

Flight Review Checklist

Name _____ Club _____ Pilot Certificate Number _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ e-mail _____

Certificates and Ratings _____

Class of Medical _____ Date of Medical _____

Total Time _____ Instrument Time: Sim _____ Actual _____ Last Six Months _____

Aircraft to be used _____ N# _____ Time in Type _____

Location _____ Date(s) _____

Knowledge Areas

- Hangar operations
- Recent experience requirements
- Required documents (aircraft & pilot)
- Required inspections & records
- Safety belts
- Right-of-way
- Minimum safe altitudes
- VFR cruising altitudes
- Altimeter settings
- Transponder & codes
- Fuel requirements
- Required/inoperative equipment
- Collision avoidance & wake turbulence
- Weight & Balance
- Performance limits & calculations
- Cross-country planning
- Aeromedical factors
- ADM (Aeronautical Decision Making)
- Personal minimums/IMSAFE
- Weather information
- Charts, AFD, etc.
- Airspace
- Weather minimums
- Special VFR

Skill/Proficiency Areas

- Pre-flight procedures
- Use of checklists
- Airport & ground operations
- Takeoffs & Landings
- Slips & go-around
- Slow flight
- Stalls: power on/off & recovery
- Steep turns
- Emergency operations
- Simulated instrument time

Other Areas Covered

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Ground Instruction Hours _____ Flight Instruction Hours _____ Total Hours _____

Logbook Endorsements Given _____

Remarks _____
