

**11D PAM 1-201
COMMAND INSPECTION CHECKLIST**

FUNCTIONAL AREA: Training	CHAPTER: 9 SECTION: C	DATE OF REVISION: 1 SEP 02
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PROPONENT/PHONE NO: G3 Training 350-6101	PROGRAM/ACTIVITY/TOPIC (PAT) Aviation Management	UNIT INSPECTED/DATE:
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ITEM	GO	NO-GO
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<p>a. Are airports, heliports, and landing areas approved for flight operations? (AR 95-1)</p> <p>b. Are local flying rules in agreement with Federal, DOD, and DA policies? (AR 95-1)</p> <p>c. Are applicable safety regulations and special-use airspace operation guidance followed? (AR 95-1)</p> <p>d. Are violations of safety and special-use airspace guidance reported and investigated by appropriate personnel per Federal, DOD, and DA guidance? (AR 95-1)</p> <p>e. Are the policies, procedures and transportation eligibility requirements for Operational Support Airlift established in DOD regulation 4500.43 and DOD Directive 4515.13R being followed? (AR 95-1)</p> <p>f. Are the procedures for Operational Support Airlift prescribed in AR 95-1 and the Operational Support Airlift Command"OSA Guide"being adhered to? (AR 95-1)</p> <p>g. Are aircrew training programs carried out per applicable Army guidance to include flying hours and synthetic flight training? (AR 95-1, TC 1-210)</p> <p>h. Are personnel who do not meet proficiency requirements restricted from flight duty? (AR 95-1)</p> <p>i. Is aviation life support equipment available and maintained in accordance with applicable guidance? (AR 95-1)</p>		
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NOTE: ALL QUESTIONS ARE IN THE MANAGEMENT CONTROL PLAN AND ARE MANDATORY FOR AVIATION UNITS

Rating standard (Functional Area: Officer Professionalism Program)

- Commendable - 8-9 items a GO.
- Satisfactory – 6-7 items a GO.
- Needs Improvement - 5 items or less a GO.

Inspector's comments mandatory for all "NO GO" items. (Attach additional sheets if necessary.)

NOTES:

VERIFICATION

X _____
Unit POC's Signature, Name Rank, Date

X _____
Inspector's Signature, Name Rank, Date