Operations | | | | Landings and Approaches to Landings | | | |
| Preflight Inspection | B | | | Normal | B | | |
| Start Procedures | B | | | Steep | B | | |
| Taxiing and Ground Operations | B | | | Rejected Landing | | | |
| Pre-takeoff Checks | B | | | Landing from an ILS | | | |
| Takeoff and Departures | | | | Landing with Engine-Out (ME only) | B | | |
| Normal | B | | | AFCS/FD Familiarization | B | | |
| Instrument | | | | NAV/HSI Procedures | B | | |
| With Power-plant Failure (ME only) | B | | | Radar/ Storm-scope Use | B | | |
| Rejected <input checked="" type="checkbox"/> Continued <input checked="" type="checkbox"/> | | | | | | | |
| Rapid Deceleration (Quick Stop) | B | | | Transition Unaided to Aided Flight (NVG) | | | |
| Area Departure | | | | Non-Normal & Emergency Procedures | | | |
| In-Flight Maneuvers | | | | System Malfunctions | B | | |
| Sleep Turns | | | | Recovery from IMC | | | |
| Settling with Power (oral only) | | | | Maneuver by Partial Panel | | | |
| Unusual Attitude Recovery | | | | Instrument Approach | | | |
| Instrument Procedures | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | |
| Area Arrival | | | | Hovering Autorotation (SE only) | | | |
| Holding | | | | Simulated NVG Failure & Recovery | | | |
| Normal ILS Approach | | | | Tail Rotor Failure (Oral only) | | | |
| Engine-Out ILS Approach (ME only) | | | | Dynamic Rollover (Oral only) | | | |
| Coupled Approach | | | | Low Rotor RPM (Oral only) | | | |
| PAR Approach | | | | Anti-Torque System (Oral only) | B | | |
| Non-Precision Approaches with MDA | | | | Confined Area / Pinnacle | B | | |
| VOR | | | | Slope Operations | B | | |
| VOR/DME | | | | Ground Hazard Recognition | B | | |
| NDB | | | | Brownout / Whiteout / Flat Light Ops | | | |
| NDB/DME | | | | Use of External Lighting | B | | |
| LOC | | | | Engine Fire (Oral) | | | |
| LOC BC | | | | Governor Failure / FADEC | | | |
| LOC/DME | | | | Hydraulic Failure | | | |
| SDF | | | | Landing Gear Failure | | | |
| ASR | | | | Instrument Failure | | | |
| LDA | | | | Generator Failure | | | |
| LDA/DME | | | | Inverter Failure | | | |
| GPS | | | | AFCS Failure | | | |
| GPS / WAAS / VNAV | | | | Communications Failure | | | |
| GPS RNAV Non Pt 97 | | | | General | | | |
| Use of Auto-Pilot | | | | Judgment | B | | |
| Missed Approach from ILS | | | | Crew Coordination | B | | |
| Second Missed Approach | | | | Situational Awareness | B | | |
| Circling Approach | | | | Use of Checklist | B | | |
| Circle to Land Approach Maneuver | | | | | | | |

| | |
|----------------|---|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training |
| | Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299 |
| | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 |
| | Recommend an NVG Proficiency Check |
| | Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d) |


Comments (Comments are required for tasks graded C):
EC145 Transition.

Instructor / Check Airman Signature:  Pilot Signature: 

Instructor / Check Airman Name: Wayne David TITLE: _____

Observed by: _____

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

*Send completed forms attached to email: Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____ Date: _____



Helicopter Training

| | | | | | | | | |
|---------------------------|---------------------|---|---|------|----|------|------|---|
| Name: Jeffrey Leroy Burke | | | | | | | | Date: 6/8/2012 |
| Training Category: | Transition Training | | | | | | | Aircraft Type BK117C2 and N # N146DU |
| Training Environment: | D | N | A | H/AI | FS | AATD | TT | D=Day N=Night A=Alded H/AI=Hood/Act Inst. TT=Total Time FS=Flight Simulator AATD=Advance Aviation Training Device |
| Flight Time: | 2:03 | | | 0:20 | | | 2:03 | Grade only the maneuvers trained. Log all training times in hours and minutes. |
| Cumulative Time: | 2:03 | | | 0:20 | | | 2:03 | |

| | A/C | FS | AATD | | A/C | FS | AATD |
|--|----------|----|------|--|-----|----|------|
| Ground Operations | | | | Landings and Approaches to Landings | | | |
| Preflight Inspection | B | | | Normal | B | | |
| Start Procedures | B | | | Sleep | B | | |
| Taxing and Ground Operations | B | | | Rejected Landing | B | | |
| Pre-takeoff Checks | B | | | Landing from an ILS | B | | |
| Takeoff and Departures | | | | Landing with Engine-Out (ME only) | B | | |
| Normal | B | | | AFCS/FD Familiarization | B | | |
| Instrument | | | | NAV/HSI Procedures | B | | |
| With Power-plant Failure (ME only) Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | B | | | Radar/ Storm-scope Use | B | | |
| Rapid Deceleration (Quick Stop) | B | | | Transition Unaided to Aided Flight (NVG) | | | |
| Area Departure | | | | Non-Normal & Emergency Procedures | | | |
| In-Flight Maneuvers | | | | System Malfunctions | B | | |
| Steep Turns | B | | | Recovery from IMC | A | | |
| Settling with Power (oral only) | | | | Maneuver by Partial Panel | | | |
| Unusual Attitude Recovery | B | | | Instrument Approach | B | | |
| Instrument Procedures | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | |
| Area Arrival | | | | Hovering Autorotation (SE only) | | | |
| Holding | | | | Simulated NVG Failure & Recovery | | | |
| Normal ILS Approach | B | | | Tail Rotor Failure (Oral only) | | | |
| Engine-Out ILS Approach (ME only) | | | | Dynamic Rollover (Oral only) | | | |
| Coupled Approach | B | | | Low Rotor RPM (Oral only) | | | |
| PAR Approach | | | | Anti-Torque System (Oral only) | | | |
| Non-Precision Approaches with MDA | | | | Confined Area / Pinnacle | B | | |
| VOR | | | | Slope Operations | B | | |
| VOR/DME | | | | Ground Hazard Recognition | B | | |
| NDB | | | | Brownout / Whiteout / Flat Light Ops | | | |
| NDB/DME | | | | Use of External Lighting | B | | |
| LOC | | | | Engine Fire (Oral) | | | |
| LOC BC | | | | Governor Failure / FADEC | | | |
| LOC/DME | | | | Hydraulic Failure | | | |
| SDF | | | | Landing Gear Failure | | | |
| ASR | | | | Instrument Failure | | | |
| LDA | | | | Generator Failure | | | |
| LDA/DME | | | | Inverter Failure | | | |
| GPS | | | | AFCS Failure | | | |
| GPS / WAAS / VNAV | KRWI LPV | | | Communications Failure | | | |
| GPS RNAV Non Pt 97 | | | | General | | | |
| Use of Auto-Pilot | | | | Judgment | B | | |
| Missed Approach from ILS | | | | Crew Coordination | B | | |
| Second Missed Approach | | | | Situational Awareness | B | | |
| Circling Approach | | | | Use of Checklist | B | | |
| Circle to Land Approach Maneuver | | | | | | | |

| | |
|----------------|---|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training |
| | Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299 |
| | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 |
| | Recommend an NVG Proficiency Check |
| | Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d) |

Comments (Comments are required for tasks graded C):
EC145 Transition.


Instructor / Check Airman Signature:  Pilot Signature: 

Instructor / Check Airman Name: Wayne David

Observed by: Jason E. Quisling

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

TITLE: Certificate Compliance Evaluator

*Send completed forms attached to email: Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____ Date: _____



Helicopter Ground Training Record and Certificate

Name: Jeffrey Leroy Burke
Type of Training Transition

Aircraft Type: EC145
Ground Training Base Month: July

| Date | Module | Instructor |
|---|--|----------------|
| General Operational Subjects Modules | | |
| 2/29/2012 | 1. Rotorcraft Flight Manual | Darrell Carter |
| 2/29/2012 | 2. Aircraft General | Darrell Carter |
| 2/29/2012 | 3. Crew Compartment | Darrell Carter |
| 2/29/2012 | 4. Airframe | Darrell Carter |
| 2/29/2012 | 5. Operating Limits | Darrell Carter |
| 2/29/2012 | 6. Performance Data | Darrell Carter |
| 2/29/2012 | 7. Weight & Balance | Darrell Carter |
| Aircraft Systems Modules | | |
| 2/29/2012 | 1. Power plant | Darrell Carter |
| 2/29/2012 | 2. Fuel | Darrell Carter |
| 2/29/2012 | 3. Transmission & Drive Train | Darrell Carter |
| 2/29/2012 | 4. Tail Rotor Drive System (if applicable) | Darrell Carter |
| 2/29/2012 | 5. Main Rotor, Rotation Controls | Darrell Carter |
| 2/29/2012 | 6. Flight Controls & Anti-Torque Sys. | Darrell Carter |
| 2/29/2012 | 7. Hydraulic System | Darrell Carter |
| 2/29/2012 | 8. Electrical System | Darrell Carter |
| 2/29/2012 | 9. Ground Handling & Utility Systems/ Servicing | Darrell Carter |
| 3/01/2012 | 10. Auto Flight Systems | Darrell Carter |
| Aircraft Systems Integration Modules | | |
| 3/01/2012 | 1. Use of Checklist | Darrell Carter |
| 3/01/2012 | 2. Emergency Procedures | Darrell Carter |
| 3/01/2012 | 3. Normal Procedures | Darrell Carter |
| 3/01/2012 | 4. Supplements (as appropriate) | Darrell Carter |
| Other | | |
| N/A | 1. Annual review of Certificate Holder Accidents/Incidents (Recurrent Training Only) – FAR 135.351 & 135.331 | N/A |

| | | |
|---|--------------|---------------------|
| I certify that the above named pilot has completed the indicated training | Signature | [Redacted] |
| | Printed Name | Darrell R Carter |
| I have received the indicated training | Signature | [Redacted] |
| | Printed Name | Jeffrey Leroy Burke |

Complete form and attach to email: Type "Training forms" on the subject line and send to [Redacted]

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

| FAR 135 AIRMAN COMPETENCY/PROFICIENCY CHECK | | | | LOCATION (City, State, or Airport ID) | | | DATE OF CHECK | | 07/07/2012 | | | |
|--|--|--|--|---|--|--|---|--|--------------------------------------|---|--------------------------------------|----------|
| NAME OF AIRMAN (exactly as it appears on the airman certificate) | | | | KJNX | | | Observed Evaluation 135.339 <input type="checkbox"/> | | | | | |
| Jeffrey Leroy Burke | | | | TYPE OF CHECK | | | Initial <input checked="" type="checkbox"/> | | Recurrent <input type="checkbox"/> | | | |
| Pilot Certification Information: | | | | Grade | | | FAR 135.293 <input type="checkbox"/> | | FAR 135.297 <input type="checkbox"/> | | FAR 135.299 <input type="checkbox"/> | |
| Number | | | | Commercial Pilot | | | MEDICAL INFORMATION | | Class | | SECOND | |
| EMPLOYED BY | | | | QMLA253U | | | BASED AT (City, State) | | Date of Exam | | 10/4/2011 | |
| Air Methods Corporation | | | | Smithfield, NC | | | TYPE AIRCRAFT (Make/Model) | | BK117C2(EC145) | | Date of Birth | |
| NAME OF CHECK AIRMAN | | | | Wayne David | | | SIG OF CHECK AIRMAN | | Wayne David | | FLIGHT TIME | |
| Wayne David | | | | Smithfield, NC | | | BK117C2(EC145) | | 1:15 | | AIRCRAFT N NUMBER | |
| N146DU | | | | FLIGHT MANEUVERS GRADES (S-Satisfactory, U-Unsatisfactory, U/S-Retrained, N/A-Not Applicable) | | | | | | | | |
| HELICOPTER | | | | | | | | | | | | |
| AIRCRAFT EXAMINATION | | | | Aircraft | | | FS | | | AATD | | |
| Part 135.293/135.297 | | | | Oral <input checked="" type="checkbox"/> | | | Written <input type="checkbox"/> | | | S N/A N/A | | |
| GROUND OPERATIONS | | | | NONNORMAL AND EMERGENCY PROCEDURES | | | Aircraft | | | FS | | AATD |
| Preflight Inspection | | | | S N/A N/A | | | System Malfunctions | | | S N/A N/A | | N/A |
| Start Procedures | | | | S N/A N/A | | | Simulated NVG Failure with Appropriate Recovery Procedures | | | S N/A N/A | | N/A |
| Taxing and Ground Hover | | | | S N/A N/A | | | Recovery from IMC | | | S N/A N/A | | N/A |
| Pretakeoff Checks | | | | S N/A N/A | | | Maneuver by Partial Panel (Helicopters without standby instrumentation) | | | N/A N/A N/A | | N/A |
| TAKEOFF AND DEPARTURES | | | | Instrument Approach (Type) | | | GPS-LPV | | | S N/A N/A | | N/A |
| Normal | | | | S N/A N/A | | | Power Failure and Autorotation to a power recovery (SE Only) | | | N/A N/A N/A | | N/A |
| Instrument | | | | S N/A N/A | | | Hovering Autorotations (SE Only) | | | N/A N/A N/A | | N/A |
| With Powerplant Failure (ME Only) | | | | S N/A N/A | | | Tail Rotor Failure (Oral Only) | | | S N/A N/A | | N/A |
| Rapid Deceleration (Quick Stop) | | | | S N/A N/A | | | Dynamic Rollover (Oral Only) | | | S N/A N/A | | N/A |
| Area Departure | | | | N/A N/A N/A | | | Low Rotor RPM (Oral Only) | | | S N/A N/A | | N/A |
| INFLIGHT MANEUVERS | | | | Anti-Torque System Failure (Oral Only) | | | S N/A N/A | | | S N/A N/A | | N/A |
| Steep Turns | | | | N/A N/A N/A | | | Confined Area / Pinnacle Operations | | | S N/A N/A | | N/A |
| Settling with Power (Oral Only) | | | | S N/A N/A | | | Slope Operations | | | S N/A N/A | | N/A |
| Unusual Altitude Recovery | | | | S N/A N/A | | | Ground Hazard Recognition | | | S N/A N/A | | N/A |
| INSTRUMENT PROCEDURES | | | | Brownout / Whiteout / Flat Light Operations | | | S N/A N/A | | | S N/A N/A | | N/A |
| Area Arrival | | | | N/A N/A N/A | | | Use of External Lighting | | | S N/A N/A | | N/A |
| Holding | | | | N/A N/A N/A | | | GENERAL | | | S N/A N/A | | N/A |
| Normal ILS Approach | | | | N/A N/A N/A | | | Judgement | | | S N/A N/A | | N/A |
| Engine-Out ILS (ME Only) | | | | N/A N/A N/A | | | Crew Coordination | | | S N/A N/A | | N/A |
| Coupled Approach | | | | N/A N/A N/A | | | MOC Procedures | | | N/A N/A N/A | | N/A |
| Nonprecision Approach (Type) | | | | GPS-LPV | | | S N/A N/A | | | AIRMAN COMPETENCY INFORMATION | | |
| Second Nonprecision Approach (Type) | | | | N/A N/A N/A | | | Satisfactory Knowledge 135.293(a) | | | Month/Year | | |
| Missed Approach from an ILS | | | | N/A N/A N/A | | | Make-Model / Expires | | | N/A (12 Months) | | N/A |
| Second Missed Approach | | | | S N/A N/A | | | Satisfactory Competency 135.293(b) | | | Month/Year | | |
| Circling Approach (Type) | | | | N/A N/A N/A | | | Make-Model / Expires | | | N/A (12 Months) | | N/A |
| LANDINGS AND APPROACH TO LANDINGS | | | | Satisfactory Line Checks 135.299 | | | Month/Year | | | | | |
| Normal | | | | S N/A N/A | | | Make-Model / Expires | | | N/A (12 Months) | | N/A |
| Landing from an ILS | | | | N/A N/A N/A | | | Satisfactory IFR Proficiency 135.297 | | | Month/Year | | |
| Landing with Engine-Out (ME Only) | | | | S N/A N/A | | | Make-Model / Expires | | | N/A (6 Months) | | N/A |
| REMARKS | | | | Satisfactory HNVGO | | | Month/Year | | | | | |
| Set EC145 NVG Base Month=February. | | | | Make-Model / Expires | | | BK117C2(EC145) | | | (12 Months) | | FEB 2013 |
| | | | | Use of Autopilot | | | <input type="checkbox"/> authorized <input type="checkbox"/> not authorized | | | Month/Year | | |
| | | | | Make-Model / Expires | | | N/A | | | (12 Months) | | N/A |
| | | | | MISCELLANEOUS | | | Aircraft Oral Satisfactory <input checked="" type="checkbox"/> | | | (List Aircraft Make/Model/Serial Below) | | |
| Results of Check | | | | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | BK117C2(EC145) | | | | | |
| Check Airman's Performance (FAA Only) | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | | | | | |
| REGION | | | | DISTRICT OFFICE | | | FAA INSPECTOR'S SIGNATURE | | | | | |
| Send completed form to 135forms appropriate box. Type "8410" on the subject line | | | | | | | | | | | | |
| DEN-FSDO / FAA Approved/Accepted: | | | | Date: | | | | | | | | |

Pilot Training Reduction Authorization

Name: Jeffrey Leroy Burke Type of Training: Transition Aircraft Type: BK117

Date: 7/7/2012

I recommend credit be given for ground training modules based on previous training experience with another certificated operator of the particular aircraft during the last 12 calendar months. I have reviewed the supporting documentation in the flight crewmembers training file, and determined his/her knowledge, through a written/oral test, to be satisfactory.

