

Pilot Name _____

Certificate Type & Number _____

Medical Class & Issue Date _____

Last Flight Review Date (if applicable) _____

This Checkout form **MUST** be completed prior to acting as PIC in each Make and Model of aircraft. Please use the aircraft's AFM/POH to complete this questionnaire to the best of your ability. Review any incomplete areas as needed with your instructor.

I. GENERAL INFORMATION

Aircraft Make & Model _____

Which documents must be on board the aircraft? _____

What is the fuel capacity? _____ total usable, and _____ total unusable

How many fuel drains are there? _____

Where are they located? _____

What is the recommended fuel grade and color? _____

Where should the fuel selector be set for takeoff and landing? _____

Is there a fuel pump on this aircraft? _____

If so, when should the fuel pump be used? _____

What is the procedure for priming for a cold start? _____

Hot start procedure? _____

Does the aircraft have carburetor heat or alternate air? _____

When should it be used? _____

Does this aircraft use flaps for:

Normal takeoff? _____ Degrees _____

Short-field takeoff? _____ Degrees _____

Soft-field takeoff? _____ Degrees _____

2. PERFORMANCE

What are the following airspeeds (IAS) for this aircraft?

 V_{SO} _____ V_A _____ V_S _____ V_{NO} _____ V_R _____ V_{NE} _____ V_X _____

Cruise climb _____

 V_Y _____

Best glide _____

 $V_{FE IO^\circ}$ _____ Full flaps _____

Approach flaps up _____

 $V_{LO/LE}$ _____

Max demonstrated xwind _____

Normal approach speed and configuration _____

Short-field approach speed and configuration _____

Soft-field approach speed and configuration _____

What approximate power setting should be used downwind in the traffic pattern?

RPM _____ MP _____ (if applicable)

Pilot's Initials ___ ___ ___

Condition: Cruise @ 7000 Ft. Pressure Altitude, 55% Power, 0°C, max weight.

What are the following values:

MP _____ (if applicable) RPM _____ GPH _____ TAS _____

Range (nm) _____ Endurance _____

Condition: Cruise @ 3000 Ft. Pressure Altitude, 75% Power, 20°C, max weight.

What are the following values:

MP _____ (if applicable) RPM _____ GPH _____ TAS _____

Range (nm) _____ Endurance _____

Condition: 6000 ft pressure alt, 10°C, max takeoff weight, 10 kts headwind.

Takeoff ground roll _____ Over 50' obstacle _____

Landing ground roll _____ Over 50" obstacle _____

Condition: KRHV, RWY 31R, OAT 20°C, altimeter 30.00", wind calm, max weight

Takeoff ground roll _____ Over 50' obstacle _____

Landing ground roll _____ Over 50" obstacle _____

You lose an engine immediately after takeoff, below 400' AGL. What are the procedures?

You lose an engine at 3000' AGL. What are the procedures?

3. WEIGHT AND BALANCE

For this aircraft what are the following:

Empty weight _____

Useful load _____

Max ramp weight _____

Upper C.G. Limits:

Max takeoff weight _____

FWD _____ AFT _____

Max landing weight _____

Baggage compartment limit _____

Condition: Pilot and passenger @ 170 lbs. each; Rear seats (if applicable)- two passengers @120 lbs each; Baggage-50 lbs; Full fuel @ 6 lbs. per gallon

For the condition above find the:

Ramp weight _____ Takeoff weight _____ C.G. Position _____

Is the aircraft within C.G. and weight limits? _____

4. ENGINE

Make, model and type _____

What is bhp _____ @ maximum RPM?

What is the maximum allowable RPM? _____

Should it be used continuously? _____

Fuel injected or carbureted? _____

Normally aspirated or turbo charged? _____

What is the order & position for throttle, prop, mixture, carb heat when increasing power?

What is the order & position for throttle, prop, mixture, carb heat when reducing power?

What is the procedure to lean for best power WITHOUT an EGT? _____

What is the procedure to lean for best power WITH an EGT? _____

What are the min and max operating oil temperature for this aircraft? _____

What is the "normal" oil temperature range for this aircraft? _____

If your oil temperature increases beyond normal, what else should you be checking and what can you do to reduce temperature? _____

5. SYSTEMS

What are the maximum and minimum oil quantities? _____

What is the recommended oil type? _____

Does this aircraft have alternators or generators? _____

How many? _____ What are they rated at? _____

How can you verify that the alternator/generator is working prior to takeoff? _____

How do we detect an alternator/generator failure and what do we do about it? _____

Are the flaps manual or electric? _____

6. COMPLEX AIRCRAFT

What are the following power settings at sea level on a standard day?

Takeoff MP _____ RPM _____

Climb MP _____ RPM _____

If we lose oil pressure, will the propeller increase or decrease pitch and what will this do to RPM?

During descent from cruise altitude, the engine should be slowly cooled by reducing MP _____” per _____ minute(s) with cowl flaps open or closed?

When do we operate cowl flaps open? _____

When do we operate cowl flaps closed? _____

How does the landing gear system operate? _____

What are some of the safety features of the landing gear? _____

Will the landing gear extend with an electrical failure? _____

How do we accomplish a manual gear extension? _____

I have read, understand, and agree to comply with the POH or AFM and will operate the aircraft within the limitations established by the manufacturer and AeroDynamic Aviation.

Pilot’s signature

Date

Print pilot’s name

Required Checkout Items – must exceed ACS/PTS standards for their level of certificate/rating

- | | |
|--|--|
| <input type="checkbox"/> Documents on file | <input type="checkbox"/> Soft-field takeoff & landing |
| <input type="checkbox"/> Renter’s insurance | <input type="checkbox"/> Steep turns |
| <input type="checkbox"/> Dispatch procedures | <input type="checkbox"/> Slow flight |
| <input type="checkbox"/> Preflight planning | <input type="checkbox"/> Power-on & off stalls |
| <input type="checkbox"/> Preflight inspection | <input type="checkbox"/> Stall recovery |
| <input type="checkbox"/> Airworthiness | <input type="checkbox"/> Spin awareness |
| <input type="checkbox"/> Checklist usage | <input type="checkbox"/> Emergencies (fire, failure) |
| <input type="checkbox"/> Fueling & servicing | <input type="checkbox"/> Electrical fire/fault/failure |
| <input type="checkbox"/> Start, taxi, runup | <input type="checkbox"/> Gear malfunction/failure |
| <input type="checkbox"/> Climb, cruise climb | <input type="checkbox"/> <u>Tailwheel only:</u> |
| <input type="checkbox"/> Normal/crosswind takeoff | <input type="checkbox"/> Wheel landings |
| <input type="checkbox"/> Normal/crosswind landing | <input type="checkbox"/> Toe brakes |
| <input type="checkbox"/> Short-field takeoff & landing | <input type="checkbox"/> Heel brakes |

I have personally reviewed and corrected this form. I have reviewed any areas found deficient and completed ground training with the above-named pilot. I have completed the flight checkout and find the above-named pilot’s knowledge and training adequate to safely operate this aircraft.

Instructor’s signature

Date

Print instructor’s name

Pilot’s Initials ___ ___ ___