



PILOT ROUTE AND AREA CHECK REPORT

1. Name/Rank	2. Aircraft Type	3. Date (YY/MM/DD)
4. IR Valid to	5. Medical Valid to	6. Licence Number
7. Route	8. Aircraft Registration	9. Other

Required Standards

Note: Clarify SB or U assessment with remarks.

S	Satisfactory	SB	Satisfactory with Briefing	U	Unsatisfactory (Fail)
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		S	SB	U		S	SB	U
1.	Reporting for Duty				27.	Verbal Check Navigation Aids		
2.	Manuals				28.	Approach Briefing		
3.	Wx Briefing NOTAMS and Bulletins				29.	Cabin Security Co-ordination with C/As		
4.	Flight Planning - Operational ATC				30.	Descent		
5.	Weight and Balance				31.	Use of Speed Brakes		
6.	Aircraft Inspection (Exterior, Interior)				32.	Cross Checking Altitudes		
7.	Load Security				33.	Approach VFR		
8.	Emergency Equipment				34.	Speed Control		
9.	Before Start				35.	Transition to Facility		
10.	Review of Emergency Drills				36.	Approach Instrument		
11.	Engine Start				37.	Landing		
12.	After Start				38.	After Landing		
13.	Taxi (Speed, Steering, Brakes)				39.	Approaching Ramp		
14.	ATC Clearances				40.	Shut Down		
15.	Use of Checklist and Responses				41.	General		
16.	Take Off (After Take-Off Checks)				42.	Smoothness of Control		
17.	Noise Abatement Procedure (if applic.)				43.	Route Knowledge		
18.	Initial Climb				44.	Crew Co-ordination		
19.	Climb				45.	Passenger Briefing		
20.	Cross Checking Altitudes				46.	Use of IRS/INS/GPS/LORAN/FMS		
21.	Level Off and Altitude Selection				47.	Use of Weather Radar		
22.	Cruise				48.	EROPS / ETOPS		
23.	Radio Contacts and Position Reports				49.	Minimum Equipment Lists (MELs)		
24.	Fuel Checks							
25.	Use of Anti-Icing Equipment							
26.	Use of Auto Flight System							

General Assessment: ☐ Passed ☐ Failed Next Route & Area Check Due: _____

Comments: _____

Signatures:

Approved Check Airman

Chief Pilot

Name: _____

License No: _____