

TO BE COMPLETED BY THE FLIGHT INSTRUCTOR AS FOLLOWS

[S] Satisfactorily [U] Unsatisfactorily [R] Reviewed [N/A] Not Applicable [Y] Yes [N] No

PREFLIGHT	LEVEL FLIGHT	LANDINGS
Interior	Cruise power setting	Use of checklist [GUMP]
Exterior	Use of mixture	Normal
CABIN FAMILIARIZATION	Use of fuel selector	Soft field
Required Documents	Use of cowl flaps	Short field
Radio Equipment	Collision avoidance	Cross wind (10K min)
Autopilot	IN FLIGHT MANEUVERS	No flap
Controls/Switches	Turns/steep turns	SECURING AIRCRAFT
Fire Extinguisher	Slow flight/MCA	Use of checklist
STARTING PROCEDURES	Stalls full/imminent	Control lock installed
Cold [winter and summer]	Climbs/descents	Seat belts crossed
Hot [winter and summer]	Traffic Pattern speeds	Interior left neat and clean
Use of pre-heater	EMERGENCIES	Doors locked
TAXI	Aborted take off	Aircraft tied down properly
Heels on floor/toes on pedals	Engine failure after take off	PILOT CURRENCY
Instrument check	Engine failure enroute	Night current** [Y/N]
RUN UP	Engine failure in pattern	Was check out at night [Y/N]
Use of Checklist	Fire on the ground	Local night checkout [Y/N]
TAKE OFF	Fire in the cabin	X-Country night checkout [Y/N]
Normal	Fire enroute	Total hours night
Soft Field	Electrical fire	IFR current [Y/N]
Short Field	Vacuum failure	IFR flight in this aircraft [Y/N]
Cross Wind	Pitot static failure	Total hours IFR
Climb Speeds	Hood work [180 in clouds]	PILOT CHECK
Use of Mixture	Emergency gear extension	Total time
Use of Cowl Flaps	Landing aircraft gear up	Time in aircraft type
Monitor oil temp/cyl temp/EGT	Landing w/o gear down ind.	Total hours for check out
Collision Avoidance	Emergency go around	Number of sessions

** Night flights only authorized after completing a night checkout with an Operator approved instructor as stated in the Blue Sky Aero Operating Rules.

Extra sheet added for Arrow checkout requirements

Instructor Signature: _____ **Completion Date:** _____

Pilot Signature: _____

REMARKS AND/OR LIMITATIONS: