

TYPE CHECK/INITIAL/RECURRENT TRAINING REPORT

NAME _____
 HOURS FLOWN LAST YEAR _____
 INSTRUCTOR _____
 WEATHER CONDITIONS _____
 FLIGHT TIME _____

LICENCE # _____
 RATINGS HELD _____
 A/C TYPE & REG. _____
 PREFLIGHT BRIEFING _____
 POSTFLIGHT BRIEFING _____

FLIGHT PREPARATION	S/U	REMARKS
Documents / Snag & Dispatch Procedures		
Airspace Knowledge		
Aircraft Performance		
Weight & Balance		
Pre-flight Inspection		
Passenger Briefing		

AIR EXERCISES	S/U	REMARKS
Engine start/run up/checklists		
Taxiing		
Take off-short and soft field (both)		
Steep Turns		
Slow Flight		
Stalls-power off and power on		
Spiral Dive Recovery		
Side-Slip		
Descents		
Circuit		
Precautionary Landing		
Landing- Crosswind, Short, Soft (two)		
Forced Approach and Overshoot		
Instrument-full panel and UA recovery		
Full load check-mandatory for initial COT		
Navigate to YKF or YHM (CZ entry and communication procedures)		

EMERGENCIES (specify 3)	S/U	REMARKS

AIRMANSHIP	S/U	REMARKS
Look-Out		
Radio Procedures		
Ancillary Controls		
Safety Precautions		

Pilot credentials checked File contents verified Logbook notation inserted *

*“This is to certify that the skill requirement for _____ (permit or licence) has been met” and shall include the date and the name, signature and licence number of the instructor. (CAR 401.05)

 Instructor Signature

 Date

 Pilot Signature