Signature: _____

Name:

Check Airman / Instructor

Based on previous experience and a written/oral test, a _____ reduction of ground training time is approved. All required training subjects are complete.

Name:

Chief Pilot or Training Manager

Date: 7/7/2012

Combined flight training hours and flight testing are reduced based previous pilot experience and evaluation performance. All training curriculum segments and checking module evaluation maneuvers are satisfactory and complete. Recommended training hours are reduced from 5:00 to 2:45. Reason for requested reduction: NVG proficiency, previous AMC NVG Qualification, aircraft with similar cockpit configuration.

Signature: _____

Name: Wayne David

Check Airman / Instructor

A reduction of recommended flight training hours is approved.

Name:

Chief Pilot or Training Manager

DEN-FSDO / FAA Approved/Accepted _____

Date: _____



Helicopter Training

| | | | | | | | | |
|---------------------------|----------------|------|------|------|----|------|--------------------------------------|---|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 7/7/2012 | |
| Training Category: | NVG Transition | | | | | | Aircraft Type BK117C2 and N # N146DU | |
| Training Environment: | D | N | A | H/AI | FS | AATD | TT | D=Day N=Night A=Aided H/AI=Hood/Act Inst. TT=Total Time FS=Flight Simulator AATD=Advance Aviation Training Device |
| Flight Time: | | 1:30 | 1:20 | 0:10 | | | 1:30 | Grade only the maneuvers trained. Log all training times in hours and minutes. |
| Cumulative Time: | | 1:30 | 1:20 | 0:10 | | | 1:30 | |

| | A/C | FS | AATD | | A/C | FS | AATD |
|---|----------|-----|------|--|-----|-----|------|
| Ground Operations | | | | Landings and Approaches to Landings | | | |
| Preflight Inspection | A | | | Normal | A | | |
| Start Procedures | B | | | Sleep | A | | |
| Taxiing and Ground Operations | A | | | Rejected Landing | | | |
| Pre-takeoff Checks | A | | | Landing from an ILS | B | | |
| Takeoff and Departures | | | | Landing with Engine-Out (ME only) | A | | |
| Normal | A | | | AFCS/FD Familiarization | A | | |
| Instrument | | | | NAV/HSI Procedures | B | | |
| With Power-plant Failure (ME only) Rejected <input checked="" type="checkbox"/> Continued <input type="checkbox"/> | A | --- | --- | Radar/ Storm-scope Use | --- | --- | --- |
| Rapid Deceleration (Quick Stop) | B | --- | --- | Transition Unaided to Aided Flight (NVG) | B | --- | --- |
| Area Departure | | | | Non-Normal & Emergency Procedures | | | |
| In-Flight Maneuvers | | | | System Malfunctions | B | | |
| Steep Turns | | | | Recovery from IMC | A | | |
| Settling with Power (oral only) | | | | Maneuver by Partial Panel | | | |
| Unusual Attitude Recovery | A | | | Instrument Approach | A | | |
| Instrument Procedures | | | | Power Failure and Autorotation to a Power Recovery (SE only) | --- | --- | --- |
| Area Arrival | | | | Hovering Autorotation (SE only) | | | |
| Holding | | | | Simulated NVG Failure & Recovery | A | | |
| Normal ILS Approach | B | | | Tail Rotor Failure (Oral only) | | | |
| Engine-Out ILS Approach (ME only) | | | | Dynamic Rollover (Oral only) | | | |
| Coupled Approach | B | | | Low Rotor RPM (Oral only) | | | |
| PAR Approach | | | | Anti-Torque System (Oral only) | | | |
| Non-Precision Approaches with MDA | | | | Confined Area / Pinnacle | B | | |
| VOR | | | | Slope Operations | B | | |
| VOR/DME | | | | Ground Hazard Recognition | A | | |
| NDB | | | | Brownout / Whiteout / Flat Light Ops | | | |
| NDB/DME | | | | Use of External Lighting | A | | |
| LOC | | | | Engine Fire (Oral) | | | |
| LOC BC | | | | Governor Failure / FADEC | | | |
| LOC/DME | | | | Hydraulic Failure | | | |
| SDF | | | | Landing Gear Failure | | | |
| ASR | | | | Instrument Failure | | | |
| LDA | | | | Generator Failure | | | |
| LDA/DME | | | | Inverter Failure | | | |
| GPS | | | | AFCS Failure | | | |
| GPS / WAAS / VNAV | KRWI LPV | A | | Communications Failure | | | |
| GPS RNAV Non Pt 97 | | | | General | | | |
| Use of Auto-Pilot | | | | Judgment | A | | |
| Missed Approach from ILS | | | | Crew Coordination | A | | |
| Second Missed Approach | | | | Situational Awareness | B | | |
| Circling Approach | | | | Use of Checklist | B | | |
| Circle to Land Approach Maneuver | | | | | | | |

| | |
|----------------|---|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training |
| | Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299 |
| | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 |
| WD | Recommend an NVG Proficiency Check |
| | Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d) |


Comments (Comments are required for tasks graded C):
EC145 NVG Transition.

Instructor / Check Airman Signature:  Pilot Signature: 

Instructor / Check Airman Name: Wayne David

Observed by: _____ TITLE: _____

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340 ---

*Send completed forms attached to email: Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

NVG GROUND TRAINING RECORD AND CERTIFICATE

Name: Jeffrey Leroy Burke
 Base: Smithfield NC

Type Training: Transition NVG

| DATE | MODULE | INSTRUCTOR |
|---|---|------------|
| Operator Specific Modules | | |
| 7/6/2012 | 1. Authorized Types of Operations | W. David |
| 7/6/2012 | 2. Forms and Records | W. David |
| 7/6/2012 | 3. Responsibilities of the Duty Position | W. David |
| 7/6/2012 | 4. Applicable Regulations | W. David |
| 7/6/2012 | 5. AMC General Operations Manual | W. David |
| Airman Specific Modules | | |
| 7/6/2012 | 1. Introduction to NVG's | W. David |
| 7/6/2012 | 2. Limitations & Emergency Procedures | W. David |
| 7/6/2012 | 3. Aviation Physiology/NVG Aeromedical Considerations/Aviation Physiology | W. David |
| 7/6/2012 | 4. NVG/Night Flight Planning | W. David |
| 7/6/2012 | 5. Risk Management Tool | W. David |
| Aircraft Type: EC145 | | |
| Aircraft Ground Training Modules | | |
| 7/6/2012 | 1. Lighting Systems | W. David |
| 7/6/2012 | 2. Caution Warning Systems | W. David |
| 7/6/2012 | 3. Cockpit Familiarization and NVG Compatibility | W. David |
| | | |
| | | |
| | | |
| | | |
| | | |

Complete form and attach to email: Type "Training forms" on the subject line and send to

I certify that the above named pilot has completed the indicated training

Signature
 Printed Name

| | |
|---------------------|------------|
| [Signature] | [Redacted] |
| Wayne David | [Redacted] |
| [Signature] | [Redacted] |
| Jeffrey Leroy Burke | [Redacted] |

I have received the indicated training

Signature
 Printed Name

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

| FAR 135 AIRMAN COMPETENCY/PROFICIENCY CHECK | | | | LOCATION (City, State, or Airport ID) | | DATE OF CHECK | |
|---|--|---------------------------|--|---|--|--|--|
| NAME OF AIRMAN (last, first, middle initial) | | | | Smithfield, NC | | 5/22/10 | |
| | | | | | | Observed Evaluation 135.339 <input type="checkbox"/> | |
| Burke, Jeffrey L. | | | | TYPE OF CHECK | | Initial <input checked="" type="checkbox"/> Recurrent <input type="checkbox"/> | |
| | | | | FAR 135 293 <input type="checkbox"/> FAR 135 297 <input type="checkbox"/> | | FAR 135 299 <input type="checkbox"/> HNVGO <input checked="" type="checkbox"/> | |
| Pilot Certification Information: | | Grade Commercial Pilot | | MEDICAL INFORMATION | | Class | |
| Number | | [REDACTED] | | Date of Exam | | 1D/29/09 | |
| EMPLOYED BY | | QMLA253U | | BASED AT (City, State) | | TYPE AIRCRAFT (Make/Model) | |
| Air Methods Corporation | | Smithfield, NC | | EC135 | | | |
| NAME OF CHECK AIRMAN | | SIG OF CHECK AIRMAN | | FLIGHT TIME | | AIRCRAFT N NUMBER | |
| James H. Goff | | <i>James H. Goff</i> | | 0:35 | | N135DU | |
| FLIGHT MANEUVERS GRADES (S-Satisfactory, U-Unsatisfactory, U/S-Retrained, N/A-Not Applicable) | | | | | | | |
| HELICOPTER | | | | | | | |
| AIRCRAFT EXAMINATION | | GRADE | | LANDINGS AND APPROACHES TO LANDINGS (Continued) | | GRADE | |
| Part 135 293/135 297 Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> | | S | | Circling Approach | | N/A | |
| GROUND OPERATIONS | | | | NONNORMAL AND EMERGENCY PROCEDURES | | | |
| Preflight Inspection | | S | | System Malfunctions | | S | |
| Start Procedures | | S | | Recovery from IMC | | S | |
| Taxing and Ground Hover | | S | | Maneuver by Partial Panel (Helicopters without standby instrumentation) | | N/A | |
| Pretakeoff Checks | | S | | Instrument Approach (Type) | | N/A | |
| TAKEOFF AND DEPARTURES | | | | Power Failure and Autorotation to a power recovery (SE Only) | | | |
| Normal | | S | | Hovering Autorotations (SE Only) | | N/A | |
| Instrument | | N/A | | Tail Rotor Failure (Oral Only) | | S | |
| With Powerplant Failure (ME Only) | | S | | Dynamic Rollover (Oral Only) | | S | |
| Rapid Deceleration (Quick Stop) | | S | | Low Rotor RPM (Oral Only) | | S | |
| Area Departure | | N/A | | Anti-Torque System Failure (Oral Only) | | S | |
| INFLIGHT MANEUVERS | | | | Confined Area / Pinnacle Operations | | | |
| Sleep Turns | | N/A | | Slope Operations | | S | |
| Settling with Power (Oral Only) | | S | | Ground Hazard Recognition | | S | |
| Unusual Attitude Recovery | | S | | Brownout / Whiteout / Flat Light Operations | | S | |
| INSTRUMENT PROCEDURES | | | | Use of External Lighting | | | |
| Area Arrival | | N/A | | GENERAL | | | |
| Holding | | N/A | | Judgement | | S | |
| Normal ILS Approach | | N/A | | Crew Coordination | | S | |
| Engine-Out ILS (ME Only) | | N/A | | AIRMAN COMPETENCY INFORMATION | | | |
| Coupled Approach | | N/A | | Satisfactory Knowledge 135 293(a) | | Month/Year | |
| Nonprecision Approach (Type) | | N/A | | Make/Model Expires: N/A (12 Months) | | N/A | |
| Second Nonprecision Approach (Type) | | N/A | | Satisfactory Competency 135 293(b) | | Month/Year | |
| Missed Approach from an ILS | | N/A | | Make/Model Expires: N/A (12 Months) | | N/A | |
| Second Missed Approach | | N/A | | Satisfactory Line Checks 135 299 | | Month/Year | |
| Circling Approach (Type) | | N/A | | Make/Model Expires: N/A (12 Months) | | N/A | |
| LANDINGS AND APPROACH TO LANDINGS | | | | Satisfactory IFR Proficiency 135 297 | | | |
| Normal | | S | | Make/Model Expires: N/A (6 Months) | | N/A | |
| Landing from an ILS | | N/A | | Satisfactory HNVGO | | | |
| Landing with Engine-Out (ME Only) | | S | | Make/Model Expires: EC135 (12 Months) | | May-2011 | |
| REMARKS | | | | Use of Autopilot is: <input type="checkbox"/> authorized <input checked="" type="checkbox"/> not authorized | | | |
| | | | | Expires: N/A (12 Months) | | | |
| | | | | MISCELLANEOUS | | | |
| NVG Initial qualification. | | | | Aircraft Oral Satisfactory <input checked="" type="checkbox"/> | | (List Aircraft Make/Model/Series Below) | |
| | | | | EC135P2/T2 CPDS | | EC135T2+/P2+ CPDS | |
| Results of Check <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | | | | |
| Check Airman's Performance (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | | | | |
| REGION | | DISTRICT OFFICE | | FAA INSPECTOR'S SIGNATURE | | | |
| Send completed form attached to email: Type "2410" on the subject line and send to [REDACTED] area box | | | | | | | |

DEN-FSDO / FAA Approved/Accepted: _____ Date: _____

Pilot Training Reduction Authorization

Name: Jeffrey L. Burke Type of Training: NVG Initial Aircraft Type: EC135

Date: _____

I recommend credit be given for ground training modules based on previous training experience with another certificated operator of the particular aircraft during the last 12 calendar months. I have reviewed the supporting documentation in the flight crewmembers training file, and determined his/her knowledge, through a written/oral test, to be satisfactory.

Signature: _____

Name:

Check Airman / Instructor

Based on previous experience and a written/oral test, a _____ reduction of ground training time is approved. All required training subjects are complete.

Name:

Chief Pilot or Training Manager

Date: 5/22/2010

Combined flight training hours and flight testing are reduced based previous pilot experience and evaluation performance. All training curriculum segments and checking module evaluation maneuvers are satisfactory and complete. Recommended training hours are reduced from 5.0 to 3:15.

Signature: _____

Name: James H. Goff

Check Airman / Instructor

A reduction of recommended flight training hours is approved.

