

Preflight Risk Assessment

Pilot name _____ Aircraft _____ Date _____ Start time _____

METAR (weather now) _____

TAF (forecast while flying & where landing) _____

NOTAMS

Before each flight, assess each of the following conditions and assign a numerical rating of 1 to 5 in the right-hand (Rating) column. Add up the entries in the Rating column to obtain an overall risk estimate, and see where it falls in the CLEAR/CAUTION/WARNING risk score chart below.

	1	2	3	4	5	Rating
Terrain	Flat Urban		Flat Remote		High Rugged Remote	
Crew members	Pilot & Instructor	Pilot & Co-pilot	Pilot - Solo			
Day/Night	Day		Night – Full Moon		Night – No Moon	
Rating	CFI/ATP	Comm'l	PPL with Instrument	PPL	Student	
Rest in last 24 hrs	>7 hrs	6-7 hrs		3-5 hrs	<3 hrs	
Visibility	> 15 miles	10-15 miles	6-9 miles	3-5 miles	<3 miles	
Ceiling	> 10,000	5,000 – 9,000	3,000 – 4,000	1,000 – 2,000	< 1,000	
Surface Winds including gusts	0-5 kts	6-10 kts	11-15 kts	16-20 kts	>20 kts	
Crosswind - Departure	0-5 kts	6-10 kts	11-15 kts	16-20 kts	>20 kts	
Crosswind – Destination	0-5 kts	6-10 kts	11-15 kts	16-20 kts	>20 kts	
Weather stability	Stable		Slow deterioration		Rapid deterioration	
Destination airport familiarity	Yes		No			
Hours in aircraft type	>200	151-199	100-150	50-99	<50	
Hours in last 90 days	>20	15-20	10-14	5-9	<5	
Total Hours	>2,000	501-2,000	251-500	100-250	<100	
Total Risk Score>>>>>						
CLEAR: No unusual hazards. Use normal flight planning and established personal minimums and operating procedures.						14-30
CAUTION: Somewhat riskier than usual. Conduct flight planning with extra care. Review personal minimums and operating procedures to ensure that all standards are being met. Consider alternatives to reduce risk.						31-47 or a 5 in any row
WARNING: Conditions present much higher than normal risk. Conduct flight planning with extra care and review all elements to identify those that could be modified to reduce risk. If available, consult with more experienced pilot or instructor for guidance before flight. Develop contingency plans before flight to deal with high risk items. Decide beforehand on alternates and brief passengers and other crewmembers on special precautions to be taken during the flight. Consider delaying flight until conditions improve and risk is reduced.						48-63 or a 5 in any 2 rows

Solo Student Worksheet

Please circle one of the following:

Time out: _____ Traffic Pattern Practice Area Local Area Airport (25 nm)

Return time: _____ Cross country Route of flight if not in pattern: _____

By signing this form, I (student) acknowledge that I have read, understand, and will abide by the rules, safety procedures, and practices.

Student signature: _____

Name of primary instructor: _____

Instructor signature: _____

Office use only: Medical Solo/90 day Within 25 nm Within 50 nm X/C Solo

Landings at _____ ; _____ ; _____