

## CIVIL AVIATION AUTHORITY, PAKISTAN ROUTE CHECK REPORT – ON AIRCRAFT

CAAF-029-RGLC-1.1 1<sup>st</sup> May, 2015

Ref No		

NAME of A	PPLICANT	TYPE RATING CHK	ANNUAL CHECK		
As CAPTAIN	As CO-PILOT	STAFF No.	LIC TYPE / No.	A/C TYPE	COMPANY
PNF/PM DURING	CHECK FLIGHT	LIC No.	OTHER CREW	LIC No.	DATE
Note: Strike out which	hever is not applicable	e. Use blue ink or blue	ballpoint pen for fillin	g the Form.	

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		Exercise	Oral	A/C		Exercise	Oral	A/C
1.	FL	T PLAN / MANUALS / DOCs			10.	FUEL MANAGEMENT		
	a)	Weather Reports / NOTAMs / CFP				a) Fuel Monitoring		
	b)	Route Manuals – Updated				b) Fuel Scoring		
	c)	Personal Documents				c) Fuel Leak Procedures		
	d)	A/C Manuals – Updated				d) Fuel Balancing Procedure		
2.	PR	E-FLIGHT DUTIES			11.	USE & OPERATION OF:		
	a)	Cabin Crew Briefing				a) Weather Radar		
	b)	Aircraft Document				b) TCAS		
	c)	Weather / ATIS				c) EFIS		
	d)	Weight & Balance			12.	INSTRUMENT FLYING		
	e)	Aircraft Exterior Inspection				a) General		
3.	CO	CKPIT PREPARATION				b) ILS		
	a)	Cockpit Set Up				c) VOR/NDB		
	b)	Engine Start				d) RNAV / GPS Approaches		
	c)	Use of Checklist/QRH			13.	APPROACH & LANDING		
4.	TΑ	XYING				a) Day		
	a)	Taxi & Taxi Checks				b) Night		
	b)	ATC Procedures / Clearance / SID				c) Circling Approach		
	c)	De-Icing Procedures (If applicable)				d) Visual Approach		
5.	TA	KE OFF			14.	AT CHECK PILOT'S DISCRETION		
	a)	Day				a)		
	b)	Night				b)		
6.	DE	PARTURE				c)		
	a)	Visual / Radar Heading			15.	GENERAL ASSESSMENT		
	b)	Instrument – SID				a) Crew Co-ordination / CRM		
7.	NA	VIGATION				b) Flight Deck Management		
	a)	By Dead Reckoning				c) Procedural Execution & Adherence		
	b)	By Radio Aids				d) Decision Making / Problem Resolving		
	c)	By INS / IRS / GPS / FMS				e) Airmanship		
8.	US	E OF FMS/FMGS				f) Situational Awareness		
9.	EN	-ROUTE PROCEDURES				g) Aircraft Technical Knowledge		
	a)	Cruise Control				h) Jeppesen Knowledge		
	b)	R/T Procedures				i) Adherence to SOPs		
	c)	Position Reporting			16.	EMERGENCY PROCEDURES		
	d)	Rough Air Technique				a) Memory Items		
	e)	Use of Anti Icing				b) Emergency Duties		
	f)	Weather Judgement				c) Emergency Equipment Location		ı

S. No. SECTOR BLKS OFF TAKE OFF LANDING BLKS ON BLK TIM  1. 2. 3. 3. 3. 4 Valid PCAA Medical & License (ATPL/CPL) SB : Satisfactory SB : S	AIRCRAF1	T TYPE		REGN N	0:	FLT. NO.		
Grading S: Satisfactory SB: Satisfactory SB: Satisfactory SB: Satisfactory SB: A Valid PCAA Medicial & License (ATPL/CPL) U: Un-Satisfactory Note: More than five (05) SBs shall render the Route Check as "Unsatisfactory"  REMARKS BY DCP / DE: Note: Continuation may be done on extra sheet – if required. All "SB" and/or "U" shall be explained.  REMARKS BY CAA INSPECTOR (If Applicable)  CERTIFICATION & RECOMMENDATION: Certified that above candidate's Deformance is  Satisfactory Unsatisfactory  Unsatisfactory  ISSUE CAPTAIN DOMESTIC MNPS / EDTO RENEWAL CO-PILOT REGIONAL EUROPE		SECTOR		BLKS OFF	TAKE OFF	LANDING	BLKS ON	BLK TIME
Examiner Must Ensure that the Trainee has:   Satisfactory   Sati								
a) A Valid PCAA Medical & License (ATPL/CPL) BS : Satisfactory with Briefing b) A Valid Under Supervision Flying Permit (if Applicable) U : Un-Satisfactory b) A Valid Under Supervision Flying Permit (if Applicable) U : Un-Satisfactory b) A Valid Under Supervision Flying Permit (if Applicable) Training Folder & Trainee released for Check (if Applicable) Training Folder & Trainee released for Check (if Applicable) Training Folder & Trainee released for Check (if Applicable)  REMARKS BY DCP / DE: Note: Continuation may be done on extra sheet – if required. All "SB" and/or "U" shall be explained.  REMARKS BY CAA INSPECTOR (if Applicable)  CERTIFICATION & RECOMMENDATION: Certified that above candidate's Satisfactory Unsatisfactory Unsatisfactory  ISSUE CAPTAIN DOMESTIC MNPS / EDTO RENEWAL CO-PILOT REGIONAL EUROPE	3.							
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LIC TYPE & No.

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SIGNATURE OF DCP / DE

SIGNATURE OF CAA INSPECTOR

(If Applicable)