Name:

Chief Pilot or Training Manager

DEN-FSDO / FAA Approved/Accepted _____

Date: _____

Helicopter Training

| | | | | | | | | |
|-------------------------|--|---------------------------|------|------|------|------|---------------------------------------|---|
| Name: Jeffrey L. Burke | | | | | | | Date: 5/21/2010 | |
| Training Category: | | NVG Initial Qualification | | | | | Aircraft Type EC135CPDS and N# N135DU | |
| Training Environment: | | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground AATD=Advance Aviation Training Device |
| Flight Time: | | | 1:06 | 1:03 | | 1:06 | | Grade only the maneuvers trained with an "X". Log all training times in hours and minutes. |
| Cumulative Flight Time: | | | 2:50 | 2:40 | | 2:50 | | |

| | A | B | C | | A | B | C |
|--|---|---|---|--|---|---|---|
| Preflight Inspection | | X | | Normal | | X | |
| Start Procedures | | X | | Steep | | X | |
| Taxiing and Ground Operations | | X | | Rejected Landing | | | |
| Pre-takeoff Checks | | X | | Landing from an ILS | | | |
| Normal | | X | | Landing with Engine-Out (ME only) | | | |
| Instrument | | | | AFCS/FD Familiarization | | X | |
| With Power-plant Failure (ME only) Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | NAV/HSI Procedures | | | |
| Rapid Deceleration (Quick Stop) | | X | | Radar/ Storm-scope Use | | | |
| Area Departure | | | | Transition Unaided to Aided Flight (NVG) | | X | |
| System Malfunctions | | | | | | X | |
| Steep Turns | | | | Recovery from IMC | | X | |
| Settling with Power (oral only) | | X | | Maneuver by Partial Panel | | | |
| Unusual Altitude Recovery | | X | | Instrument Approach | | | |
| Power Failure and Autorotation to a Power Recovery (SE only) | | | | | | | |
| Area Arrival | | | | Hovering Autorotations (SE only) | | | |
| Holding | | | | Tail Rotor Failure (Oral only) | | | |
| Normal ILS Approach | | | | Dynamic Rollover (Oral only) | | X | |
| Engine-Out ILS Approach (ME only) | | | | Low Rotor RPM (Oral only) | | | |
| Coupled Approach | | | | Anti-Torque System (Oral only) | | | |
| PAR Approach | | | | Confined Area / Pinnacle | | X | |
| Non-Precision Approaches with MDA | | | | Stop Operations | | X | |
| VOR | | | | Ground Hazard Recognition | | X | |
| VOR/DME | | | | Brownout / Whiteout / Flat Light Ops | | | |
| NDB | | | | Use of External Lighting | | X | |
| NDB/DME | | | | Engine Fire (Oral Only) | | | |
| LOC | | | | Governor Failure / FADEC | | X | |
| LOC BC | | | | Hydraulic Failure | | | |
| LOC/DME | | | | Landing Gear Failure | | | |
| SDF | | | | Instrument Failure | | | |
| ASR | | | | Generator Failure | | | |
| LDA | | | | Inverter Failure | | X | |
| LDA/DME | | | | AFCS Failure | | | |
| GPS | | | | Communications Failure | | | |
| GPS/WAAS/VNAV | | | | | | | |
| GPS RNAV Non P1 97 | | | | Judgment | | X | |
| Use of Auto-Pilot | | X | | Crew Coordination | | X | |
| Missed Approach from ILS | | | | Situational Awareness | | X | |
| Second Missed Approach | | | | Use of Checklist | | X | |
| Circling Approach | | | | | | | |
| Circle to Land Approach Maneuver | | | | | | | |

INITIAL **GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training**

Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.298

Recommend a flight test be conducted before completion of recommended Recurrent training hours

Recommend an FAR 135 IFR Proficiency Check FAR 135.297

Recommend an NVG Proficiency Check

Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d)

Comments (Required for A and C):

Instructor / Check Airman Sig: _____ Pilot Signature: Jeffrey L. Burke

Instructor / Check Airman Name: Charles B. _____

Observed by: _____ TITLE: _____

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

Send completed forms attached to email: Type "Training forms" on the subject line and send to _____

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

Helicopter Training

Name: Jeffrey L. Burke

Date: 5/11/2010

13504

| | | | | | | | |
|-------------------------|---------------------------|------|------|------|------|------|--|
| Training Category: | NVG Initial Qualification | | | | | | Aircraft Type EC135CPDS and N# 13680 |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time: | | 0:52 | 0:52 | | 0:52 | | Grade only the maneuvers trained with an "X". Log all training times in hours and minutes. |
| Cumulative Flight Time: | | 1:44 | 1:37 | | 1:44 | | |

| | A | B | C | AATD | | A | B | C | AATD |
|--|---|---|---|------|--|---|---|---|------|
| Ground Operations | | | | | | | | | |
| Preflight Inspection | | X | | | Sleep | | X | | |
| Start Procedures | | X | | | Rejected Landing | | | | |
| Taxiing and Ground Operations | | X | | | Landing from an ILS | | | | |
| Pre-takeoff Checks | | X | | | Landing with Engine-Out (ME only) | | | | |
| Flight and Procedures | | | | | AFCS/FD Familiarization | | | | |
| Normal | | X | | | NAV/HSI Procedures | | | | |
| Instrument | | | | | Radar/ Storm-scope Use | | X | | |
| With Power-plant Failure (ME only) Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | Transition Unaided to Aided Flight (NVG) | | X | | |
| Rapid Deceleration (Quick Stop) | | | | | | | | | |
| Area Departure | | | | | System Malfunctions | | X | | |
| Step Turns | | | | | Recovery from IMC | | | | |
| Settling with Power (oral only) | | | | | Maneuver by Partial Panel | | | | |
| Unusual Attitude Recovery | | | | | Instrument Approach | | | | |
| Area Arrival | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | |
| Holdings | | | | | Hovering Autorotations (SE only) | | | | |
| Normal ILS Approach | | | | | Tail Rotor Failure (Oral only) | | | | |
| Engine-Out ILS Approach (ME only) | | | | | Dynamic Rollover (Oral only) | | | | |
| Coupled Approach | | | | | Low Rotor RPM (Oral only) | | | | |
| PAR Approach | | | | | Anti-Torque System (Oral only) | | | | |
| Non-Precision Approaches with MDA | | | | | Confined Area / Pinnacle | | | | |
| VOR | | | | | Slope Operations | | | | |
| VOR/DME | | | | | Ground Hazard Recognition | | | | |
| NDB | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| NDB/DME | | | | | Use of External Lighting | | X | | |
| LOC | | | | | Engine Fire (Oral Only) | | | | |
| LOC BC | | | | | Governor Failure / FADEC | | | | |
| LOC/DME | | | | | Hydraulic Failure | | | | |
| SEP | | | | | Landing Gear Failure | | | | |
| ASR | | | | | Instrument Failure | | | | |
| LDA | | | | | Generator Failure | | | | |
| LDA/DME | | | | | Inverter Failure | | | | |
| GPS | | | | | AFCS Failure | | | | |
| GPS RNAV Non P1 97 | | | | | Communications Failure | | | | |
| Use of Auto-Pilot | | X | | | Judgment | | X | | |
| Missed Approach from ILS | | | | | Crew Coordination | | X | | |
| Second Missed Approach | | | | | Situational Awareness | | X | | |
| Circling Approach | | | | | Use of Checklist | | X | | |
| Circle to Land Approach Maneuver | | | | | | | | | |

Normal X

INITIAL GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training

Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.289

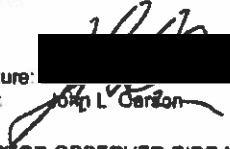
Recommend a flight test be conducted before completion of recommended Recurrent training hours

Recommend an FAR 135 IFR Proficiency Check FAR 135.287


Recommend an NVG Proficiency Check

Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d)

Comments (Required for A and C):

Instructor / Check Airman Signature: 


Instructor / Check Airman Name: John L. Carlson

Observed by: 

Pilot Signature: Jeffrey L. Burke

TITLE:

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

*Send completed forms attached to email. Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

Helicopter Training

| | | | | | | | |
|-------------------------|---|---------------------------|------|------|------|--------------------------------------|--|
| Name: Jeffrey L. Burke | | | | | | Date: 5/11/2010 | |
| Training Category: | | NVG Initial Qualification | | | | Aircraft Type EC135CPDS and N# 136DU | |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time: | | 052 | 0.45 | | 0.52 | | Grade only the maneuvers trained with an "X". Log all training times in hours and minutes. |
| Cumulative Flight Time: | | 0.52 | 0.45 | | 0.52 | | |

| | A | B | C | AATD | | A | B | C | AATD |
|--|---|---|---|------|--|---|---|---|------|
| Pre-flight Inspection | | X | | | Site: | | X | | |
| Start Procedures | | X | | | Rejected Landing | | | | |
| Taxiing and Ground Operations | | X | | | Landing from an ILS | | | | |
| Pre-takeoff Checks | | X | | | Landing with Engine-Out (ME only) | | | | |
| Normal | | X | | | AFCS/FD Familiarization | | | | |
| Instrument | | | | | NAV/HSI Procedures | | | | |
| With Power-plant Failure (ME only) | | | | | Radar/ Storm-scope Use | | X | | |
| Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | Transition Unaided to Aided Flight (NVG) | | X | | |
| Rapid Deceleration (Quick Stop) | | | | | | | | | |
| Area Departure | | | | | System Malfunctions | | X | | |
| Steep Turns | | | | | Recovery from IMC | | | | |
| Settling with Power (oral only) | | | | | Maneuver by Partial Panel | | | | |
| Unusual Attitude Recovery | | | | | Instrument Approach | | | | |
| Area Arrival | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | |
| Holding | | | | | Hovering Autorotations (SE only) | | | | |
| Normal ILS Approach | | | | | Tail Rotor Failure (Oral only) | | | | |
| Engine-Out ILS Approach (ME only) | | | | | Dynamic Rollover (Oral only) | | | | |
| Coupled Approach | | | | | Low Rotor RPM (Oral only) | | | | |
| PAR Approach | | | | | Anti-Torque System (Oral only) | | | | |
| Non-Precision Approaches with MDA | | | | | Confined Area / Pinnacle | | | | |
| VOR | | | | | Slope Operations | | | | |
| VOR/DME | | | | | Ground Hazard Recognition | | | | |
| NDB | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| NDB/DME | | | | | Use of External Lighting | | X | | |
| LOC | | | | | Engine Fire (Oral Only) | | | | |
| LOC BC | | | | | Governor Failure / FADEC | | | | |
| LOC/DME | | | | | Hydraulic Failure | | | | |
| SDF | | | | | Landing Gear Failure | | | | |
| ASR | | | | | Instrument Failure | | | | |
| LDA | | | | | Generator Failure | | | | |
| LDA/DME | | | | | Inverter Failure | | | | |
| GPS | | | | | AFCS Failure | | | | |
| GPS RNAV Non Pt 97 | | | | | Communications Failure | | | | |
| Use of Auto-Pilot | | X | | | Judgment | | X | | |
| Missed Approach from ILS | | | | | Crew Coordination | | X | | |
| Second Missed Approach | | | | | Situational Awareness | | X | | |
| Circling Approach | | | | | Use of Checklist | | X | | |
| Circle to Land Approach Maneuver | | | | | | | | | |
| Normal | | X | | | | | | | |

INITIAL GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training

Recommend an FAR 135 Competency Check, FAR 135 293 (a) and (b) and Line Check FAR 135 299


Recommend a flight test be conducted before completion of recommended Recurrent training hours

Recommend an FAR 135 IFR Proficiency Check FAR 135 297

Recommend an NVG Proficiency Check


Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d)

Comments (Required for A and C):

Instructor / Check Airman Signature:  Pilot Signature: Jeffrey L. Burke

Instructor / Check Airman Name: John L. Carson TITLE:

Observed by: TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135 340

*Send completed forms attached to email. Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

NVG GROUND TRAINING RECORD AND CERTIFICATE

 Name: Jeffrey L Burke
 Base: Smithfield, NC



 Aircraft Type: EC135
 Type Training: Initial Qualification NVG

| DATE | MODULE | INSTRUCTOR |
|---|---|------------|
| Operator Specific Modules | | |
| 5-3-10 | 1. Authorized Types of Operations | C. Ritter |
| 5-3-10 | 2. Forms and Records | C. Ritter |
| 5-3-10 | 3. Responsibilities of the Duty Position | C. Ritter |
| 5-3-10 | 4. Applicable Regulations | C. Ritter |
| 5-3-10 | 5. AMC General Operations Manual | C. Ritter |
| Airman Specific Modules | | |
| 5-3-10 | 1. Introduction to NVG's | J. Carlson |
| 5-3-10 | 2. Limitations & Emergency Procedures | C. Ritter |
| 5-3-10 | 3. Aviation Physiology/NVG Aeromedical Considerations/Aviation Physiology | J. Carlson |
| 5-3-10 | 4. NVG/Night Flight Planning | J. Carlson |
| 5-3-10 | 5. Risk Management Tool | C. Ritter |
| Aircraft Ground Training Modules | | |
| 5-10-10 | 1. Lighting Systems | J. Carlson |
| 5-10-10 | 2. Caution Warning Systems | J. Carlson |
| 5-10-10 | 3. Cockpit Familiarization and NVG Compatibility | J. Carlson |
| | | |
| | | |
| | | |
| | | |
| | | |

Complete form and attach to email: Type "Training forms" on the subject line and send to

I certify that the above named pilot has completed the indicated training

I have received the indicated training

| | |
|---|------------|
|  James H. Goff | C. Ritter |
|  | J. Carlson |
| J. JEFFREY L BURKE | |

