



**PAKISTAN
CIVIL AVIATION AUTHORITY
PERSONNEL LICENSING OFFICE**

FLIGHT ENGINEER'S ROUTE CHECK REPORT

CAAF-012-XXLC-2.0

ISSUE	RENEWAL	FLIGHT ENGINEER	DCFE A/B		Ref: <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
NAME			LIC NO. (If any)	COMPANY	

TYPE OF AIRCRAFT	STAFF NO.	DATE
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★ Fill only where applicable:

No	Exercise	Sat	Un-Sat	No.	Exercise	Sat	Un-Sat
1.	Flight Plan			10.	Check Flt. Engr. Discretion		
	a) Take-off Limitations				a) _____		
	b) Fuel Calculations				b) _____		
	c) Met, NOTAMS, etc.			11.	Emergency/Abnormal Procedures		
2.	Pre-flight duties				a) Check list Drill		
	a) Aircraft Tech. Library				b) Equipment Location		
	b) Aircraft Documents			12.	Non-Normal Procedures		
	c) Cockpit & Cabin			13.	Non-Normal Aircraft Performance		
	d) Exterior			14.	Airman Ship		
3.	Use of Check List			15.	Defect Reporting		
4.	Starting			16.	System Knowledge		
5.	Taxi			17.	Adverse Weather Procedures		
6.	Take-off			18.	Miscellaneous: -		
7.	Departures & Climb-out				a) Government Regulations		
8.	En-Route Procedures				b) Airline Policy		
	a) Fuel Management				c) Fuel Policy		
	b) Cruise contrd				d) MEL/CDL/DDPG		
	c) Turbulence/Anti-icing				e) Trim Sheet		
9.	Crew co-ordination				f) Refuelling		

FAILURE ITEMS: 2, 3, 8, 11, 15, 17, 18

Use reverse for remarks, recommendation & authentication

AIRCRAFT TYPE		NO	ANY OTHER INFO			
a)	SECTOR	BLOCKS OFF	TAKE OFF	LANDING	BLOCK ON	TOTAL
b)	SECTOR	BLOCKS OFF	TAKE OFF	LANDING	BLOCK ON	TOTAL
c)	SECTOR	BLOCKS OFF	TAKE OFF	LANDING	BLOCK ON	TOTAL

(MIN TWO SECTORS REQUIRED FOR ROUTE CHECK)

REMARKS

CERTIFICATION & RECOMMENDATION

☆ *Strike out where not applicable:*

Certified that above candidate's performance is

satisfactory
unsatisfactory

 and

recommend
not recommend

 the following:

FLT. ENGR.
DC F/E – A/B

ISSUE
RENEWAL

ORAL

SIGNATURE OF CANDIDATE *(If briefed after a failure)*

SIGNATURE CHECK FLT.
ENGR.

NAME

LIC. NO.

SIGNATURE INSPECTOR
(if applicable)

NAME

LIC. NO.