PILOT NAME:	CHECKOUT DATE:	
AIRCRAFT MAKE & MODEL:	AIRCRAFT TAIL #:	
CHECKOUT TYPE:	ut □Club Flight Review □61.56 Flight Review	
	□Other	
□WRITTEN TEST COMPLETED □FLIGHT CHEC	CK COMPLETED  POLICIES REVIEWED HOURS IN MAKE & MODE	===== :I
Grading Scale 1 = Below Acceptable St		
2 = Below Average, Outs		
3 = Within ACS		
I. ORAL DISCUSSION	1 2 3 4 5 VC VIII. INSTRUMENT REFERENCE MANEUVE	RS 1 2 3 4 5 VC
A. Review Pilot Credentials	☐ ☐ ☐ ☐ ☐ A. Straight & Level Flight	
B. Review CFI Policies & Procedures	☐ ☐ ☐ ☐ ☐ B. Constant Speed Climbs	
C. Local Procedures	☐ ☐ ☐ ☐ ☐ C. Constant Speed Descents	
D. Electronic Flight Bag (EFB)	□ □ □ □ □ D. Turns to a Heading	
	E. Recovery from Unusual Attitudes	
	F. Radio Nav & Radar Services	
II. PREFLIGHT PREPERATION	1 2 3 4 5 VC IX. INSTRUMENT FLIGHT PROCEDURES	1 2 3 4 5 VC
A. Certificates & Documents	☐ ☐ ☐ ☐ ☐ A. Ground Prep (WX, AC Systems, Flt Plans	s)
B. Obtaining Weather Information	□ □ □ □ □ □ B. ATC Clearance & Traffic Procedures	
C. Determine Weight & Balance	☐ ☐ ☐ ☐ ☐ C. Holding Procedures	
D. Determine Takeoff Performance	☐ ☐ ☐ ☐ ☐ D. Partial Panel Unusual Attitude Recovery	y
E. Determine Cruise Performance	☐ ☐ ☐ ☐ ☐ E. Course Intercept & Tracking of Courses	
F. Determine Landing Performance	☐ ☐ ☐ ☐ ☐ F. Instrument Approach Procedures	
G. Cross-Country Flight Planning	☐ ☐ ☐ ☐ ☐ 1. Precision Approach	
H. Aircraft Systems	☐ ☐ ☐ ☐ ☐ ☐ 2. Non-Precision Approach	
I. Aeromedical Factors	□ □ □ □ □ □ 3. Partial Panel Approach	
III. GROUND OPERATIONS	1 2 3 4 5 VC 4. Circling & Missed Approach	
A. Visual Inspection	□ □ □ □ □ X. GROUND REFERENCE MANEUVERS	1 2 3 4 5 VC
B. Starting Engine (s)	□ □ □ □ □ A Rectangular Course	
C. Taxiing	□ □ □ □ □ B. S-Turns	
D. Use of Checklists (Mandatory)	C. Turns Around a Point	
E. Passenger Briefing	□ □ □ □ □ XI. NIGHT FLIGHT OPERATIONS	1 2 3 4 5 VC
F. Sterile Cockpit Procedures	☐ ☐ ☐ ☐ ☐ A. Physiological Aspects of Night Flying	
G. Post-Flight Procedures	B. Prep & Personal Equipment	
IV. AIRPORT & TRAFFIC PATTERN OPS	1 2 3 4 5 VC C. Aircraft & Airport Lighting	
A. Radio Comms & ATC Light Signals	D. Night Orientation & Navigation	
B. Surface & Traffic Pattern Operations	☐ ☐ ☐ ☐ XII. APPROACHES & LANDINGS	1 2 3 4 5 VC
C. Airport & Runway Markings & Lighting	A. Normal Approaches & Landings	
V. TAKEOFF & CLIMB A. Normal Takeoff & Climb	1 2 3 4 5 VC B. Crosswind Approaches & Landings	
B. Crosswind Takeoff & Climb	□ □ □ □ □ C. Forward Slip to Landing □ □ □ □ □ D. Go-Around	
C. Short-field Takeoff & Climb		
D. Soft-field Takeoff & Climb	☐ ☐ ☐ ☐ ☐ E. Short-field Approach & Landing ☐ ☐ ☐ ☐ ☐ F. Soft-field Approach & Landing	
VI. CROSS-COUNTRY FLYING	1 2 3 4 5 VC XIII. EMERGENCY PROCEDURES	1 2 3 4 5 VC
A. Pilotage & Dead Reckoning	☐ ☐ ☐ ☐ ☐ A. Emergency Approach & Landing (Sim)	
B. Radio Navigation	□ □ □ □ □ B. Systems & Equipment Malfunction	
C. Diversion	□ □ □ □ □ C. POH Bold Face Knowledge	
D. Lost Procedures	□ □ □ □ □ D. Emergency Descent	
VII. MANEUVERS	1 2 3 4 5 VC XIV. SAFETY AWARENESS	1 2 3 4 5 VC
A. Power-Off Stalls	☐ ☐ ☐ ☐ ☐ A. Clearing Turns & Collision Avoidance	
B. Power-On Stalls	□ □ □ □ □ B. Vigilance, Risk Mgmt, & Judgement	
C. Maneuvering During Slow Flight	□ □ □ □ □ C. Fuel Management	
D. Steep Turns	□ □ □ □ □ D. Ground Handling Procedures	

REVIEW OF CERTIFICATES AND	REVIEW OF CERTIFICATES AND DOCUMENTS (Verified by Check Instructor Pilot)
FAA PILOT CERT NUMBER:	DATE OF LAST FLIGHT REVIEW:
MEDICAL CLASS:	MEDICAL EXAM DATE:
INSURANCE PROVIDER:	PILOT BIRTH DATE:
CERTIFICATES and RATINGS ENDORSEMENTS  ☐ Student ☐ Instrument ☐ Tailwheel ☐ Sport ☐ Multi	FLIGHT TIME: Total Time IFR SEL
e CFI CFII CFII CMEI	ance Multi SES Tailwheel
I certify that I have read and understand all applicable 14CFR training requirements stated on this checkout. I also understa applicable operational guidance is my personal responsibility.	I certify that I have read and understand all applicable 14CFR regulations pertaining to flying subject aircraft. I acknowledge any restrictions of training requirements stated on this checkout. I also understand that maintaining currency, recurring requirements, and compliance with applicable operational guidance is my personal responsibility.
PILOT NAME: SI	SIGNATURE:
I certify that I have administered this Checkout indicated and indicated aircraft.	I certify that I have administered this Checkout indicated and that the above named pilot has demonstrated the proficiency required to fly the indicated aircraft.
INSTRUCTOR: SI	SIGNATURE:
CFI EXPIRATION DATE:	CFI CERTIFICATE NUMBER:
COMMENTS	