

CO-PILOT TEST (DAY/ NIGHT) (for non-jet aeroplanes above 1500Kgs) JET TRANSPORT AIRCRAFT

COMPANY NAME:..... DATE.....

PILOT UNDER CHECK : Aircraft/ Sim Type:.....
(Name)

EXAMINER: Registration:.....
(Name)

FLIGHT TIME (duration):..... Place of test:.....

Take -off time (IST/UTC):..... SUNRISE(IST).....
Chokes Off

Landing (IST/UTC):..... SUNSET(IST).....
Chokes On

NO. OF LANDINGS carried out by Day/ Night (minimum six):.....

OPERATION BY DAY/ NIGHT		ASSESSMENT
1.	Cockpit Preparation for departure	
2.	Takeoff	
3.	Instrument let down with or without Flight Director	
4.	Visual circuits with all engines operative.	
5.	Visual Circuits with one engine Inoperative.	
6.	Simulated engine failure in stabilized flight (using alternate engine(s))	
7.	Any other exercise as applicable (please specify name of exercise)	
	a) Use of FMGC	
	b) Use of ECAM	
	c) Use of AP/ FD modes	
	d) Auto Thrust Mode	
	e)	
8.	Full stop landing	
9.	CRM	
ASSESSMENT:		AS- Above Standard S- Standard BS- Below Standard
COMMENTS:		Certificate that I have more than 10 (Ten) hours of P.I.C experience on type during preceding 30Days and I have exercised the privileges of examiner on type in preceding six months DGCA APPROVED EXAMINER (Signature)

PILOT UNDER CHECK
(Signatures below)

Certified that the above information
has been verified from the relevant
records.

Countersigned By Aerodrome Officer

Note: use separate form for day and night.