

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

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

Column total

LEFT COLUMN TOTAL + RIGHT COLUMN TOTAL = TOTAL SCORE