DEN FSDO / FAA Approved/Accepted

Date



| FAR 135 AIRMAN COMPETENCY/PROFICIENCY CHECK | | | | LOCATION (City, State, or Airport ID) | | DATE OF CHECK | |
|---|--|------------------------|--|--|--|--|--|
| | | | | KJNX | | 08/26/2009 | |
| NAME OF AIRMAN (last, first, middle initial) | | | | TYPE OF CHECK | | Observed Evaluation 135.339 <input type="checkbox"/> | |
| Burke, Jeffrey L. | | | | FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input type="checkbox"/> | | Initial <input checked="" type="checkbox"/> Recurrent <input type="checkbox"/> | |
| Pilot Certification Information: | | Grade | | MEDICAL INFORMATION | | Class | |
| | | Commercial Pilot | | Date of Exam | | SECOND | |
| EMPLOYED BY | | BASED AT (City, State) | | Date of Exam | | Date of Birth | |
| Air Methods Corporation | | Smithfield, NC | | 11/10/2008 | | | |
| NAME OF CHECK AIRMAN | | SIG OF CHECK AIRMAN | | TYPE AIRCRAFT (Make/Model) | | AIRCRAFT N NUMBER | |
| John L. Carson | | <i>John L. Carson</i> | | EC135 | | N135DU | |
| FLIGHT MANEUVERS GRADES (S-Satisfactory, U-Unsatisfactory, U/S-Retrained, N/A-Not Applicable) | | | | | | | |
| HELICOPTER | | | | | | | |
| AIRCRAFT EXAMINATION | | GRADE | | LANDINGS AND APPROACHES TO LANDINGS (Continued) | | GRADE | |
| Part 135.293/135.297 | | S | | Circling Approach | | N/A | |
| Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> | | | | | | | |
| GROUND OPERATIONS | | | | NONNORMAL AND EMERGENCY PROCEDURES | | | |
| Preflight Inspection | | S | | System Malfunctions | | S | |
| Start Procedures | | S | | Recovery from IMC | | S | |
| Taxing and Ground Hover | | S | | Maneuver by Partial Panel (Helicopters without standby instrumentation) | | N/A | |
| Pretakeoff Checks | | S | | Instrument Approach (Type) ILS | | S | |
| TAKEOFF AND DEPARTURES | | | | Power Failure and Autorotation to a power recovery (SE Only) | | | |
| Normal | | S | | Hovering Autorotations (SE Only) | | N/A | |
| Instrument | | N/A | | Tail Rotor Failure (Oral Only) | | S | |
| With Powerplant Failure (ME Only) | | S | | Dynamic Rollover (Oral Only) | | S | |
| Rapid Deceleration (Quick Stop) | | S | | Low Rotor RPM (Oral Only) | | S | |
| Area Departure | | N/A | | Anti-Torque System Failure (Oral Only) | | S | |
| INFLIGHT MANEUVERS | | | | Confined Area / Pinnacle Operations | | | |
| Steep Turns | | S | | Slope Operations | | S | |
| Settling with Power (Oral Only) | | S | | Ground Hazard Recognition | | S | |
| Unusual Attitude Recovery | | S | | Brownout / Whiteout / Flat Light Operations | | N/A | |
| INSTRUMENT PROCEDURES | | | | Use of External Lighting | | | |
| Area Arrival | | N/A | | GENERAL | | | |
| Holding | | N/A | | Judgement | | S | |
| Normal ILS Approach | | S | | Crew Coordination | | S | |
| Engine-Out ILS (ME Only) | | N/A | | AIRMAN COMPETENCY INFORMATION | | | |
| Coupled Approach | | N/A | | Satisfactory Knowledge 135.293(a) | | Month/Year | |
| Nonprecision Approach (Type) | | N/A | | Make/Model Expires: EC135 (12 Months) | | Aug 2010 | |
| Second Nonprecision Approach (Type) | | N/A | | Satisfactory Competency 135.293(b) | | Month/Year | |
| Missed Approach from an ILS | | N/A | | Make/Model Expires: EC135 (12 Months) | | Aug 2010 | |
| Second Missed Approach | | N/A | | Satisfactory Line Checks 135.299 | | Month/Year | |
| Circling Approach (Type) | | N/A | | Make/Model Expires: EC135 (12 Months) | | Aug 2010 | |
| LANDINGS AND APPROACH TO LANDINGS | | | | Satisfactory IFR Proficiency 135.297 | | | |
| Normal | | S | | Make/Model Expires: (6 Months) | | Month/Year | |
| Landing from an ILS | | N/A | | Satisfactory HNVGO | | Month/Year | |
| Landing with Engine-Out (ME Only) | | S | | Make/Model Expires: (12 Months) | | Month/Year | |
| REMARKS | | | | Use of Autopilot is: <input type="checkbox"/> authorized <input type="checkbox"/> not authorized | | Month/Year | |
| | | | | Expires: (12 Months) | | | |
| | | | | MISCELLANEOUS | | | |
| | | | | Aircraft Oral Satisfactory <input checked="" type="checkbox"/> | | (List Aircraft Make/Model/Series Below) | |
| | | | | EC135 CPDS (all) | | EC135 CPDS (all) | |
| Results of Check <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | FAA INSPECTOR'S SIGNATURE | | | |
| Check Airman's Performance (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | | | | |
| REGION | | DISTRICT OFFICE | | | | | |

Send completed form attached to email: Type "8410" on the subject line and send to [redacted]
 DEN-FSDO / FAA Approved/Accepted: _____ Date: _____


Helicopter Training

| | | | | | | | |
|---------------------------|---------------------------|------|---|------|------|---|---|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 8/24/2009 |
| Training Category | Initial New Hire Training | | | | | | Aircraft Type EC135 and N # 135DU |
| Training Environment | D | N | A | H/AI | TT | G | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time: | | 2.45 | | 0.45 | 2.45 | | Grade only the maneuvers trained with an "X". Log all training times in hours and minutes |
| Cumulative Flight Time | 3.19 | 2.45 | | 1.30 | 6.04 | | |

| | A | B | C | G | | A | B | C | G |
|--|---|---|---|---|--|---|---|---|---|
| Ground Operations | | | | | NAV/HSI Procedures | | X | | |
| Preflight Inspection | | X | | | Radar/ Storm-scope Use | | X | | |
| Start Procedures | | X | | | Transition Unaided to Aided Flight (NVG) | | | | |
| Taxiing and Ground Operations | | X | | | Non-Normal & Emergency Procedures | | | | |
| Pretakeoff Checks | | X | | | System Malfunctions | | X | | |
| Takeoff and Departures | | | | | Recovery from IMC | | X | | |
| Normal | | X | | | Maneuver by Partial Panel | | | | |
| Instrument | | | | | Instrument Approach | | X | | |
| With Power-plant Failure (ME only) | | X | | | Power Failure and Autorotation to a | | | | |
| Rejected <input checked="" type="checkbox"/> Continued <input checked="" type="checkbox"/> | | | | | Power Recovery (SE only) | | | | |
| Rapid Deceleration (Quick Stop) | | | | | Hovering Autorotations (SE only) | | | | |
| Area Departure | | | | | Tail Rotor Failure (Oral only) | | | | |
| In-Flight Maneuvers | | | | | Dynamic Rollover (Oral only) | | | | |
| Sleep Turns | | | | | Low Rotor RPM (Oral only) | | | | |
| Settling with Power (oral only) | | | | | Anti-Torque System (Oral only) | | | | |
| Unusual Attitude Recovery | | X | | | Confined Area / Pinnacle | | X | | |
| Instrument Procedures | | | | | Slope Operations | | | | |
| Area Arrival | | | | | Ground Hazard Recognition | | X | | |
| Holding | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| Normal ILS Approach | | X | | | Use of External Lighting | | X | | |
| Engine-Out ILS Approach (ME only) | | X | | | Engine Fire (Oral Only) | | X | | |
| Coupled Approach | | X | | | Governor Failure / FADEC | | X | | |
| Non-Precision Approach | | | | | Hydraulic Failure | | | | |
| NDB | | | | | Landing Gear Failure | | | | |
| VOR | | | | | Instrument Failure | | | | |
| LOC | | | | | Generator Failure | | | | |
| GPS | | | | | Inverter Failure | | X | | |
| SDF | | | | | AFCS Failure | | X | | |
| Use of Auto-Pilot | | X | | | Communications Failure | | | | |
| Missed Approach from ILS | | X | | | General | | | | |
| Second Missed Approach | | | | | Judgment | | X | | |
| Circling Approach | | | | | Crew Coordination | | X | | |
| Landings and Approaches to Landings | | | | | Situational Awareness | | X | | |
| Normal | | X | | | Use of Checklist | | X | | |
| Sleep | | X | | | | | | | |
| Rejected Landing | | X | | | | | | | |
| Landing from an ILS | | X | | | | | | | |
| Landing with Engine-Out (ME only) | | X | | | | | | | |
| AFCS/FD Familiarization | | | | | | | | | |

| | |
|-------------------------------------|--|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training |
| <input checked="" type="checkbox"/> | Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299 |
| | Recommend a flight test be conducted before completion of recommended Recurrent training hours IAW PTP |
| | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 |
| | Recommend an NVG Proficiency Check |
| | Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d) |

Comments (Required for A and C):

Instructor / Check Airman Signature:  Instructor / Check Airman Name: John L. Carson

Pilot Signature: Jeffrey Leroy Burke

OBSERVED BY: _____ TITLE: _____

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340 ----

*Send completed forms attached to email: Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

Helicopter Training

| | | | | | | | |
|--------------------------|------|---------------------------|---|------|------|-----------------------------------|--|
| Name Jeffrey Leroy Burke | | | | | | Date: 8/24/2009 | |
| Training Category: | | Initial New Hire Training | | | | Aircraft Type EC135 and N # 135DU | |
| Training Environment: | D | N | A | H/AI | TT | G | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time: | 3:19 | | | 0:45 | 3:19 | | Grade only the maneuvers trained with an "X" Log all training times in hours and minutes |
| Cumulative Flight Time: | 3:19 | | | 0:45 | 3:19 | | |

| | A | B | C | G | | A | B | C | G |
|--|---|---|---|---|--|---|---|---|---|
| Ground Operations | | | | | NAV/HSI Procedures | | X | | |
| Preflight Inspection | | X | | | Radar/ Storm-scope Use | | | | |
| Start Procedures | | X | | | Transition Unaided to Aided Flight (NVG) | | | | |
| Taxing and Ground Operations | | X | | | Non-Normal & Emergency Procedures | | | | |
| Pretakeoff Checks | | X | | | System Malfunctions | | X | | |
| Takeoff and Departures | | | | | Recovery from IMC | | X | | |
| Normal | | X | | | Maneuver by Partial Panel | | | | |
| Instrument | | | | | Instrument Approach | | X | | |
| With Power-plant Failure (ME only) | | X | | | Power Failure and Autorotation to a | | | | |
| Rejected <input checked="" type="checkbox"/> Continued <input checked="" type="checkbox"/> | | | | | Power Recovery (SE only) | | | | |
| Rapid Deceleration (Quick Stop) | | X | | | Hovering Autorotations (SE only) | | | | |
| Area Departure | | | | | Tail Rotor Failure (Oral only) | | X | | |
| In-Flight Maneuvers | | | | | Dynamic Rollover (Oral only) | | X | | |
| Steep Turns | | X | | | Low Rotor RPM (Oral only) | | X | | |
| Setting with Power (oral only) | | X | | | Anti-Torque System (Oral only) | | X | | |
| Unusual Attitude Recovery | | X | | | Confined Area / Pinnacle | | X | | |
| Instrument Procedures | | | | | Slope Operations | | X | | |
| Area Arrival | | | | | Ground Hazard Recognition | | X | | |
| Holding | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| Normal ILS Approach | | X | | | Use of External Lighting | | | | |
| Engine-Out ILS Approach (ME only) | | | | | Engine Fire (Oral Only) | | | | |
| Coupled Approach | | X | | | Governor Failure / FADEC | | X | | |
| Non-Precision Approach | | | | | Hydraulic Failure | | X | | |
| NDB | | | | | Landing Gear Failure | | | | |
| VOR | | | | | Instrument Failure | | | | |
| LOC | | | | | Generator Failure | | | | |
| GPS | | | | | Inverter Failure | | | | |
| SDF | | | | | AFCS Failure | | X | | |
| Use of Auto-Pilot | | X | | | Communications Failure | | | | |
| Missed Approach from ILS | | | | | General | | | | |
| Second Missed Approach | | | | | Judgment | | X | | |
| Circling Approach | | | | | Crew Coordination | | X | | |
| Landings and Approaches to Landings | | | | | Situational Awareness | | X | | |
| Normal | | X | | | Use of Checklist | | X | | |
| Steep | | X | | | | | | | |
| Rejected Landing | | X | | | | | | | |
| Landing from an ILS | | X | | | | | | | |
| Landing with Engine-Out (ME only) | | X | | | | | | | |
| AFCS/FD Familiarization | | X | | | | | | | |

INITIAL **GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training**

Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299

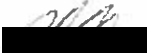
Recommend a flight test be conducted before completion of recommended Recurrent training hours IAW PTP

Recommend an FAR 135 IFR Proficiency Check FAR 135.297

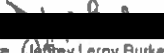
Recommend an NVG Proficiency Check

Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d)

Comments (Required for A and C):

Instructor / Check Airman Signature: 

Instructor / Check Airman Name: John L. Carson

OBSERVED BY: 

Pilot Signature: Jeffrey Leroy Burke

TITLE _____

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

*Send completed forms attached to email. Type "Training forms" on the subject line and send to 


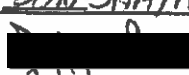
DEN-FSDO / FAA Approved/Accepted _____ Date: _____

HELICOPTER GROUND TRAINING RECORD AND CERTIFICATE

Name: JEFFREY L BURKE
 Type of Training INITIAL NEW HIRE
 Current Ground Training Base Month: July
 Comment: _____

Aircraft Type: EC135

| DATE | MODULE | INSTRUCTOR |
|---|---|--------------|
| General Operational Subjects Modules | | |
| 8/4/09 | 1. Rotorcraft Flight Manual | DON SHAMBLIN |
| 8/4/09 | 2. Aircraft General | DON SHAMBLIN |
| 8/4/09 | 3. Crew Compartment | DON SHAMBLIN |
| 8/4/09 | 4. Airframe | DON SHAMBLIN |
| 8/4/09 | 5. Operating Limits | DON SHAMBLIN |
| 8/4/09 | 6. Performance Data | DON SHAMBLIN |
| 8/4/09 | 7. Weight & Balance | DON SHAMBLIN |
| Aircraft Systems Modules | | |
| 8/4/09 | 1. Power plant | DON SHAMBLIN |
| 8/4/09 | 2. Fuel | DON SHAMBLIN |
| 8/4/09 | 3. Transmission & Drive Train | DON SHAMBLIN |
| 8/4/09 | 4. Tail Rotor Drive System (if applicable) | DON SHAMBLIN |
| 8/4/09 | 5. Main Rotor, Rotation Controls | DON SHAMBLIN |
| 8/4/09 | 6. Flight Controls & Anti-Torque Sys. | DON SHAMBLIN |
| 8/5/09 | 7. Hydraulic System | DON SHAMBLIN |
| 8/5/09 | 8. Electrical System | DON SHAMBLIN |
| 8/5/09 | 9. Ground Handling & Utility Systems/ Servicing | DON SHAMBLIN |
| 8/5/09 | 10. Supplements | DON SHAMBLIN |
| 8/5/09 | 11. Auto Flight Systems | DON SHAMBLIN |
| Aircraft Systems Integration Modules | | |
| 8/5/09 | 1. Use of Checklist | DON SHAMBLIN |
| 8/5/09 | 2. Emergency Procedures | DON SHAMBLIN |
| 8/5/09 | 3. Normal Procedures | DON SHAMBLIN |
| Other | | |
| | 1. | |

| | | |
|---|--------------|--|
| I certify that the above named pilot has completed the indicated training | Signature |  |
| | Printed Name | DON SHAMBLIN |
| I have received the indicated training | Signature |  |
| | Printed Name | JEFFREY L BURKE |

Complete form and attach to email: Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____

