

Instrument Proficiency Check

Name: _____ Date of present Check: _____
Certificate # and Rating: _____ Date of last Check: _____
Class of Medical: _____ Date of Medical: _____
Total Flight Time: _____ Time in Type: _____
Total Instrument Time (Hours): _____, Simulated: _____, Actual: _____, Simulator: _____
Last 180 Days: _____
Approaches/Last 180 Days: Precision: _____, Non-precision: _____
Aircraft to be used: _____ Registration: _____
Location of Check: _____

I. Knowledge Portion of Proficiency Check:

- A. FAR Part 91 Review
 - Subpart B (Instrument Flight Rules)
 - Subpart C (Equipment, Instrument and Certificate Requirements)
 - Subpart E (Maintenance)
- B. Instrument en route and approach charts, including SID's and STAR's
- C. Weather analysis and knowledge
- D. Preflight planning, performance data, fuel, alternate, NOTAM's and FAA publications
- E. Aircraft Systems as related to IFR operations
- F. Aircraft flight instruments and navigation equipment, primary and supporting instruments, scanning
- G. Emergency procedures, lost communication procedures
- G. Airworthiness status of aircraft and avionics for IFR flight
- H. ATC procedures, clearances, pilot/controller responsibilities

II. Skill Portion of Proficiency Check (includes locations):

- A. Instrument cockpit check, checklists
- B. Intercepting/tracking VOR/NDB
- C. Steep turns
- D. Recovery from unusual attitudes
- E. Basic attitude instrument flying (full and partial panel), compass & timed turns
- F. VOR approach
- G. NDB approach
- H. ILS approach
- I. Holding procedure
- J. Missed approach procedure
- K. Circling approach procedure

III. Completion of Review

Duration of knowledge portion: _____ hours, duration of skill portion: _____ hours.

Remarks: _____

I have received an instrument competency check, which consisted of the knowledge review and skill demonstration of the procedures noted above.

Signature of the pilot: _____ Date: _____