CAP PILOT FLIGHT EVALUATION - AIRPLANE DATE OF CHECK:

MEMBER'S NAME (print or type)	CAP MEMBER EXP DATE	CHARTER NO	AIRCRAFT

TYPE CHECK: (Check all satisfactorily completed flight checks)

___Initial ___Instructor/Check Pilot ___Night Orientation ___Aircraft Checkout
___Recurrency ___Multi-Engine ___Instrument ___Other _____
___Annual Standardization ___Cadet Orientation ___FAA BFR/AFR

INSTRUCTIONS

Sections I and II may be completed separately within a 30-day period before the flight check. All items for the appropriate type of check must be completed indicating S - Satisfactory, U - Unsatisfactory or V- Verbally. If a member can satisfactorily perform the more complex maneuvers, less complex maneuvers need not be accomplished at the discretion of the check pilot. Night orientation is for familiarization only and required only at the discretion of wing commanders or higher. Pilots are evaluated on their ability to satisfactorily perform the tasks assigned, knowledge of procedures, smoothness, judgment, and mastery of the aircraft. Failure to meet the standards of performance for any task performed will result in an unsatisfactory evaluation. Tolerances specified in the appropriate FAA Practical Test Standards represent the minimum performance expected in good flying conditions. Individuals holding an instrument rating or ATP certificate are required to demonstrate instrument proficiency on a CAPF 5 flight check or be restricted from exercising instrument privileges on CAP flight activities.

I. ORAL DISCUSSION		**VII. INSTRUMENT REFERENCE MANEUVERS**	
A. CAPF 5 Written Exam		A. Straight & Level Flight	
B. Review CAPR 60-1 & Supplements		B. Constant Airspeed Climbs	
C. Review Flight Release Procedures		C. Constant Airspeed Descents	
D. Review CAPF 9 Requirements		D. Turns to A Heading	
E. Local Procedures		E. Unusual Flight Attitudes	
II. PREFLIGHT PREPARATION		F. Radio Nav & Radar Services	
A. Certificates & Documents		**VIII. FLIGHT AT CRITICALLY SLOW AIRSPEEDS**	
B. Obtaining Weather Information		A. Full Stalls - Power Off	
C. Determine Weight & Balance		B. Full Stalls - Power On	
D. Determine Takeoff Performance		C. Maneuvering At Crit Slow Airspeed	
E. Determine Cruise Performance		D. Constant Altitude Turns	
F. Determine Landing Performance			
G. Cross-country Flight Planning		**IX. GROUND REFERENCE MANEUVERS**	
H. Airplane Systems		A. Rectangular Course	
I. Aeromedical Facts Understanding		B. S - Turns Across A Road	
III. GROUND OPERATIONS		C. Turns Around A Point	
A. Visual Inspection		**X. NIGHT FLIGHT OPERATIONS**	
B. Cockpit Management		A. Preparation & Equipment	
C. Starting Engines		B. Night Flight Procedures	
D. Taxiing		C. Factors Essential To Night Flight	
E. Pre-takeoff Check		D. Airplane & Airport Lighting	
F. Takeoff Briefing		**XI. EMERGENCY PROCEDURES**	
G. Post-flight Procedures		A. Emergency Approach & Landing (sim)	
IV. AIRPORT & TRAFFIC PATTERN OPS		B. System & Equipment Malfunction	
A. Radio Comm & ATC Light Signals		C. POH Bold Face Knowledge	
B. Surface & Traffic Pattern Operations		D. Emergency Descent	
C. Airport & Runway Markings & Lighting		**XII. APPROACHES & LANDINGS**	
V. TAKEOFF & CLIMBS		A. Normal Approaches and Landings	
A. Normal Takeoff & Climb		B. X-wind Approaches and Landings	
B. Crosswind Takeoff & Climb		C. Forward Slips to Landing	
C. Short-field Takeoff & Climb		D. Go-around	
D. Soft-field Takeoff & Climb		E. Short-field Approach & Landing	
VI. CROSS COUNTRY FLYING		F. Soft-field Approach & Landing	
A. Pilotage & Dead Reckoning		**XIII. SAFETY AWARENESS**	
B. Radio Navigation		A. Clearing Turns	
C. Diversion		B. Vigilance & Risk Management & Judgment	
D. Lost Procedures		C. Fuel Management	

(Continue on reverse)

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

REVIEW OF CERTIFICATES AND DOCUMENTS (VERIFIED BY CHECK PILOT)
FAA Pilot Certificate No: _____ FCC Radio Telephone Permit Date (If Applicable):_____
FAA _____Class Medical, Issue Date:_____ FAA BFR DATE:_____

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

DATE	MEMBER'S NAME & GRADE (Print or Type)	MEMBER'S SIGNATURE

I certify that I have administered a CAP flight check as indicated and that the below named CAP member:

(Evaluator initial blanks)

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

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

DATE:	FLIGHT TIME:	EVALUATOR'S NAME & CERT NO:	EVALUATOR'S SIGNATURE:

NAME & GRADE OF UNIT OPERATIONS OFFICER:	SIGNATURE:	DATE: