

# AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

## F004 Flight Review



ABN 53 412 417 012

Applicant: \_\_\_\_\_ Pilot's Membership No: **A**

General format should consist of flight preparation, pre-flight, start-up, prerotation, taxi, take-off, climb out, circuit, approach, landing, take-off, climb to 500 ft, conduct air exercises, power off to safe idle RPM overhead strip, landing power off to a full stop, taxi to shut down, rotor braking, securing aircraft.

<input type="checkbox"/> Pre-flight Inspection	<input type="checkbox"/> Start-up	<input type="checkbox"/> Pre-rotation
<input type="checkbox"/> Taxiing	<input type="checkbox"/> Take-off	<input type="checkbox"/> Climb out
<input type="checkbox"/> Circuit Pattern	<input type="checkbox"/> Approach	<input type="checkbox"/> Power Off Landing
<input type="checkbox"/> Aborted Take-off with power (Instructor discretion)	<input type="checkbox"/> Rotor Management	

### Exercises (500-1000 Ft)

Exercise 1	Conduct a 360 Deg turn left followed by a 360 Deg turn right	
<input type="checkbox"/> Lookout	<input type="checkbox"/> Speed Held	<input type="checkbox"/> Altitude Held
Exercise 2	From cruise, conduct a smooth transition to flight behind the power curve, (gentle sinking, nose not too high) recover with minimal loss of altitude	
<input type="checkbox"/> Transition to behind power curve	<input type="checkbox"/> Flight behind power curve	<input type="checkbox"/> Recovery

### Radio and Airmanship

<input type="checkbox"/> Use of Radio	<input type="checkbox"/> General Airmanship
<input type="checkbox"/> Video Supplied (Head of Flight Operations (HOFO) approval required)	
Camera Operators Name: _____	
<input type="checkbox"/> Date of AMSA Registration (Pilots with XC Endorsement): _____ / _____ / _____	
<input type="checkbox"/> ASRA HF Exam and CASA Video	
<input type="checkbox"/> Re-assessment of all endorsements (Applicable for members with a BFR >3 years old)	
<input type="checkbox"/> Record current flight hours of applicant: _____	

### Flight Review Recommendation:

<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Re-training and Re-test	
Comments:     	
Instructor's Name: _____	Membership No: <b>A</b>
Signature: _____	Date: _____

### Notes

1. May be conducted by ASRA Instructor or higher for Pilot Certificate Ratings.
2. Instructor Flight Reviews are conducted by the HOFO or authorised delegate.
3. In special circumstances (e.g. remoteness), **with prior approval from the HOFO**, an acceptable observation video of the flight may be presented.