Date: _____

| FAR 135 AIRMAN COMPETENCY/PROFICIENCY CHECK | | | | LOCATION (City, State, or Airport ID) | | DATE OF CHECK | | |
|---|--|---------------------------|-------|---|---|--|-------|------------------------|
| | | | | KJNX | | 3/30/2010 | | |
| NAME OF AIRMAN (last, first, middle initial) | | | | TYPE OF CHECK | | Observed Evaluation 135.339 <input type="checkbox"/> | | |
| Burke, Jeffrey L. | | | | FAR 135.293 <input type="checkbox"/> FAR 135.297 <input checked="" type="checkbox"/> | | Initial <input checked="" type="checkbox"/> Recurrent <input type="checkbox"/> | | |
| Pilot Certification Information: | | Grade Commercial Pilot | | MEDICAL INFORMATION | | Class SECOND | | |
| Number | | [REDACTED] | | Date of Exam. 10/29/2009 | | Date of Birth [REDACTED] | | |
| EMPLOYED BY | | BASED AT (City, State) | | TYPE AIRCRAFT (Make/Model) | | | | |
| Air Methods Corporation | | Smithfield, NC (SMFNC) | | EC135 | | | | |
| NAME OF CHECK AIRMAN | | SIG OF CHECK AIRMAN | | FLIGHT TIME | | AIRCRAFT N NUMBER | | |
| John L. Carson | | <i>John L. Carson</i> | | 1.3 | | N135DU | | |
| FLIGHT MANEUVERS GRADES (S-Satisfactory, U-Unsatisfactory, U/S-Retrained, N/A-Not Applicable) | | | | | | | | |
| HELICOPTER | | | | | | | | |
| AIRCRAFT EXAMINATION | | | GRADE | | LANDINGS AND APPROACHES TO LANDINGS (Continued) | | GRADE | |
| Part 135.293/135.297 Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> | | | S | | Circling Approach | | S | |
| GROUND OPERATIONS | | | | NONNORMAL AND EMERGENCY PROCEDURES | | | | |
| Preflight Inspection | | | | S | | System Malfunctions | | S |
| Start Procedures | | | | S | | Recovery from IMC | | S |
| Taxing and Ground Hover | | | | S | | Maneuver by Partial Panel (Helicopters without standby instrumentation) | | N/A |
| Pretakeoff Checks | | | | S | | Instrument Approach (Type) ILS | | S |
| TAKEOFF AND DEPARTURES | | | | Power Failure and Autorotation to a power recovery (SE Only) | | | | N/A |
| Normal | | | | S | | Hovering Autorotations (SE Only) | | N/A |
| Instrument | | | | S | | Tail Rotor Failure (Oral Only) | | S |
| With Powerplant Failure (ME Only) | | | | S | | Dynamic Rollover (Oral Only) | | S |
| Rapid Deceleration (Quick Stop) | | | | S | | Low Rotor RPM (Oral Only) | | S |
| Area Departure | | | | N/A | | Anti-Torque System Failure (Oral Only) | | S |
| INFLIGHT MANEUVERS | | | | Confined Area / Pinnacle Operations | | | | S |
| Steep Turns | | | | S | | Slope Operations | | S |
| Settling with Power (Oral Only) | | | | S | | Ground Hazard Recognition | | S |
| Unusual Attitude Recovery | | | | S | | Brownout / Whiteout / Flat Light Operations | | N/A |
| INSTRUMENT PROCEDURES | | | | Use of External Lighting | | | | N/A |
| Area Arrival | | | | N/A | | GENERAL | | |
| Holding | | VOR/DME | | S | | Judgement | | S |
| Normal ILS Approach | | ILS | | S | | Crew Coordination | | S |
| Engine-Out ILS (ME Only) | | | | S | | AIRMAN COMPETENCY INFORMATION | | |
| Coupled Approach | | | | S | | Satisfactory Knowledge 135.293(a) | | Month/Year |
| Nonprecision Approach (Type) | | VOR/DME | | S | | Make/Model Expires: N/A (12 Months) | | |
| Second Nonprecision Approach (Type) | | GPS | | S | | Satisfactory Competency 135.293(b) | | Month/Year |
| Missed Approach from an ILS | | | | S | | Make/Model Expires: (12 Months) | | |
| Second Missed Approach | | | | S | | Satisfactory Line Checks 135.299 | | Month/Year |
| Circling Approach (Type) | | LOC | | S | | Make/Model Expires: (12 Months) | | |
| LANDINGS AND APPROACH TO LANDINGS | | | | Satisfactory IFR Proficiency 135.297 | | | | Month/Year |
| Normal | | | | S | | Make/Model Expires: EC135 (6 Months) | | Sept 2010 |
| Landing from an ILS | | | | S | | Satisfactory HNVGO | | Month/Year |
| Landing with Engine-Out (ME Only) | | | | | | Make/Model Expires: EC135 (12 Months) | | |
| REMARKS | | | | Use of Autopilot is: <input checked="" type="checkbox"/> authorized <input type="checkbox"/> not authorized | | Expires: EC135 (12 Months) | | Month/Year Mar 2011 |
| | | | | MISCELLANEOUS | | | | |
| | | | | Aircraft Oral Satisfactory <input checked="" type="checkbox"/> | | (List Aircraft Make/Model/Series Below) | | |
| | | | | EC135 (CPDS all) | | EC135 (CPDS all) | | |
| Results of Check <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | | | | | |
| Check Airman's Performance (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | | | | | |
| REGION | | DISTRICT OFFICE | | FAA INSPECTOR'S SIGNATURE | | | | |
| Send completed form attached to email: Type "8410" on the subject line and send to [REDACTED] area box | | | | | | | | |

DEN-FSDO / FAA Approved/Accepted: _____

Date: _____

Helicopter Training

| | | | | | | | |
|---------------------------|-------------|---|---|------|------|------|--|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 3/30/2010 |
| Training Category | IFR Initial | | | | | | Aircraft Type EC135CPDS and N # 135DU |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time: | 1:00 | | | 0:45 | 1:00 | | Grade only the maneuvers trained with an "X". Log all training times in hours and minutes. |
| Cumulative Flight Time: | 9:45 | | | 7:05 | 9:45 | | |

| | A | B | C | AATD | | A | B | C | AATD |
|--|-----------------|---|---|------|--|---|---|---|------|
| Ground Operations | | | | | | | | | |
| Preflight Inspection | | X | | | Steep | | X | | |
| Start Procedures | | X | | | Rejected Landing | | X | | |
| Taxing and Ground Operations | | X | | | Landing from an ILS | | X | | |
| Pre-takeoff Checks | | X | | | Landing with Engine-Out (ME only) | | X | | |
| Takeoff and Departures | | | | | | | | | |
| Normal | | | | | AFCS/FD Familiarization | | X | | |
| Instrument | | X | | | NAV/HSI Procedures | | X | | |
| With Power-plant Failure (ME only) Rejected <input checked="" type="checkbox"/> Continued <input checked="" type="checkbox"/> | | | | | Radar/ Storm-scope Use | | | | |
| Rapid Deceleration (Quick Stop) | | | | | Transition Unaided to Aided Flight (NVG) | | | | |
| Area Departure | | | | | | | | | |
| Area Departure | | | | | Non-Normal & Emergency Procedures | | | | |
| In Flight Maneuvers | | | | | System Malfunctions | | X | | |
| Steep Turns | | | | | Recovery from IMC | | X | | |
| Settling with Power (oral only) | | | | | Maneuver by Partial Panel | | | | |
| Unusual Attitude Recovery | | | | | Instrument Approach | | X | | |
| Instrument Procedures | | | | | | | | | |
| Area Arrival | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | |
| Holding | | X | | | Hovering Autorotations (SE only) | | | | |
| Normal ILS Approach | | X | | | Tall Rotor Failure (Oral only) | | X | | |
| Engine-Out ILS Approach (ME only) | | | | | Dynamic Rollover (Oral only) | | X | | |
| Coupled Approach | | X | | | Low Rotor RPM (Oral only) | | X | | |
| PAR Approach | | | | | Anti-Torque System (Oral only) | | X | | |
| Non-Precision Approaches with MDA | | | | | | | | | |
| VOR | | | | | Confined Area / Pinnacle | | X | | |
| VOR/DME | VOR DME A KCTZI | | X | | Slope Operations | | X | | |
| NDB | | | | | Ground Hazard Recognition | | | | |
| NDB/DME | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| LOC | | | | | Use of External Lighting | | | | |
| LOC BC | | | | | Engine Fire (Oral Only) | | X | | |
| LOC/DME | | | | | Governor Failure / FADEC | | X | | |
| SDF | | | | | Hydraulic Failure | | | | |
| ASR | | | | | Landing Gear Failure | | | | |
| LDA | | | | | Instrument Failure | | | | |
| LDA/DME | | | | | Generator Failure | | | | |
| GPS | | | | | Inverter Failure | | | | |
| GPS RNAV Non P1 97 | WEKP RNAV 142 | | X | | AFCS Failure | | X | | |
| General | | | | | | | | | |
| Use of Auto-Pilot | | X | | | Communications Failure | | | | |
| Missed Approach from ILS | | | | | Judgment | | X | | |
| Second Missed Approach | | | | | Crew Coordination | | X | | |
| Circling Approach | | X | | | Situational Awareness | | X | | |
| Circle to Land Approach Maneuver | | | | | Use of Checklist | | X | | |
| Landings and Approaches to Landings | | | | | | | | | |
| Normal | | X | | | | | | | |

| | |
|----------------|--|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training |
| | Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299 |
| | Recommend a flight test be conducted before completion of recommended Recurrent training hours |
| | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 |
| | Recommend an NVG Proficiency Check |
| | Demonstrated Satisfactory Instrument Proficiency FAR 81.57 (d) |

Comments (Required for A and C):

Instructor / Check Airman Signature: [Redacted] Pilot Signature: Jeffrey Leroy Burke [Redacted]

Instructor / Check Airman Name: John L. Carson TITLE:

Observed by: [Redacted]

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

Helicopter Training

| | | | | | | | | |
|---------------------------|------|-------------|---|------|------|------|--|--|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 3/29/2010 | |
| Training Category: | | IFR Initial | | | | | Aircraft Type EC135CPDS and N# 135DU | |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground | |
| Flight Time: | 0:45 | | | 0:30 | 0:45 | | Grade only the maneuvers trained with an "X" Log all training times in hours and minutes | |
| Cumulative Flight Time: | 8:45 | | | 6:25 | 8:45 | | | |

| | A | B | C | AATD | | A | B | C | AATD |
|--|---------------|---|---|------|--|---|---|---|------|
| Ground Operations | | | | | | | | | |
| Preflight Inspection | | X | | | Steep | | | | |
| Start Procedures | | X | | | Rejected Landing | | | | |
| Taxiing and Ground Operations | | X | | | Landing from an ILS | | X | | |
| Pre-takeoff Checks | | X | | | Landing with Engine-Out (ME only) | | | | |
| Takeoff and Departures | | | | | | | | | |
| Normal | | | | | AFCS/FD Familiarization | | X | | |
| Instrument | | X | | | NAV/HSI Procedures | | X | | |
| With Power-plant Failure (ME only) Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | Radar/ Storm-scope Use | | | | |
| Rapid Deceleration (Quick Stop) | | | | | Translion Unaided to Aided Flight (NVG) | | | | |
| Area Departure | | | | | | | | | |
| Area Departure | | | | | Use Normal & Emergency Procedures | | | | |
| In Flight Maneuvers | | | | | | | | | |
| Steep Turns | | | | | System Malfunctions | | X | | |
| Settling with Power (oral only) | | | | | Recovery from IMC | | X | | |
| Unusual Attitude Recovery | | | | | Maneuver by Partial Panel | | | | |
| Instrument Procedures | | | | | | | | | |
| Area Arrival | | | | | Instrument Approach | | X | | |
| Holding | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | |
| Normal ILS Approach | | X | | | Hovering Autorotations (SE only) | | | | |
| Engine-Out ILS Approach (ME only) | | | | | Tail Rotor Failure (Oral only) | | | | |
| Coupled Approach | | X | | | Dynamic Rollover (Oral only) | | | | |
| PAR Approach | | | | | Low Rotor RPM (Oral only) | | | | |
| Non-Precision Approaches with MDA | | | | | | | | | |
| VOR | | | | | Anti-Torque System (Oral only) | | | | |
| VOR/DME | | | | | Confined Area / Pinnacle | | | | |
| NDB | | | | | Slope Operations | | | | |
| NDB/DME | | | | | Ground Hazard Recognition | | | | |
| LOC | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| LOC BC | | | | | Use of External Lighting | | | | |
| LOC DME | | | | | Engine Fire (Oral Only) | | | | |
| SDF | | | | | Governor Failure / FADEC | | | | |
| ASR | | | | | Hydraulic Failure | | | | |
| LDA | | | | | Landing Gear Failure | | | | |
| LDA/DME | | | | | Instrument Failure | | | | |
| GPS | | | | | Generator Failure | | | | |
| GPS RNAV Non Pt 97 | WEKP RNAV 142 | | X | | Inverter Failure | | | | |
| General | | | | | | | | | |
| Use of Auto-Pilot | | | | | AFCS Failure | | | | |
| Missed Approach from ILS | | | | | Communications Failure | | | | |
| Second Missed Approach | | | | | Judgment | | X | | |
| Circling Approach | | | | | Crew Coordination | | X | | |
| Circle to Land Approach Maneuver | | | | | Situational Awareness | | X | | |
| Landing and Approaches to Landings | | | | | | | | | |
| Normal | | X | | | Use of Checklist | | X | | |

INITIAL GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training

Recommend an FAR 135 Competency Check FAR 135.293 (a) and (b) and Line Check FAR 135.299



Recommend a flight test be conducted before completion of recommended Recurrent training hours

Recommend an FAR 135 IFR Proficiency Check FAR 135.297

Recommend an NVG Proficiency Check

Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d)

Comments (Required for A and C)

Instructor / Check Airman Signature:  Pilot Signature: Jeffrey Leroy Burke 

Instructor / Check Airman Name: John C. Carson TITLE

Observed by: TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

*Send completed forms attached to email. Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

Helicopter Training

| | | | | | | | |
|---------------------------|-------------|---|---|------|------|------|---|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 3/29/2010 |
| Training Category: | IFR Initial | | | | | | Aircraft Type EC135CPDS and N# 135DU |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time: | 0:35 | | | 0:30 | 0:35 | | Grade only the maneuvers trained with an "X" Log all training times in hours and minutes. |
| Cumulative Flight Time: | 8:00 | | | 5:55 | 8:00 | | |

| | A | B | C | AATD | | A | B | C | AATD |
|--|---------------------|---|---|------|--|---|---|---|------|
| Ground Operations | | | | | | | | | |
| Preflight Inspection | | X | | | Steep | | | | |
| Start Procedures | | X | | | Rejected Landing | | | | |
| Taxing and Ground Operations | | X | | | Landing from an ILS | | | | |
| Pre-takeoff Checks | | X | | | Landing with Engine-Out (ME only) | | | | |
| Takeoff and Departures | | | | | | | | | |
| Normal | | | | | AFCS/FD Familiarization | | X | | |
| Instrument | | X | | | NAV/HSI Procedures | | X | | |
| With Power-plant Failure (ME only) Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | Radar/ Storm-scope Use | | | | |
| Rapid Deceleration (Quick Stop) | | | | | Transition Unaided to Aided Flight (NVG) | | | | |
| Area Departure | | | | | | | | | |
| Area Departure | | | | | Non-Normal & Emergency Procedures | | | | |
| In Flight Maneuvers | | | | | | | | | |
| Steep Turns | | | | | System Malfunctions | | X | | |
| Settling with Power (oral only) | | | | | Recovery from IMC | | X | | |
| Unusual Altitude Recovery | | | | | Maneuver by Partial Panel | | | | |
| Instrument Procedures | | | | | | | | | |
| Area Arrival | | | | | Instrument Approach | | X | | |
| Holding | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | |
| Normal ILS Approach | | | | | Hovering Autorotations (SE only) | | | | |
| Engine-Out ILS Approach (ME only) | | | | | Tail Rotor Failure (Oral only) | | | | |
| Coupled Approach | | X | | | Dynamic Rollover (Oral only) | | | | |
| PAR Approach | | | | | Low Rotor RPM (Oral only) | | | | |
| Non-Precision Approaches with MDA | | | | | | | | | |
| VOR | | | | | Anti-Torque System (Oral only) | | | | |
| VOR/DME | I | | | | Confined Area / Pinnacle | | | | |
| NDB | | | | | Slope Operations | | | | |
| NDB/DME | | | | | Ground Hazard Recognition | | | | |
| LOC | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| LOC BC | | | | | Use of External Lighting | | | | |
| LOC/DME | | | | | Engine Fire (Oral Only) | | | | |
| SDF | | | | | Governor Failure / FADEC | | | | |
| ASR | | | | | Hydraulic Failure | | | | |
| LDA | | | | | Landing Gear Failure | | | | |
| LDA/DME | | | | | Instrument Failure | | | | |
| GPS | | | | | Generator Failure | | | | |
| GPS RNAV Non Pt 97 | Copter GPS 242 NG92 | | X | | Inverter Failure | | | | |
| General | | | | | | | | | |
| Use of Auto-Pilot | | X | | | AFCS Failure | | | | |
| Missed Approach from ILS | | | | | Communications Failure | | | | |
| Second Missed Approach | | | | | Judgment | | X | | |
| Circling Approach | | | | | Crew Coordination | | X | | |
| Circle to Land Approach Maneuver | | | | | Situational Awareness | | X | | |
| Landings and Approaches to Landings | | | | | | | | | |
| Normal | | X | | | Use of Checklist | | X | | |

INITIAL

GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training

- Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299
- Recommend a flight test be conducted before completion of recommended Recurrent training hours
- Recommend an FAR 135 IFR Proficiency Check FAR 135.297
- Recommend an NVG Proficiency Check
- Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d)

