

CAP MISSION PILOT CHECKOUT

DATE OF FLIGHT CHECK:

MEMBER'S NAME (print or type)	CAPID	FAA CERTIFICATE NO.	CHAPTER NO
MEMBER'S ADDRESS (print or type)	LAST CAPF 5	DATE CAPF 101 ISSUED	CAP ROP NO (as req)

I. ORAL DISCUSSION		VI. EMERGENCY PROCEDURES	
A. CAPF 116 Written Exam Passed (Initial only)		A. Low Altitude Engine Failure	
B. Mission Base Procedures (Sign In, Flight Plans, Reimbursement Forms)		B. Ditching	
C. Air-to-ground Signals		C. Landing on Unprepared Surface	
D. Mission Safety Principles		D. Deteriorating Weather	
E. CAP Radio Procedures (as req)		VII. MISSION FLIGHT MANEUVERS	
F. Individual & Crew Equipment/Clothing		A. 720 Steep Turns	
G. Search Procedures		B. Turns About a Point	
H. Map and Chart Reading		C. Message Drop Procedure (verbal)	
II. PREFLIGHT PLANNING		D. Airspeed Control	
A. Determine Performance Limitations		E. Low Speed Maneuvering	
B. Obtain Mission Briefing		F. Low Level Navigation (without elec nav	
C. Gridded Sectional		H. Judgement	
D. Observer Briefing		VIII. SAFETY AWARENESS	
E. Fuel Planning & Reserve		A. Clearing and Collision Avoidance	
F. Ground Team Coordination		B. Vigilance	
III. VISUAL SEARCH PATTERNS & PROC		C. Cockpit Resource Management	
A. Locate Grid or Area (without electronic aids)		D. Risk Management	
B. Establish Search Altitudes			
C. Parallel Search Procedures			
D. Creeping Line Search Procedures			
E. Expanding Square Search Procedures			
F. Ground Team Coordination			
IV. ELECTRONIC SEARCH PATT & PROC			
A. Locate Starting Point (with & without elec.			
B. Establish Appropriate Search Altitude			
C. VHF-DF Procedures			
D. Wing Null Procedures			
E. Aural (build-fade) Procedures			
V. MOUNTAINOUS TERRAIN PROCEDURES			
A. Locate Grid/Area (with & without elec nav			
B. Establish Search Altitude			
C. Contour Search Procedures			
D. Canyon Search Procedures			
E. Ridge Crossing Procedures			
F. Communications Procedures			
G. Wing/Updrafts/Downdrafts			
H. Mountain Wave Effect			

I certify that I have administered a cap mission pilot flight check as indicated and that the above named member:

_____ Has demonstrated proficiency required to fly as a mission pilot, see reverse for applicable comments.

_____ Had demonstrated proficiency required to fly as a mission check pilot (if applicable, use reverse side for additional comments.)

_____ Is not qualified, requires additional training and recheck. See reverse for comments.

DATE	FLIGHT TIME	EVALUATOR'S NAME & GRADE	EVALUATOR'S SIGNATURE
NAME & GRADE OF UNIT OPERATIONS OFFICER		SIGNATURE	
		DATE: CONCUR NON CONCUR	