



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

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

Ref. No. 

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NAME of APPLICANT		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 whichever is not applicable. Use blue ink or blue ballpoint pen for filling the Form.**

Exercise			Exercise		
	Oral	A/C		Oral	A/C
<b>1. FLT PLAN / MANUALS / DOCs</b>			<b>10. FUEL MANAGEMENT</b>		
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		
<b>2. PRE-FLIGHT DUTIES</b>			<b>11. USE &amp; OPERATION OF:</b>		
a) Cabin Crew Briefing			a) Weather Radar		
b) Aircraft Document			b) TCAS		
c) Weather / ATIS			c) EFIS		
d) Weight & Balance			<b>12. INSTRUMENT FLYING</b>		
e) Aircraft Exterior Inspection			a) General		
<b>3. COCKPIT PREPARATION</b>			b) ILS		
a) Cockpit Set Up			c) VOR/NDB		
b) Engine Start			d) RNAV / GPS Approaches		
c) Use of Checklist/QRH			<b>13. APPROACH &amp; LANDING</b>		
<b>4. TAXYING</b>			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		
<b>5. TAKE OFF</b>			<b>14. AT CHECK PILOT'S DISCRETION</b>		
a) Day			a)		
b) Night			b)		
<b>6. DEPARTURE</b>			c)		
a) Visual / Radar Heading			<b>15. GENERAL ASSESSMENT</b>		
b) Instrument – SID			a) Crew Co-ordination / CRM		
<b>7. NAVIGATION</b>			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		
<b>8. USE OF FMS/FMGS</b>			f) Situational Awareness		
<b>9. EN-ROUTE PROCEDURES</b>			g) Aircraft Technical Knowledge		
a) Cruise Control			h) Jeppesen Knowledge		
b) R/T Procedures			i) Adherence to SOPs		
c) Position Reporting			<b>16. EMERGENCY PROCEDURES</b>		
d) Rough Air Technique			a) Memory Items		
e) Use of Anti Icing			b) Emergency Duties		
f) Weather Judgement			c) Emergency Equipment Location		

AIRCRAFT TYPE		REGN NO:		FLT. NO.		
S. No.	SECTOR	BLKS OFF	TAKE OFF	LANDING	BLKS ON	BLK TIME
1.						
2.						
3.						

**Grading**

**S** : Satisfactory  
**SB** : Satisfactory with Briefing  
**U** : Un-Satisfactory  
**Note.** : More than five (05) SBs shall render the Route Check as "Unsatisfactory"

**Examiner Must Ensure that the Trainee has:**

- a) A Valid PCAA Medical & License (ATPL/CPL)
- b) A Valid Under Supervision Flying Permit (If Applicable)
- c) 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 performance is

Satisfactory
Unsatisfactory

and

Recommend
Not Recommend

the following:

ISSUE	CAPTAIN	DOMESTIC	MNPS / EDTO
RENEWAL	CO-PILOT	REGIONAL	EUROPE
		INTERNATIONAL	CHINA

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF DCP / DE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
LIC TYPE & No.

\_\_\_\_\_  
SIGNATURE OF CAA INSPECTOR  
(If Applicable)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
LIC TYPE & No.