Comments (Required for A and C)

Instructor / Check Airman Signature: 

Instructor / Check Airman Name: John L. Carson

Observed by:

Pilot Signature: Jeffrey Leroy Burke 

TITLE:

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

*Send completed forms attached to email. Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____

Date: _____



Helicopter Training


| | | | | | | | |
|---------------------------|-------------|---|---|------|------|--------------------------------------|--|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 3/24/2010 |
| Training Category | IFR Initial | | | | | Aircraft Type EC135CPDS and N# 136DU | |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time: | 2:15 | | | 1:45 | 2:15 | | Grade only the maneuvers trained with an "X". Log all training times in hours and minutes. |
| Cumulative Flight Time: | 7:25 | | | 5:25 | 7:25 | | |

| | A | B | C | AATD | | A | B | C | AATD |
|--|---------------------|---|---|------|--|---|---|---|------|
| Ground Operations | | | | | | | | | |
| Preflight Inspection | | X | | | Steep | | X | | |
| Start Procedures | | X | | | Rejected Landing | | | | |
| Taxing and Ground Operations | | X | | | Landing from an ILS | | X | | |
| Pre-takeoff Checks | | X | | | Landing with Engine-Out (ME only) | | | | |
| Takeoff and Departures | | | | | | | | | |
| Normal | | | | | AFCS/FD Familiarization | | X | | |
| Instrument | | X | | | NAV/HSI Procedures | | X | | |
| With Power plant Failure (ME only) Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | Radar/ Storm-scope Use | | | | |
| Rapid Deceleration (Quick Stop) | | | | | Transition Unaided to Aided Flight (NVG) | | | | |
| Non-Normal & Emergency Procedures | | | | | | | | | |
| Area Departure | | | | | System Malfunctions | | X | | |
| In Flight Maneuvers | | | | | Recovery from IMC | | X | | |
| Steep Turns | | | | | Maneuver by Partial Panel | | | | |
| Settling with Power (oral only) | | | | | Instrument Approach | | X | | |
| Unusual Attitude Recovery | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | |
| Instrument Procedures | | | | | | | | | |
| Area Arrival | | | | | Hovering Autorotations (SE only) | | | | |
| Holding | | X | | | Tail Rotor Failure (Oral only) | | | | |
| Normal ILS Approach | | X | | | Dynamic Rollover (Oral only) | | | | |
| Engine-Out ILS Approach (ME only) | | X | | | Low Rotor RPM (Oral only) | | | | |
| Coupled Approach | | X | | | Anti-Torque System (Oral only) | | | | |
| PAR Approach | | | | | Confined Area / Pinnacle | | | | |
| Non-Precision Approaches with MDA | | | | | | | | | |
| VOR | | | | | Slope Operations | | | | |
| VOR/DME | VOR/DME 22 RWI | | X | | Ground Hazard Recognition | | | | |
| NDB | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| NDB/DME | | | | | Use of External Lighting | | | | |
| LOC | | | | | Engine Fire (Oral Only) | | | | |
| LOC BC | | | | | Governor Failure / FADEC | | | | |
| LOC/DME | | | | | Hydraulic Failure | | | | |
| SDF | | | | | Landing Gear Failure | | | | |
| ASR | | | | | Instrument Failure | | | | |
| LDA | | | | | Generator Failure | | | | |
| LDA/DME | | | | | Inverter Failure | | | | |
| GPS | | | | | AFCS Failure | | X | | |
| GPS RNAV Non Pt 97 | Copter GPS 007 0NC5 | | X | | Communications Failure | | X | | |
| General | | | | | | | | | |
| Use of Auto-Pilot | | | | X | Judgment | | X | | |
| Missed Approach from ILS | | X | | | Crew Coordination | | X | | |
| Second Missed Approach | | X | | | Situational Awareness | | X | | |
| Circling Approach | | X | | | Use of Checklist | | X | | |
| Circle to Land Approach Maneuver | | X | | | | | | | |
| Landings and Approaches to Landings | | | | | | | | | |
| Normal | | | | | | | | | |

| | |
|----------------|--|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training |
| | Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299 |
| | Recommend a flight test be conducted before completion of recommended Recurrent training hours |
| | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 |
| | Recommend an NVG Proficiency Check |
| | Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d) |

Comments (Required for A and C):
 Pilot got behind the aircraft when transitioning from VMC to IMC. Missed level off altitude by 300 feet and descended below minimum altitude by 200 ft. on one occasion. On multiple occasions pilot did not have the Nav Display (ND) set correctly for the approach flow.

| | |
|--|--|
| Instructor / Check Airman Signature:  | Pilot Signature: Jeffrey Leroy Burke  |
| Instructor / Check Airman Name: J. H. Carson | TITLE: _____ |
| Observed by: _____ | |
| TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340 <input type="checkbox"/> | |

*Send completed forms attached to email. Type "Training forms" on the subject line and send to 


Helicopter Training

| | | | | | | | |
|--|--|-------------|---|------|------|------|--|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 3/23/2010 |
| Training Category | | IFR Initial | | | | | Aircraft Type EC135CPDS and N# 1350U 1360U |
| Training Environment | | D | N | A | H/AI | TT | AATD |
| Flight Time | | 0:39 | | 0:30 | | 0:39 | |
| Cumulative Flight Time | | 5:10 | | 3:40 | | 5:10 | |
| D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground Grade only the maneuvers trained with an "X" Log all training times in hours and minutes. | | | | | | | |

| | A | B | C | AATD | | A | B | C | AATD |
|--|------------------------|---|---|------|--|---|---|---|------|
| Ground Operations | | | | | | | | | |
| Preflight Inspection | | X | | | Sleep | | | | |
| Start Procedures | | X | | | Rejected Landing | | | | |
| Taxiing and Ground Operations | | X | | | Landing from an ILS | | | | |
| Pre-takeoff Checks | | X | | | Landing with Engine-Out (ME only) | | | | |
| Takeoff and Departures | | | | | Non-Normal & Emergency Procedures | | | | |
| Normal | | X | | | AFCS/FD Familiarization | | X | | |
| Instrument | | X | | | NAV/HSI Procedures | | X | | |
| With Power-plant Failure (ME only) | | | | | Radar/ Storm-scope Use | | | | |
| Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | Transition Unaided to Aided Flight (NVG) | | | | |
| Rapid Deceleration (Quick Stop) | | | | | System Malfunctions | | | | |
| Area Departure | | | | | Recovery from IMC | | X | | |
| In-Flight Maneuvers | | | | | Maneuver by Partial Panel | | | | |
| Steep Turns | | | | | Instrument Approach | | | | |
| Settling with Power (oral only) | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | |
| Unusual Attitude Recovery | | | | | Hovering Autorotations (SE only) | | | | |
| Instrument Procedures | | | | | Tail Rotor Failure (Oral only) | | | | |
| Area Arrival | | | | | Dynamic Rollover (Oral only) | | | | |
| Holding | | X | | | Low Rotor RPM (Oral only) | | | | |
| Normal ILS Approach | | X | | | Anti-Torque System (Oral only) | | | | |
| Engine-Out ILS Approach (ME only) | | X | | | Confined Area / Pinnacle | | | | |
| Coupled Approach | | X | | | Slope Operations | | | | |
| PAR Approach | | | | | Ground Hazard Recognition | | | | |
| Non-Precision Approaches with MDA | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| VOR | | | | | Use of External Lighting | | | | |
| VOR/DME | | | | | Engine Fire (Oral Only) | | | | |
| NDB | | | | | Governor Failure / FADEC | | | | |
| NDB/DME | | | | | Hydraulic Failure | | | | |
| LOC | | | | | Landing Gear Failure | | | | |
| LOC BC | | | | | Instrument Failure | | | | |
| LOC/DME | | | | | Generator Failure | | | | |
| SDF | | | | | Inverter Failure | | X | | |
| ASR | | | | | AFCS Failure | | X | | |
| LDA | | | | | Communications Failure | | | | |
| LDA/DME | | | | | General | | | | |
| GPS | GPS 6 KTDF | | X | | Judgment | | X | | |
| GPS RNAV Non Pt 97 | Copter GPS 242 NC92 | | X | | Crew Coordination | | X | | |
| Use of Auto-Pilot | | | X | | Situational Awareness | | X | | |
| Missed Approach from ILS | | | X | | Use of Checklist | | X | | |
| Second Missed Approach | | | | | | | | | |
| Circling Approach | | | X | | | | | | |
| Circle to Land Approach Maneuver | | | X | | | | | | |
| Landings and Approaches to Landings | | | | | | | | | |
| Normal | | X | | | | | | | |


| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training | | | | | | | | |
| | Recommend an FAR 135 Competency Check FAR 135.293 (a) and (b) and Line Check FAR 135.299 | | | | | | | | |
| | Recommend a flight test be conducted before completion of recommended Recurrent training hours | | | | | | | | |
| | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 | | | | | | | | |
| Recommend an NVG Proficiency Check | | | | | | | | | |
| Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d) | | | | | | | | | |

Comments (Required for A and C)

Instructor / Check Airman Signature:  Pilot Signature: Jeffrey Leroy Burke 

Instructor / Check Airman Name: John L. Carson TITLE

Observed by: TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

*Send completed forms attached to email: Type "Training forms" on the subject line and send to 

Helicopter Training

| | | | | | | | |
|---------------------------|-------------|---|---|------|------|------|---|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 3/23/2010 |
| Training Category | IFR Initial | | | | | | Aircraft Type EC135CPDS and N# 12500 13604 |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time | 2:20 | | | 1:30 | 2:20 | | Grade only the maneuvers trained with an "X". Log all training times in hours and minutes |
| Cumulative Flight Time: | 3:27 | | | 2:20 | 3:27 | | |

| | | A | B | C | AATD | | | A | B | C | AATD |
|--|----------------|---|---|---|------|--|--|---|---|---|------|
| Ground Operations | | | | | | | | | | | |
| Preflight Inspection | | | X | | | Steep | | | | | |
| Start Procedures | | | X | | | Rejected Landing | | | | | |
| Taxing and Ground Operations | | | X | | | Landing from an ILS | | | | | |
| Pre-takeoff Checks | | | X | | | Landing with Engine-Out (ME only) | | | | | |
| Takeoff and Departures | | | | | | | | | | | |
| Normal | | | X | | | AFCS/FD Familiarization | | | X | | |
| Instrument | | | X | | | NAV/HSI Procedures | | | X | | |
| With Power-plant Failure (ME only) | | | | | | Radar/ Storm-scope Use | | | | | |
| Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | | Transition Unaided to Aided Flight (NVG) | | | | | |
| Rapid Deceleration (Quick Stop) | | | | | | | | | | | |
| Area Departure | | | | | | | | | | | |
| Area Departure | | | | | | System Malfunctions | | | X | | |
| In-Flight Maneuvers | | | | | | | | | | | |
| Steep Turns | | | | | | Recovery from IMC | | | | | |
| Settling with Power (oral only) | | | | | | Maneuver by Partial Panel | | | | | |
| Unusual Attitude Recovery | | | | | | Instrument Approach | | | | | |
| Instrument Procedures | | | | | | | | | | | |
| Area Arrival | | | | | | | | | | | |
| Holding | | | X | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | | |
| Normal ILS Approach | | | X | | | Hovering Autorotations (SE only) | | | | | |
| Engine-Out ILS Approach (ME only) | | | X | | | Tail Rotor Failure (Oral only) | | | | | |
| Coupled Approach | | | X | | | Dynamic Rollover (Oral only) | | | | | |
| PAR Approach | | | | | | Low Rotor RPM (Oral only) | | | | | |
| Non-Precision Approaches with MDA | | | | | | Anti-Torque System (Oral only) | | | | | |
| VOR | | | | | | Confined Area / Pinnacle | | | | | |
| VOR/DME | VOR DME A KBUY | | X | | | Slope Operations | | | | | |
| NDB | | | | | | Ground Hazard Recognition | | | | | |
| NDB/DME | | | | | | Brownout / Whiteout / Flat Light Ops | | | | | |
| LOC | | | | | | Use of External Lighting | | | | | |
| LOC BC | | | | | | Engine Fire (Oral Only) | | | | | |
| LOC/DME | | | | | | Governor Failure / FADEC | | | | | |
| SDF | | | | | | Hydraulic Failure | | | | | |
| ASR | | | | | | Landing Gear Failure | | | | | |
| LDA | | | | | | Instrument Failure | | | | | |
| LDA/DME | | | | | | Generator Failure | | | | | |
| GPS | GPS RWY6 KBUY | | X | | | Inverter Failure | | | X | | |
| GPS RNAV Non Pt 97 | WEKP RNAV 142 | | X | | | AFCS Failure | | | X | | |
| Use of Auto-Pilot | | | X | | | Communications Failure | | | | | |
| Missed Approach from ILS | | | X | | | General | | | | | |
| Second Missed Approach | | | X | | | Judgment | | | X | | |
| Circling Approach | | | X | | | Crew Coordination | | | X | | |
| Circle to Land Approach Maneuver | | | X | | | Situational Awareness | | | X | | |
| Landings and Approaches to Landings | | | | | | | | | | | |
| Normal | | | X | | | Use of Checklist | | | X | | |

| | |
|---------|--|
| INITIAL | GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training |
| | Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299 |
| | Recommend a flight test be conducted before completion of recommended Recurrent training hours |
| | Recommend an FAR 135 IFR Proficiency Check FAR 135.297 |
| | Recommend an NVG Proficiency Check |

Comments (Required for A and C):

Instructor / Check Airman Signature: [Redacted] Pilot Signature: Jeffrey Leroy Burke [Redacted]

Instructor / Check Airman Name: [Redacted]

Observed by: [Redacted] TITLE

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340 ---

*Send completed forms attached to email: Type "Training forms" on the subject line and send to [Redacted]

Helicopter Training

| | | | | | | | |
|---------------------------|-------------|---|---|------|------|------|---|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 3/23/2010 |
| Training Category | IFR Initial | | | | | | Aircraft Type EC135CPDS and N# 135BU 13604 |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time: | 1:04 | | | 0:50 | 1:04 | | Grade only the maneuvers trained with an "X" Log all training times in hours and minutes. |
| Cumulative Flight Time: | 4:31 | | | 3:10 | 4:31 | | |

| | | A | B | C | AATD | | | A | B | C | AATD |
|--|----------------|---|---|---|------|--|--|---|---|---|------|
| Ground Operations | | | | | | | | | | | |
| Preflight Inspection | | | X | | | Steep | | | | | |
| Start Procedures | | | X | | | Rejected Landing | | | | | |
| Taxing and Ground Operations | | | X | | | Landing from an ILS | | | | | |
| Pre-takeoff Checks | | | X | | | Landing with Engine-Out (ME only) | | | | | |
| Takeoff and Departures | | | | | | AFCS/FD Familiarization | | | X | | |
| Normal | | | X | | | NAV/HSI Procedures | | | X | | |
| Instrument | | | X | | | Radar/ Storm-scope Use | | | | | |
| With Power-plant Failure (ME only) | | | | | | Transition Unaided to Aided Flight (NVG) | | | | | |
| Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | | | | | | | |
| Rapid Deceleration (Quick Stop) | | | | | | Non Normal & Emergency Procedures | | | | | |
| Area Departure | | | | | | System Malfunctions | | | X | | |
| In-Flight Maneuvers | | | | | | Recovery from IMC | | | | | |
| Steep Turns | | | | | | Maneuver by Partial Panel | | | | | |
| Settling with Power (oral only) | | | | | | Instrument Approach | | | | | |
| Unusual Attitude Recovery | | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | | |
| Instrument Procedures | | | | | | Hovering Autorotations (SE only) | | | | | |
| Area Arrival | | | | | | Tail Rotor Failure (Oral only) | | | | | |
| Holding | | | X | | | Dynamic Rollover (Oral only) | | | | | |
| Normal ILS Approach | | | X | | | Low Rotor RPM (Oral only) | | | | | |
| Engine-Out ILS Approach (ME only) | | | X | | | Anti-Torque System (Oral only) | | | | | |
| Coupled Approach | | | X | | | Confined Area / Pinnacle | | | | | |
| PAR Approach | | | | | | Slope Operations | | | | | |
| Non-Precision Approaches with MDA | | | | | | Ground Hazard Recognition | | | | | |
| VOR | | | | | | Brownout / Whiteout / Flat Light Ops | | | | | |
| VOR/DME | VOR DME A KBUY | | X | | | Use of External Lighting | | | | | |
| NDB | | | | | | Engine Fire (Oral Only) | | | | | |
| NDB/DME | | | | | | Governor Failure / FADEC | | | | | |
| LOC | | | | | | Hydraulic Failure | | | | | |
| LOC BC | | | | | | Landing Gear Failure | | | | | |
| LOC/DME | | | | | | Instrument Failure | | | | | |
| SDF | | | | | | Generator Failure | | | | | |
| ASR | | | | | | Inverter Failure | | | X | | |
| LDA | | | | | | AFCS Failure | | | X | | |
| LDA/DME | | | | | | Communications Failure | | | | | |
| GPS | | | | | | General | | | | | |
| GPS RNAV Non Pt 97 | | | | | | Judgment | | | X | | |
| Use of Auto-Pilot | | | X | | | Crew Coordination | | | X | | |
| Missed Approach from ILS | | | X | | | Situational Awareness | | | X | | |
| Second Missed Approach | | | | | | Use of Checklist | | | X | | |
| Circling Approach | | | X | | | | | | | | |
| Circle to Land Approach Maneuver | | | X | | | | | | | | |
| Landings and Approaches to Landings | | | | | | | | | | | |
| Normal | | | X | | | | | | | | |

