## CAP PILOT FLIGHT EVALUATION - AIRPLANE

<table>
<thead>
<tr>
<th>MEMBER’S NAME (print or type)</th>
<th>CAP MEMBER EXP DATE</th>
<th>CHARTER NO.</th>
<th>AIRCRAFT</th>
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### TYPE CHECK (Check all satisfactorily completed flight checks)

- [ ] Initial
- [ ] Annual Standardization
- [ ] Instructor/Check Pilot
- [ ] Multi-Engine
- [ ] Cadet Orientation
- [ ] Instrument
- [ ] Other
- [ ] Night Orientation

### INSTRUCTIONS

Sections I and II may be completed separately within a 30-day period before the flight check. All items for the appropriate type 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

- A. CAPF 5 Written Exam
- B. Review CAPR 60-1 & Supplements
- C. Review Flight Release Procedures
- D. Review CAPF 9 Requirements
- E. Local Procedures

### VII. INSTRUMENT REFERENCE MANEUVERS

- A. Straight & Level Flight
- B. Constant Airspeed Climbs
- C. Constant Airspeed Descents
- D. Turns To A Heading
- E. Unusual Flight Attitudes

### II. PREFLIGHT PREPARATION

- A. Certificates & Documents
- B. Obtaining Weather Information
- C. Determine Weight & Balance
- D. Determine Takeoff Performance
- E. Determine Cruise Performance
- F. Determine Landing Performance

### VIII. FLIGHT AT CRITICALLY SLOW AIRSPEEDS

- A. Full Stalls - Power Off
- B. Full Stalls - Power On
- C. Maneuvering At Crit Slow Airspeed
- D. Constant Altitude Turns

### III. GROUND OPERATIONS

- A. Visual Inspection
- B. Cockpit Management
- C. Starting Engines
- D. Taxing
- E. Pre-takeoff Check
- F. Takeoff Briefing

### IX. GROUND REFERENCE MANEUVERS

- A. Rectangular Course
- B. S - Turns Across A Road
- C. Turns Around A Point

### IV. AIRPORT & TRAFFIC PATTERN OPS

- A. Radio Comm & ATC Light Signals
- B. Surface and Traffic Pattern Operations
- C. Airport & Runway Markings & Lighting

### X. NIGHT FLIGHT OPERATIONS

- A. Preparation & Equipment
- B. Night Flight Procedures
- C. Factors Essential To Night Flight
- D. Airplane & Airport Lighting

### V. TAKEOFF & CLIMBS

- A. Normal Takeoff & Climb
- B. Crosswind Takeoff & Climb
- C. Short-field Takeoff & Climb
- D. Soft-field Takeoff & Climb

### XI. EMERGENCY PROCEDURES

- A. Emergency Approach & Landing (sim)
- B. System & Equipment Malfunction
- C. POH Bold Face Knowledge
- D. Emergency Descent

### VI. CROSS-COUNTRY FLYING

- A. Pilotage & Dead Reckoning
- B. Radio Navigation
- C. Diversion
- D. Lost Procedures

### XII. APPROACHES & LANDINGS

- A. Normal Approaches and Landings
- B. X-wind Approaches and Landings
- C. Forward Slips to Landing
- D. Go-around
- E. Short-field Approach & Landing

### XIII. SAFETY AWARENESS

- A. Clearing Turns and Collision Avoidance
- B. Vigilance, Risk Management & Judgment
- C. Fuel Management

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CAP FORM 5, NOV 01
PREVIOUS EDITIONS WILL NOT BE USED AFTER 31 MAR 02

OPR/ROUTING: DOV

Continue on Reverse
### XIV. INSTRUMENT PROFICIENCY

| A. Ground Prep (WX, AC systems, Flt Plan) | F. Determine Weight & Balance |
| B. Air Traffic Procedures | H. Normal Climbs |
| 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/VOR TAC 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. MULTI-ENGINE PROCEDURES

| A. Airplane Systems and Operation | (9) Instrument Flight Procedures |
| B. Use of Minimum Equipment List | (a) Single-engine Precision Approach |
| C. Determine Takeoff Performance | (b) Single-engine Non-prec Approach |
| D. Determine Cruise Performance | (c) Single-engine Circling Maneuver |
| E. Determine Landing Performance | (10) Normal & Xwind Approach/Landing |
| | (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 airplanes 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 |

CAP FORM 5, NOV 01  REVERSE