

<p>XV. MOUNTAIN FLYING ORAL DISCUSSIONS S U V NP</p> <p>A. Mountain Weather <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Effect of Density Altitude <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. Orographic Effects on Wind <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. Route Planning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E. Oxygen Regulations & Use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>F. One-way, Obstructed, High Altitude Airport <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>G. Survival / Rescue Equipment & Techniques <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>XVI. MOUNTAIN PREFLIGHT PLANNING S U V NP</p> <p>A. Planning & Route <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Density Altitude Considerations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. Aircraft Loading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. Weather Briefing & Analysis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E. Oxygen Equipment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>F. Implications for IFR Operations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>XVIII. MOUNTAIN FLIGHT OPERATIONS S U V NP</p> <p>A. Recognition and Use of Orographic Lift <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Recognition of Areas of Lift and Sink <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. Proper Ridge Crossing Techniques <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. Proper Mountain Pass Techniques <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E. Planning for Emergencies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>XIX. MOUNTAIN NAVIGATION S U V NP</p> <p>A. Use and Limitations of Nav aids <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Use of Sectional Charts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. Use of Compass/DG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. Magnetic Variation and its Limits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E. Use of Major Terrain Features <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>XX. MOUNTAIN EMERGENCY PROCEDURES S U V NP</p> <p>A. Deteriorating Weather <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Engine Failure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. Partial Power Loss <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. Inability to Maintain Altitude (downdraft) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E. Inability to Attain Altitude (density altitude) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>XXI. MULTI ENGINE PROCEDURES S U V NP</p> <p>A. Engine Failure During T.O. Below VMC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Engine Failure After Liftoff <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. Maneuvering w/ 1 Engine Inop <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. Approach & Landing w/ 1 Engine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E. VMC Demonstration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>F. Instrument Maneuvers w/ 1 Engine Out <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>G. Instrument Approach w/ 1 Engine Out <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>XVII. MOUNTAIN AIRPORT OPERATIONS S U V NP</p> <p>A. High Altitude Takeoffs & Landing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. One-Way Takeoff and Landing (terrain) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. One-Way Takeoff and Landing (gradient) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

REVIEW OF CERTIFICATES AND DOCUMENTS (VERIFIED BY INSTRUCTOR PILOT)

FAA PILOT CERT NUMBER	DATE OF LAST FLIGHT REVIEW	INSURANCE PROVIDER
MEDICAL CLASS	MEDICAL EXAM DATE	PILOT BIRTH DATE

I certify that I have read and understand all applicable Federal, and State regulations pertaining to flying subject aircraft. I acknowledge any restrictions or training requirements stated on this checkout. I also understand that maintaining currency, recurring requirements, and compliance with applicable operational guidance is my personal responsibility.

DATE	PILOT NAME	SIGNATURE
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I certify that I have administered this OpenAirplane Universal Pilot Checkout indicated and that the above named pilot has demonstrated the proficiency required to fly the indicated aircraft.

DATE	INSTRUCTOR PILOT NAME	SIGNATURE
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CFI EXP DATE	CFI CERTIFICATE NUMBER
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COMMENTS