INITIAL GRADING: **A = Exceeds FAA PTS** **B = Meets FAA PTS** **C = Requires Additional Training**

Recommend an FAR 135 Competency Check, FAR 135.293 (a) and (b) and Line Check FAR 135.299



Recommend a flight test be conducted before completion of recommended Recurrent training hours

Recommend an FAR 135 IFR Proficiency Check FAR 135.297

Recommend an NVG Proficiency Check


Demonstrated Satisfactory Instrument Proficiency FAR 61.57 (d)

Comments (Required for A and C)

Instructor / Check Airman Signature:  Pilot Signature: Jeffrey Leroy Burke 

Instructor / Check Airman Name: JOHN L. Carlson TITLE:

Observed by: TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135.340

*Send completed forms attached to email. Type "Training forms" on the subject line and send to 

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

Helicopter Training

| | | | | | | | |
|---------------------------|-------------|---|---|------|------|--------------------------------------|--|
| Name: Jeffrey Leroy Burke | | | | | | | Date: 2/18/2010 |
| Training Category | IFR Initial | | | | | Aircraft Type EC135CPDS and N# 135DU | |
| Training Environment: | D | N | A | H/AI | TT | AATD | D=Day N=Night A=Aided H/AI=Hood/Act Inst TT=Total Time G=Ground |
| Flight Time | 1:07 | | | 0:50 | 1:07 | | Grade only the maneuvers trained with an "X". Log all training times in hours and minutes. |
| Cumulative Flight Time | 1:07 | | | 0:50 | 1:07 | | |

| | A | B | C | AATD | | A | B | C | AATD |
|--|---------------|---|---|------|--|---|---|---|------|
| Ground Operations | | | | | | | | | |
| Preflight Inspection | | X | | | Sleep | | | | |
| Start Procedures | | X | | | Rejected Landing | | | | |
| Taxing and Ground Operations | | X | | | Landing from an ILS | | | | |
| Pre-takeoff Checks | | X | | | Landing with Engine-Out (ME only) | | | | |
| Takeoff and Departures | | | | | | | | | |
| Normal | | X | | | AFCS/FD Familiarization | | X | | |
| Instrument | | X | | | NAV/HSI Procedures | | X | | |
| With Power-plant Failure (ME only) Rejected <input type="checkbox"/> Continued <input type="checkbox"/> | | | | | Radar/ Storm-scope Use | | | | |
| Rapid Deceleration (Quick Stop) | | | | | Transition Unaided to Aided Flight (NVG) | | | | |
| Area Departure | | | | | New Normal & Emergency Procedures | | | | |
| In-Flight Maneuvers | | | | | System Malfunctions | | X | | |
| Steep Turns | | | | | Recovery from IMC | | | | |
| Settling with Power (oral only) | | | | | Maneuver by Partial Panel | | | | |
| Unusual Attitude Recovery | | | | | Instrument Approach | | | | |
| Instrument Procedures | | | | | | | | | |
| Area Arrival | | | | | Power Failure and Autorotation to a Power Recovery (SE only) | | | | |
| Holding | | | | | Hovering Autorotations (SE only) | | | | |
| Normal ILS Approach | | | | | Tail Rotor Failure (Oral only) | | | | |
| Engine-Out ILS Approach (ME only) | | | | | Dynamic Rollover (Oral only) | | | | |
| Coupled Approach | | X | | | Low Rotor RPM (Oral only) | | | | |
| PAR Approach | | | | | Anti-Torque System (Oral only) | | | | |
| Non-Precision Approaches with MDA | | | | | | | | | |
| VOR | | | | | Confined Area / Pinnacle | | | | |
| VOR/DME | | | | | Slope Operations | | | | |
| NDB | | | | | Ground Hazard Recognition | | | | |
| NDB/DME | | | | | Brownout / Whiteout / Flat Light Ops | | | | |
| LOC | | | | | Use of External Lighting | | | | |
| LOC BC | | | | | Engine Fire (Oral Only) | | | | |
| LOC/DME | | | | | Governor Failure / FADEC | | | | |
| SDF | | | | | Hydraulic Failure | | | | |
| ASR | | | | | Landing Gear Failure | | | | |
| LDA | | | | | Instrument Failure | | | | |
| LDA/DME | | | | | Generator Failure | | | | |
| GPS | | | | | Inverter Failure | | | | |
| GPS RNAV Non P1 97 | WEKP RNAV 142 | | X | | AFCS Failure | | X | | |
| General | | | | | | | | | |
| Use of Auto-Pilot | | X | | | Judgment | | X | | |
| Missed Approach from ILS | | | | | Crew Coordination | | X | | |
| Second Missed Approach | | | | | Situational Awareness | | X | | |
| Circling Approach | | | | | Use of Checklist | | X | | |
| Circle to Land Approach Maneuver | | | | | | | | | |
| Landings and Approaches to Landings | | | | | | | | | |
| Normal | | X | | | | | | | |

INITIAL

GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training

Recommend an FAR 135 Competency Check, FAR 135 293 (a) and (b) and Line Check FAR 135 299

Recommend a flight test be conducted before completion of recommended Recurrent training hours

Recommend an FAR 135 IFR Proficiency Check FAR 135 297

Recommend an NVG Proficiency Check

Demonstrated Satisfactory Instrument Proficiency FAR 61 57 (d)

Comments (Required for A and C):

Instructor / Check Airman Signature: [Redacted]

Instructor / Check Airman Name: John L. Carlson

Observed by: [Redacted]

Pilot Signature: Jeffrey Leroy Burke [Redacted]

TITLE: [Redacted]

TRAINING CAPTAIN / INSTRUCTOR OBSERVED RIDE IAW PART 135 340

*Send completed forms attached to email. Type "Training forms" on the subject line and send to [Redacted]

DEN-FSDO / FAA Approved/Accepted _____ Date: _____

SINGLE PILOT IFR TRAINING RECORD

Name: JEFFREY L BURKE

Aircraft Type: EC-135

Comment: _____

| DATE | MODULE | INSTRUCTOR |
|---------|---|------------|
| 1/25/10 | Module 1 Introduction to SPIFR | MARLAND |
| 1/25/10 | Module 2 FAR Parts 61 and 91, 97 | QUEEN |
| 1/25/10 | Module 3 - Part 135 | MARLAND |
| 1/25/10 | Module 4 - AIM Review | UCHIYAMA |
| 1/25/10 | Module 5 - Ops Specs | MARLAND |
| 1/26/10 | Module 6 - GOM | MARLAND |
| 1/26/10 | Module 7 - CRM and Cockpit Resource Management | MARLAND |
| 1/26/10 | Module 8 - Stress and Workload Management | MARLAND |
| 1/26/10 | Module 9 - Interpreting Weather Reports & Forecasts | SCHOFIELD |
| 1/26/10 | Module 10 - Weather Observations | MARLAND |
| 1/26/10 | Module 11 - Terminal Chart Symbols | QUEEN |
| 1/27/10 | Module 12 - AFCS - Auto-pilots | UCHIYAMA |
| 1/27/10 | Module 13 - Departure Procedures | MARLAND |
| 1/27/10 | Module 14 - GPS Training Class | UCHIYAMA |
| 1/27/10 | Module 15 - Helicopter Approaches | MARLAND |
| 1/27/10 | Module 16 - Here's How It's Done | MARLAND |
| | Review & Exam | |
| | | |
| | | |

Complete form and attach to email: Type "Training forms" on the subject line and send to 135forms@airmethods.com.



I certify that the above named pilot has completed the indicated training Signature

Printed Name

I have received the indicated training

Signature

Printed Name

| |
|--|
|  |
| Casey Marland |
|  |
| JEFFREY L BURKE |

DEN-FSDO / FAA Approved/Accepted _____

Date: _____

RECORD AND CERTIFICATE OF BASIC INDOCTRINATION

Name: JEFFREY LEROY BURKE

| DATE | MODULE | INSTRUCTOR |
|----------------------------------|---|------------|
| Operator Specific Modules | | |
| 7/13/09 | 1. Duties and Responsibilities | Schofield |
| 7/14/09 | 2. Federal Aviation Regulations | MARLAND |
| 7/16/09 | 3. Air Methods Corporation Operations Manual | MARLAND |
| 7/15/09 | 4. Contents of Certificate and Operations Specifications | MARLAND |
| 7/13/09 | 5. Human Resources Training | BURGES |
| 7/13/09 | 6. Safety | ANDERSEN |
| 7/18/09 | 7. Blood Borne Pathogens | RIGGS |
| Airman Specific Modules | | |
| 7/18/09 | 1. Weight and Balance | RIGGS |
| 7/14/09 | 2. Meteorology, Adverse Weather, Windshear Avoidance | SCHOFIELD |
| 7/17/09 | 3. High Altitude Operations | SCHOFIELD |
| 7/15/09 | 4. Aeronautical Information Manual/Airspace/ATC | RIGGS |
| 7/17/09 | 5. Navigation and Concepts of Instrument Procedures | MARLAND |
| 7/20/09 | 6. Enroute and Terminal Area Charting and Flight Planning | MARLAND |
| 7/17/09 | 7. Aeronautical Decision Making/AMRM | BENTON |
| 7/14/09 | 8. Inadvertent IMC | RIGGS |
| 7/18/09 | 9. Air Ambulance | MARLAND |
| N/A | 10. LAHSO (FW Only) | N/A |
| 7/15/09 | 11. Aeromedical Factors | RIGGS |
| N/A | 12. Operation During Ground Icing Conditions (FW Only) | N/A |
| 7/15/09 | OS 8 02 TRANSFILL | MARLAND |
| 7/18/09 | HAZMAT Recognition | RIGGS |
| 7/14/09 | Controlled Flight into Terrain Incidents (CFIT) | RIGGS |
| 7/18/09 | Aircraft and Equipment Security | MARLAND |
| 7/15/09 | Portal and 411 System | McCALL |

Complete this form: Type "Training Forms" on the email subject line and send attached file to



I certify that the above named pilot has completed the indicated training

Signature
Printed Name

| | |
|----------------------|--|
| [Redacted Signature] | |
| MICHAEL BENTON | |
| [Redacted Signature] | |
| JEFFREY L. BURKE (J) | |

I have received the indicated training

Signature
Printed Name

DEN-FSDO / FAA Approved/Accepted _____

Date: _____

Emergency Management Institute



FEHMA

This Certificate of Achievement is to acknowledge that

JEFFREY L BURKE

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200

**ICS for Single Resources and
Initial Action Incidents**

Issued this 27th Day of July, 2008

A black rectangular redaction box covering the signature of the Superintendent.

Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

JEFFREY L BURKE

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00700

**National Incident Management System
(NIMS), An Introduction**

Issued this 28th Day of July, 2008

A black rectangular redaction box covering the signature of the Superintendent.

Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

JEFFREY L BURKE

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100

**Introduction to the Incident Command System,
(ICS 100)**

Issued this 5th Day of August, 2008

A black rectangular redaction box covering the signature of the Superintendent.

Cortez Lawrence, PhD
Superintendent
Emergency Management Institute



Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

JEFFREY L BURKE

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00800.b

National Response Framework, An Introduction

Issued this 3rd Day of September, 2013



Tony Russell
Superintendent
Emergency Management Institute



Emergency Management Institute



EFEMIA

This Certificate of Achievement is to acknowledge that

JEFFREY L BURKE

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00005.a

An Introduction to Hazardous Materials

Issued this 19th Day of September, 2013



Tony Russell
Superintendent
Emergency Management Institute



1.0 IACET CEU

Pilot General Information

SECTION VII - Applicants for PILOT positions must complete this section.

References: 14 CFR 135.63 (a) (4) (I), 14CFR 135.63 (a) (4) (II), 14 CFR 135.63. (a) (4) (III), 14 CFR 135.243

Full Name JEFFREY LEROY BURKE Address [REDACTED]
 City [REDACTED] State [REDACTED] ZIP Code [REDACTED] Home Phone [REDACTED]

Pilot Certificate - ATP or Commercial , Number: [REDACTED]

Ratings ROTORCRAFT HELICOPTER INSTRUMENT CFI - Yes / No

Airman Medical Certificate Class - First class Second class Dated 11/10/2008

HAVE YOU EVER BEEN CITED FOR ANY FAA VIOLATIONS OR ADMINISTRATIVE ACTIONS? Yes No

HAVE YOU EVER BEEN INVOLVED IN AN AIRCRAFT ACCIDENT? Yes No

IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE ATTACH A DETAILED STATEMENT.

| | Total Time | Helicopter hours | Airplane hours |
|-----------------------|------------|------------------|----------------|
| Total Pilot Time | = 2971 | = 2971 | = |
| PIC time | 1615.9 | 1615.9 | |
| Turbine | 2971 | 2971 | |
| Night time (unaided) | 162.2 | 162.6 | |
| NVG flight time | 709.8 | 709.8 | |
| Simulator time & type | 251.6 | 2828 / 2838 | |
| Hood | 50.2 | 50.2 | |
| Actual instrument | 83 | 83 | |
| Cross country | 500+ | 300+ | |
| Night cross country | 300+ | 300+ | |
| EMS Experience | 400 | 400 | |
| Mountain > 5,000' | 250+ | 250+ | |
| Turboprop | | | |
| Multiengine turboprop | | | |

| Aircraft Make and Model | Total Hours | Total Last 12 Months |
|-------------------------|-------------|----------------------|
| BELL UH-1 | 150 | 0 |
| SIKORSKY H-60 | 2281.6 | 0 |
| EC-135 | 403 | 260 |

Number of years working as FAR Part 135 Air Medical Pilot 1 1/2 Air Medical Flight Time (hours) 400

Helicopter Mountain Experience: Total Hours 500+ Highest Altitude 12K Where Leadville CO

I understand that to qualify for employment as a pilot with Air Methods Corporation, I must complete a required training program and maintain these qualifications during my employment with AMC. I also consent to the release of Pilot Certificate and Medical Certificate information to CAMTS (Commission of Accreditation of Medical Transport Services), Federal, and State agencies that may request aircrew information.

