

SKYLINE AVIATION LTD NVIS FLIGHT TRAINING & CHECKING

Name:	Date Of Training/Check:
Licence: Number:	Type Of Training or Check: (Tick as appropriate) <input type="checkbox"/> Initial Training Course: Lesson (1), (2), (3), (4) <input type="checkbox"/> NVIS Initial Flight Test/ NVIS Proficiency Check <input type="checkbox"/> NVIS Crew Member Training Course <input type="checkbox"/> NVIS Flight Instructor Course <input type="checkbox"/> Annual (Recurrent) Training Course
Medical Expires:	
Operator: Location:	
Aircraft Type: Registration: ZK- _____	
Flight Time: _____ NVIS Flight Time: _____	
Total Accumulated NVIS Flight Time: _____	

√ = **exercise covered** (if a NVIS training flight), or **competent** (if a NVIS check flight); **X** = not yet competent

NVIS Flight Planning	NVIS Cross-country Navigation
NVG Operational checks & focussing	Special Procedures (winching, fast roping, etc)
Pre-flight inspection	EMERGENCIES: (Simulated or Oral)
Before Take-off NVIS check	Goggle Failure
Take-off to a hover, hovering flight, hover-taxi	Hovering Autorotations
Normal Take-off	Simulated Engine Failure/Autorotation
Standard Circuit/Airfield operations	Hydraulic Failure
Normal Approach and Landing	Anti-torque failure Fire
Shallow Approach/Running Landings	OEI Operations
Slope Landings and Take-offs	Aircraft systems failure
Low speed manoeuvres - quickstops	Other
Maximum performance Take-off & climb	IIMC Procedure
Steep approach	Unusual Attitude Recovery
Pont in space approach	GENERAL:
Confined area landings and take-offs	Judgement/Airmanship
Pinnacle/Rooftop/Ridgeline operations	Crew Co-ordination/CRM
Terrain Flight/Low level operations/Searches	Compliance with Ops Specs/Operations Manual
Aided to unaided flight	Post Flight Procedures
Unaided approach to an Unlit area	NVIS Ground test

RESULT OF CHECK: Pass / Fail	I have seen and agree with the results of this training report/competency assessment (signed): (Candidate)
Date of next Check:	NVIS Instructor /Examiner: G. Withers, ATPL(H), 'A' Category/ No. 31425 Signed: _____ Date: _____

INSTRUCTIONS:

1. For any Competency Checks, Items Not Tested to be marked N/T, items Not Applicable to be marked N/A. *Mark each item.*
2. On completion of this form two photocopies shall be taken. Original to go to client, Copy One to go to the candidate, Copy Two to be filed with the Flight Examiner.
3. Client to ensure a copy this form is to be kept in the individuals Personal File for at least one year after termination of employment with the Company.

Remarks:
