

# Assessment Checklist (Note examples of personal minimums are shown as an aid to creating your own)

Summary of Training		Yes	No	N/A
Do I have a current flight review?				
Am I current to carry passengers?				
Am I instrument current?				
Have I had an appropriate airplane checkout?				
Have I had recent refresher training?				
Have I had a mountain checkout?				
Experience	Personal Minimums	Yes	No	N/A
Hours in Specific Airplane	10			
<b>Last 30 Days</b>				
• Hours	6			
• Landings	6			
<b>Last 6 months</b>				
• Night Hours	6			
• Night Landings	6			
• Strong Crosswind/Gusty Landings	2			
• IFR Hours (Simulated)	3			
• IFR Hours (Actual)	1			
• Approaches	3			
• Mountain Flying Hours	1			
Limitations		Yes	No	N/A
<b>Are the weather conditions for my flight within my personal limitations?</b>				
• Minimum Ceiling and Visibility (Day VFR)	2000/10			
• Minimum Ceiling and Visibility (Night VFR)	5000/15			
• Maximum Surface Wind Speed and Gusts	15G20			
• Maximum Direct Crosswind	10			
• Minimum IFR Approach Ceiling and Visibility	500/2			
Fitness – I'M SAFE				
Illness — Am I healthy?				
Medication — Am I free of prescription or over-the-counter drugs?				
Stress — Am I free of psychological pressure from the job, worries about financial matters, health problems, or family discord?				
Alcohol — Have I abstained from having any alcohol for at least the previous 24 hours?				
Fatigue — Did I get at least seven hours of sleep?				
Eating — Am I adequately nourished?				

Risk Management Assessment Total All Columns