I understand that in accordance with REGULATIONS (49 CFR) PART 40 Pilot Records Improvement Act of 1996 (PRIA) Title 49 U.S.C. § 44703 (h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended, AMC is required to ask my previous 135 and 121 employers for my drug and alcohol records for the past 5 years and I agree to complete and submit a Drug & Alcohol Air Carrier Record Request to AMC for those employers.

[Signature] (Signature) 7/8/09 (Date)

A COPY OF YOUR FAA CERTIFICATE(S) AND CURRENT MEDICAL CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION



Training Reimbursement Agreement

This training agreement is made by and between Air Methods Corporation the "Company" and the following individual, who is an "Employee" of the "Company". The "Company" and "Employee" agree to this arrangement of specialized training in connection with Employee's duties for the "Company". "Employee" acknowledges that the Training will materially enhance Employee's skills and "Employee" further acknowledges that the Training has a related expense to the "Company" and that the "Company" would suffer a loss on its investment if the "Employee" were to leave "Company's" employment within twelve months after completion of the training. Company is willing to pay for the Training on the terms of this agreement.

Employee is scheduled to attend the following training course:

| | | | | | |
|----------------------------|------------------|---------------|--|---------------------|---------------------|
| TODAY'S DATE | <u>7/13/2009</u> | EMPLOYEE NAME | <u>Jeff Burke (Durham)</u> | SUPERVISOR | <u>Ken Caldwell</u> |
| Training Commencement Date | <u>7/13/2009</u> | Training Item | <u>General Subjects Ground School</u> | Training Cost | <u>\$1,000.00</u> |
| Training Commencement Date | <u>7/13/2009</u> | Training Item | <u>All Aircraft Ground Schools</u> | Training Cost | <u>\$1,000.00</u> |
| Training Commencement Date | | Training Item | <u>EC135 Flight Training - Cost per flight hour = \$1,400.00</u> | Training Cost | |
| Training Commencement Date | | Training Item | | Training Cost | |
| Training Commencement Date | | Training Item | | Training Cost | |
| Training Commencement Date | | Training Item | | Training Cost | |
| Training Commencement Date | | Training Item | | Training Cost | |
| | | | | Total Training Cost | <u>\$2,000.00</u> |

By signing this agreement you understand that if you voluntarily terminate your employment with the Company prior to completing 12 months of employment subsequent to attending company paid training, you will be held responsible for reimbursement of the training costs and all other associated costs (per diem, airfare, lodging, etc.) based on the following pro-rated formula.

- 100% reimbursement of all costs if employment is voluntarily terminated within three (3) months of completing training:
- 75% reimbursement of all costs if employment is voluntarily terminated after completing three (3) months of employment but prior to completing six (6) months of completing training:
- 50% reimbursement of all costs if employment is voluntarily terminated after completing six (6) months of employment but prior to completing nine (9) months of completing training:
- 25% reimbursement of all costs if employment is voluntarily terminated after completing nine (9) months of employment but prior to completing twelve (12) months of completing training:

The parties to this Agreement covenant to fulfill this Agreement in good faith.

In the event Employee must reimburse or repay the company, there may be withheld, set off or deducted from any money due Employee, whether in the nature of wages, salary or otherwise, by Company, any of its affiliates the sums owed by Employee and subject to State withholding regulations.

Should the undersigned employee breach this Agreement, he/she will be responsible for payment of all legal expenses incurred by the "Company" in enforcing this Agreement.

The parties hereby agree that this Agreement shall be enforceable in the courts of Colorado through jurisdictional agreement. Nothing in this Agreement shall prohibit AMC from commencing legal action elsewhere.

Nothing in this Agreement shall be construed to guarantee employment with the Company or to constitute an agreement to employ for a specific period of time.

I have read, understand and by my signature accept the terms and conditions outlined herein.

Dale Hannaly
AIR METHODS FLIGHT TRAINING DEPARTMENT

[Signature]
EMPLOYEE SIGNATURE

7/13/09
DATE

7/13/2009
DATE

AMC Helicopter 8410-3

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 14 CFR 135 Airman Competency/Proficiency Check | | | | LOCATION (City, State or Airport ID) Smithfield, NC | | Date of Check 05 May 2017 | |
| Name of Airman (exactly as it appears on the airman certificate) Jeffrey Leroy Burke | | | | TYPE OF CHECK CFR 135.293 <input checked="" type="checkbox"/> CFR 135.297 <input checked="" type="checkbox"/> CFR 135.299 <input checked="" type="checkbox"/> HWGO <input checked="" type="checkbox"/> | | Observed evaluation 135.339 <input type="checkbox"/> | |
| Pilot Certification Information | | Grade Commercial Pilot | | Medical Information | | Class Second | |
| Number [REDACTED] | | Based at (City, State) | | Date of Exam 06 Oct 2016 | | Date of Birth [REDACTED] | |
| Employed by Air Methods Corporation | | QMLA253U Smithfield, NC | | Type of Aircraft (Make/Model) BK117 C2 (EC145) | | | |
| Name of Check Airman Glenn S. Uchiyama | | Signature of Check Airman Glenn S. Uchiyama | | Flight Time 2+05 | | Aircraft N Number N146DU | |
| Flight Maneuver Grades (S Satisfactory, U Unsatisfactory, U/S Retained, N/A Not Applicable) | | | | | | | |
| Aircraft Examination | | Aircraft | | FS | | Non-normal and Emergency Procedures | |
| Part 135 293/135.297 | | Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> | | S N/A | | System Malfunctions S N/A | |
| Ground Operations | | | | | | Simulated NVG Malfunction with Appropriate Recovery S N/A | |
| Preflight Inspection | | S N/A | | Recovery from IMC S N/A | | | |
| Start Procedures | | S N/A | | Maneuver by Partial Panel (No Standby Instrumentation) N/A N/A | | | |
| Taxiing and Ground Hover | | S N/A | | Instrument Approach (Type) ILS S N/A | | | |
| Pretakeoff Checks | | S N/A | | Power Failure & Autorotation (Power Recovery) (SE only) N/A N/A | | | |
| Takeoffs and Departures | | | | Hovering Autorotations (SE only) N/A N/A | | | |
| Normal | | S N/A | | Tail Rotor Failure (Oral Only) S N/A | | | |
| Instrument | | S N/A | | Dynamic Rollover (Oral Only) S N/A | | | |
| With Powerplant Failure (ME only) | | S N/A | | Low Rotor RPM (Oral Only) S N/A | | | |
| Rapid Deceleration (Quick Stop) | | S N/A | | Anti-torque System Failure (Oral Only) S N/A | | | |
| Area Departure | | S N/A | | Confined Pinnacle Operations S N/A | | | |
| | | N/A N/A | | Slope Operations S N/A | | | |
| | | N/A N/A | | Ground Hazard Recognition S N/A | | | |
| Inflight Maneuvers | | | | Brownout / Whitout / Flat Light Operations S N/A | | | |
| Sleep Turns | | S N/A | | Use of External Lighting S N/A | | | |
| Sitting with Power | | S N/A | | | | N/A N/A | |
| Unusual Attitude Recovery | | S N/A | | | | N/A N/A | |
| Instrument Procedures | | | | General | | | |
| Area Arrival | | S N/A | | Judgment S N/A | | | |
| Holding | | GPS S N/A | | Crew Coordination S N/A | | | |
| Normal ILS Approach | | ILS S N/A | | | | N/A N/A | |
| Engine-Out ILS (ME only) | | S N/A | | | | N/A N/A | |
| Coupled Approach | | S N/A | | | | N/A N/A | |
| Nonprecision Approach (Type) RNAV (GPS) | | S N/A | | Airman Competency Information | | | |
| Second Nonprecision Approach (Type) RNAV (GPS) Non-Par97 | | S N/A | | Satisfactory Knowledge 135.293(a) Month/Year | | | |
| Missed Approach from an ILS | | S N/A | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | | | |
| Second Missed approach | | S N/A | | Satisfactory Competency 135.293(b) Month/Year | | | |
| Circling Approach (Type) LOC | | S N/A | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | | | |
| Landings and Approaches to Landings | | | | Satisfactory Line Checks 135.299 Month/Year | | | |
| Normal | | S N/A | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | | | |
| Landing from an ILS | | S N/A | | Satisfactory IFR Proficiency 135.297 Month/Year | | | |
| Landing with Engine Out (ME only) | | S N/A | | Make-Model / Expires BK117C2(EC145) (6 Months) November 2017 | | | |
| Circling Approach | | S N/A | | Satisfactory HWGO Month/Year | | | |
| Remarks | | | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | | | |
| Trained and checked for non-Part 97 approach and departure procedures at uncontrolled helipads and airports | | | | Use of Autopilot <input checked="" type="checkbox"/> ifhorzpd <input type="checkbox"/> if authorized Month/Year | | | |
| | | | | Make-Model / Expires BK117C2(EC145) (12 Months) May 2018 | | | |
| Miscellaneous | | | | | | | |
| Aircraft Oral Satisfactory <input checked="" type="checkbox"/> | | (List Aircraft Make/Model/Series Below) | | | | | |
| BK117C2(EC145) | | N/A | | N/A | | N/A | |
| N/A | | N/A | | N/A | | N/A | |
| Results of Check <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | | | | |
| Check Airman's Performance (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | | | | | |
| Region | | District Office | | FAA Inspector's Signature | | | |
| Attach completed form to an email. Type "8410" on the subject line and submit to the AMC "135 Forms" email address appropriate for the region. | | | | FAA Inspector's Signature | | | |
| DEN FSDD / FAA Approved/Accepted | | | | Date | | | |

Helicopter Flight Training

| Section One: General Information | | | | | | | | | | | | | | | | |
|--|------|------|------|------|--|------|--|--|--|------|------|------|------|------|------|------|
| Name: Jeffrey Leroy Burke | | | | | Date: 30-Apr-17 | | | | | | | | | | | |
| Training Category: Recurrent | | | | | Aircraft Type: BK117 C2 (EC145) N 146DU | | | | | | | | | | | |
| Training for the following authorizations: <input checked="" type="checkbox"/> 135.293 <input checked="" type="checkbox"/> 135.297 <input checked="" type="checkbox"/> HNVGC <input type="checkbox"/> N/A | | | | | | | | | | | | | | | | |
| Training Environment: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>D</td><td>N</td><td>A</td><td>H/AI</td><td>FS</td><td>AATD</td><td>TT</td> </tr> </table> | | | | | | | | | | D | N | A | H/AI | FS | AATD | TT |
| D | N | A | H/AI | FS | AATD | TT | | | | | | | | | | |
| Flight Time Brought Forward: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>0-00</td> </tr> </table> | | | | | | | | | | | | | | | | 0-00 |
| | | | | | | 0-00 | | | | | | | | | | |
| Flight Time This Period: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td></td><td>2+00</td><td>0+30</td><td>1+30</td><td></td><td></td><td>2+00</td> </tr> </table> | | | | | | | | | | | 2+00 | 0+30 | 1+30 | | | 2+00 |
| | 2+00 | 0+30 | 1+30 | | | 2+00 | | | | | | | | | | |
| Cumulative Flight Time: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>0+00</td><td>2+00</td><td>0+30</td><td>1+30</td><td>0+00</td><td>0+00</td><td>2+00</td> </tr> </table> | | | | | | | | | | 0+00 | 2+00 | 0+30 | 1+30 | 0+00 | 0+00 | 2+00 |
| 0+00 | 2+00 | 0+30 | 1+30 | 0+00 | 0+00 | 2+00 | | | | | | | | | | |
| O=Day N Night A=Aided H/AI=Hood/Actual Inst TT=Total time AATD=Advanced Aviation Training Device Grade only the maneuvers trained. Log all training times in hours & minutes. | | | | | | | | | | | | | | | | |

| Section Two: Training | | | | | | | |
|---|-----|----|------|--|-----|----|------|
| | A/C | FS | AATD | | A/C | FS | AATD |
| Ground Operations | | | | Landings | | | |
| Preflight Inspection | | B | | Normal | | B | |
| Start Procedures | | B | | Steep | | B | |
| Taxing | | B | | Rejected | | B | |
| Before Takeoff Checks | | B | | Landing from an ILS | | B | |
| Takeoffs and Departures | | | | Landing with Engine Out (ME only) | | | |
| Normal | | B | | Non-Normal and Emergency Procedures System Malfunction: | | | |
| Instrument | | B | | System Malfunctions | | B | |
| With Powerplant Failure - Rejected (ME only) | | B | | Recovery from IMC | | B | |
| With Powerplant Failure - Continued (ME only) | | B | | Maneuver by Partial Panel | | B | |
| Rejected Takeoff (ME only) | | B | | Instrument Approach | | B | |
| Rapid Deceleration (Quick Stop) | | B | | Power Failure and Autorotation to a Power | | B | |
| Area Departure | | B | | Recovery (SE Only) | | B | |
| Inflight Maneuvers | | | | Hovering Autorotation (SE Only) | | | |
| Steep Turns | | B | | NVG Failure and Recovery | | B | |
| Settling with Power | | B | | Tail Rotor Failure (Oral Only) | | B | |
| Unusual Attitude Recovery | | B | | Anti-Torque System Failure (Oral Only) | | B | |
| Instrument Procedures | | | | Dynamic Rollover (Oral Only) | | | |
| Area Arrival | | B | | Low Rotor RPM (Oral Only) | | B | |
| Holding | | B | | Confined Area / Pinnacle | | B | |
| Normal ILS Approach | | B | | Slope Operations | | B | |
| Engine-Out ILS (ME only) | | B | | Ground Hazard Recognition | | B | |
| Coupled Approach | | B | | Brownout/Whiteout/Flat Light Operations | | B | |
| PAR Approach | | B | | Use of External Light | | B | |
| APV Approaches with DA | | B | | Engine Fire (Oral Only) | | B | |
| RNAV (GPS) Non-Part 97 Approaches | | B | | Governor/FADEC Failure | | B | |
| Nonprecision Approaches with MDA | | | | Hydraulic Failure | | | |
| GPS | | B | | Landing Gear Failure | | B | |
| LDA | | B | | Instrument Failure | | B | |
| LDA/DME | | B | | Generator Failure | | B | |
| LOC | | B | | Inverter Failure | | B | |
| LOC/DME | | B | | AFCS Failure | | B | |
| LOC BC | | B | | Communication Failure | | B | |
| ASR | | B | | | | B | |
| NDB | | B | | | | B | |
| NDB/DME | | B | | | | B | |
| RNAV (GPS) | | B | | | | B | |
| SDF | | B | | | | B | |
| VOR | | B | | | | B | |
| VOR/DME | | B | | | | B | |
| Missed Approach from ILS | | B | | | | B | |
| Second Missed Approach | | B | | | | B | |
| Use of Autopilot | | B | | | | B | |
| Circling Approach | | B | | | | B | |
| Circle to Land Approach Maneuver | | B | | | | B | |

| Section Three: Grading | | |
|--|---|--|
| GRADING: A = Exceeds FAA PTS B = Meets FAA PTS C = Requires Additional Training | | |
| Training Final Outcome: | Airman has completed all training requirements IAW AMC PTP and is ready for evaluation. | |

Comments (Comments are required):
 Recurrent flight training included Copter RNAV (GPS) 142, Non-Part 97 to Johnston Memorial Hospital (NC23), LOC RWY 5 and RNAV (GPS) RWY5 at KHRJ, 2X ILS RWY03 at KJNX. Good training flight.

| Section Four: Signatures | |
|--|------------------|
| Instructor/Check Airman Signature Instructor/Check Airman Name: Glenn S. Uchyanak | Pilot Signature: |
| Observed by: _____ | Title: _____ |
| <input type="checkbox"/> Training Captain / Instructor Observed Ride (IAW 135.34) <input type="checkbox"/> Trained and authorized to complete ROC checks | |