

CASC - Simulator Flight Test Report

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NAME OF APPLICANT						FLYING
						DUAL
NAME OF INSTRUCTOR RECOMMENDING FLIGHT TEST					DATE	
NAME OF EXAMINER					DAY	MONTH
FLIGHT TRAINING UNIT						
LOCATION OF FLIGHT TEST						
SIMULATOR TYPE		REGISTRATION		BREIFING POINTS/QUESTIONS		
TEST CATEGORY		BASIC ()				
		ADVANCED ()				
		INSTRUCTOR ()				
EXERCISE				MARK	REMARKS	
1	A. Documents and Airworthiness Knowledge		(1) (2) (3) (4) (5)			
	B. Pre-flight Inspection		(1) (2) (3) (4) (5)			
	C. Engine Start/Run-up/Check List		(1) (2) (3) (4) (5)			
	D. Taxing		(1) (2) (3) (4) (5)			
2	Level Flight		(1) (2) (3) (4) (5)			
3	Turns		(1) (2) (3) (4) (5)			
4	***Take off		(1) (2) (P) (4) (5)			
5	***Circuit		(1) (2) (P) (4) (5)			
6	***Landing		(1) (2) (P) (4) (5)			
7	***Emergency Procedures Knowledge		(1) (2) (P) (4) (5)			
8	***Radio Communications Knowledge		(1) (2) (P) (4) (5)			
FINAL ASSESSMENT		MARK REQ'D= 30	PASSED	FAILED	MARK	WEATHER CONDITIONS
*** Must pass or fail 3 minimum to pass		BASIC	()	()		(SIMULATED)
		ADVANCED				
		INSTRUCTOR				
EXAMINER'S SIGNATURE						

