

RISK ASSESSMENT

Pilot's Name **Flight From** **To**

SLEEP

1. Did not sleep well or less than 8 hours 2

2. Slept well 0

HOW IS THE DAY GOING?

1. Seems like one thing after another (late, making errors, out of step) 3

2. Great day 0

HOW DO YOU FEEL?

1. Have a cold or ill 4

2. Feel great 0

3. Feel a bit off 2

IS THE FLIGHT

1. Day? 1

2. Night? 3

WEATHER AT TERMINATION

1. Greater than 5 miles visibility and 3,000 feet ceilings 1

2. At least 3 miles visibility and 1,000 feet ceilings, but less than 3,000 feet ceilings and 5 miles visibility 3

3. IMC conditions 4

Column total

PLANNING

1. Rush to get off ground 3

2. No hurry 1

3. Used charts and computer to assist 0

4. Used computer program for all planning Yes 3
No 0

5. Did you verify weight and balance? Yes 0
No 3

6. Did you evaluate performance? Yes 0
No 3

7. Do you brief your passengers on the ground and in flight? Yes 0
No 2

Column total

LEFT COLUMN TOTAL + RIGHT COLUMN TOTAL = TOTAL SCORE

0 10 20 30

Not Complex Flight Exercise Caution Area of Concern Endangerment