

CAP PILOT FLIGHT EVALUATION - GLIDER

DATE OF CHECK:

MEMBER'S NAME (print or type)	CAP MEMBER EXP DATE	CHARTER NO	AIRCRAFT
TYPE CHECK: (Check all satisfactorily completed flight checks) <input type="checkbox"/> Initial <input type="checkbox"/> Cadet Orientation <input type="checkbox"/> Other _____ <input type="checkbox"/> Annual Standardization <input type="checkbox"/> Instructor/Check Pilot			
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. 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 FAA Private Practical Test Standards represent the minimum performance expected in good flying conditions.			
I. ORAL DISCUSSION		V. GROUND LAUNCH (AUTO OR WINCH)	
A. CAPF 5 Written Exam		A. Visual Signals	
B. Review CAPR 60-1 & Supplements		B. Normal & Crosswind Takeoffs	
C. Review Flight Release Procedures		C. Ground Launch Abnormal Occurrences	
D. Review CAPF 9 Requirements		VI. IN-FLIGHT MANEUVERS	
E. Local Procedures		A. Straight Glide	
II. PREFLIGHT PREPARATION		B. Turns to Headings	
A. Certificates & Documents		C. Steep Turns	
B. Obtaining Weather Information		D. Maneuvering at Critical Slow Airspeed	
C. Flight Instruments & Systems		E. Stall Recognition and Recovery	
D. Determine Performance & Limitations		VII. PERFORMANCE AIRSPEEDS	
E. Flight Preparation & Planning		A. Minimum Sink Airspeed	
F. Equipment		B. Speed-to-fly	
G. Aeromedical Factors		VIII. SOARING TECHNIQUES	
III. GROUND OPERATIONS		A. Thermal Soaring	
A. Assembly		B. Ridge and Slope Soaring	
B. Visual Inspection		C. Wave Soaring	
C. Ground Handling		IX. APPROACHES AND LANDINGS	
D. Pre-takeoff Check		A. Traffic Pattern	
E. Post-flight Procedures		B. Normal and Crosswind Landings	
F. Takeoff Briefing		C. Slips to Landing	
IV. AEROTOW LAUNCH		D. Downwind landing	
A. Visual Signals		E. Simulated Off-airport Landings	
B. Normal & Crosswind Takeoffs		X. SAFETY AWARENESS	
C. Maintaining Tow Position		A. Clearing	
D. Slack Line Procedures		B. Collision Avoidance	
E. Boxing the Wake		C. Checklist Usage	
B. Tow Release		D. Stall / Spin Awareness	
C. Aerotow Abnormal Occurrences		E. Vigilance, Risk Management & Judgement	
BFR DATE: _____ FAA Pilot Certificate No: _____			
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) <input type="checkbox"/> Has demonstrated proficiency required to fly the indicated aircraft. <input type="checkbox"/> Not qualified. Requires additional training and recheck. <input type="checkbox"/> Has demonstrated proficiency required to be a cadet orientation pilot. <input type="checkbox"/> Has a current CAPR 60-1 and is aware of the Statement of Understanding requirements.			
COMMENTS:			
DATE:	FLIGHT TIME:	EVALUATOR'S NAME & CERT NO:	EVALUATOR'S SIGNATURE:
NAME & GRADE OF UNIT OPERATIONS OFFICER:		SIGNATURE:	DATE:

STATEMENT OF UNDERSTANDING
1 January 1992

In order to fly CAP aircraft, I understand I must meet Federal Aviation Administration and CAPR 60-1, *Flying, CAP Flight Management*, requirements. I understand that these directives are changed from time to time and it is my responsibility to know and comply with these changes. I also understand that violation of these requirements may result in action being taken against me under the provisions of CAPR 60-1 and CAPR 62-2, *Safety, Mishap Reporting and Investigation*. I understand the provisions of CAPR 62-2 and CAPR 900-5, *The CAP Insurance/Benefits Program*, regarding liability for damage to CAP property.

Signature

Date

NOTE: A copy of this statement will be retained in the pilot's flight records.

GLIDER QUESTIONNAIRE

Name: _____ Grade: _____ CAPID: _____

Unit: _____ Date: _____

Check Pilot: _____ Grade: _____ CAPID: _____

Score: _____ Type/Model Aircraft: _____

Complete this open-book questionnaire using the *Flight Manual/Pilot's Operating Handbook*. If a question or part of a question is not applicable, write in NA. Prior to the flight the check pilot will review the questionnaire with the examinee. All questions will be corrected to 100%. The corrected questionnaire will be filed in the pilot's flight records.

1. List the airspeed for the following flight characteristics and limitations:

	Solo	Dual
a. Best Glide Speed	_____	_____
b. Minimum Sink Speed	_____	_____
c. Stall Speed (straight ahead)	_____	_____
d. Stall Speed (30-degree bank)	_____	_____
e. Maximum Aero Tow Speed	_____	_____
f. Maximum Auto/Winch Tow Speed	_____	_____
g. VNE (velocity not to exceed)(redline)	_____	_____
h. Va (maneuvering speed)	_____	_____
i. Pattern Speed	_____	_____

2. Give your immediate action for a rope or cable break?

3. Explain your plan for a rope/cable break at the following altitudes:

- a. Below 200 feet agl, above ground level. _____
- b. Above 200 feet agl, above ground level. _____
- c. Above 800 feet agl, above ground level. _____

4. Define "ABCCCD":

- A _____
- B _____
- C _____
- C _____
- C _____
- D _____

5. Define "STALL" or "USTALL":

- U _____
- S _____
- T _____
- A _____
- L _____
- L _____

6. What is the maximum demonstrated takeoff/landing crosswind component? _____

7. List and explain the steps in spin recovery?

8. What is the minimum front/single seat weight? _____

9. Maximum gross takeoff weight is _____ pounds. Empty weight is _____ pounds.
Useful load is _____ pounds.

10. Complete a weight and balance problem using both your and your check pilot's weights.