

JAXNFC CHECK OUT EVALUATION FORM - NIGHT

Name	Make/Model	Date	Purpose	CFI
			NIGHT	

Hours: Total: _____ **Last 90 Days:** _____ **Night Total:** _____ **Night Last 90 Days:** _____

ADMIN	Unusual Attitudes
JNFC SOP	AIRPORT OPERATIONS
Flight Planning, Weather, NOTAMS	Landing Pattern Procedures
Aircraft Systems and Lighting	Pilot Controlled Lighting
FAR Night Air Worthiness Requirements	LANDING
FAR Night Fuel Requirements	Normal Approach & Landing Procedure
Airport Lighting	Three full stop landings (1 hour after sunset/before sunrise)
GROUND OPERATIONS	Go Around Procedure
Cockpit Set-Up	SAFETY AWARENESS
Preflight Inspection	Taxi Vigilance
Cockpit Management / Preflight	Runway Incursion Avoidance
GROUND OPERATIONS	Collision Avoidance
Taxi Procedures	Situational Awareness
TAKE-OFF	VERBAL DISCUSSION
Normal Procedures	Diversion
Three night take-offs (1 hour after sunset/before sunrise)	Engine Fire
NAVIGATION	Electrical Fire
Pilotage / Dead-Reckoning	Electrical Failure
VOR Navigation	Engine Failure: Takeoff, Enroute, Landing
GPS Use / Navigation	Unsafe Landing Gear
VISUAL REFERENCE MANEUVERS	Vacuum Pump Failure

GRADE: S = Satisfactory U = Unsatisfactory N/A = Not Applicable

Pilot Signature: _____ **Date:** _____

CFI Endorsement: I certify that I have administered a JNFC make/model night check out and find the pilot qualified / not qualified in the aircraft flown. **Comments:**

CFI Signature: _____ **Date:** _____