CAP MISSION PILOT CHECKOUT			DATE OF FLIGHT CHECK:		
MEMBER'S NAME (print or type)	CAPID		FAA CERTIFICATE NO.	CHAPTER NO.	
MEMBER'S ADDRESS (print or type)	LAST CAPF 5		DATE CAPF 101 ISSUED	CAP ROP NO. (as req)	
I. ORAL DISCUSSION	1			•	
A. CAPF 116 Written Exam Passed (Initial only)		VI. EMERGENCY PROCEDURES			
B. Mission Base Procedures		A. Low Altitude Engine Failure			
(Sign In, Flight Plans, Reimbursement Forms)		B. Ditching			
C. Air-to-ground Signals		C. Landing on Unprepared Surface			
D. Mission Safety Principles		D. Deteriorating Weather			
E. CAP Radio Procedures (as req)		VII. MISSION FLIGHT MANEUVERS			
F. Individual & Crew Equipment/Clothing		A. 720 Steep Turns			
G. Search Procedures		B. Turns About a Point			
H. Map and Chart Reading		C. Message Drop Procedure (verbal)			
II. PREFLIGHT PLANNING		D. Airspeed Control			
A. Determine Performance Limitations		E. Low Speed Maneuvering			
			F. Low Level Navigation (without elec nav aids)		
C. Gridded Sectional		G. Judgement			
D. Observer Briefing		VIII. SAFETY AWARENESS			
E. Fuel Planning & Reserve		A. Clearing and Collision Avoidance			
F. Ground Team Coordination		B. Vigilance			
III. VISUAL SEARCH PATTERNS & PROC		C. Cockpit Resource Management			
A. Locate Grid or Area (without electronic aids)		D. R	isk Management		
B. Establish Search Altitudes					
C. Parallel Search Procedures D. Creeping Line Search Procedures					
E. Expanding Square Search Procedures					
F. Ground Team Coordination					
IV. ELECTRONIC SEARCH PATT & P	ROC				
A. Locate Starting Point (with & without elec. aid					
B. Establish Appropriate Search Altitudes					
C. VHF-DF Procedures					
D. Wing Null Procedures					
E. Aural (build-fade) Procedures					
V. MOUNTAINOUS TERRAIN PROCEDURES					
A. Locate Grid/Area (with & without elec nav aid	s)				
B. Establish Search Altitude					
C. Contour Search Procedures D. Canyon Search Procedures					
E. Ridge Crossing Procedures					
F. Communications Procedures					
G. Wind/Updrafts/Downdrafts					
H. Mountain Wave Effect					
I certify that I have administered a cap mission pilot flight check as indicated and that the above named member:					
Has demonstrated proficiency required to fly as a mission pilot, see reverse for applicable comments.					
Has demonstrated proficiency required to fly as a mission check pilot (if applicable, use reverse side for additional comments).					
Is not qualified manying additional training and raphase. Say requires for anyone for					
Is not qualified, requires additional training and recheck. See reverse for comments.					
DATE FLIGHT TIME EVALUATOR'S NAME & GRADE EVALUATOR'S SIGNATURE					
NAME & GRADE OF UNIT OPERATIONS OFFICER SIGNAT		TURE		DATE:	
	51GIUL				
				CONCUR NON CONCUR	
CAP FORM 91, NOV 01 PREVIOUS EDD	TIONS WILL N	OT BE US	ED AFTER 31 MAR 02	OPR/ROUTING: DO	