

AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

F015 Training Facility Audit Checklist



ABN 53 412 417 012

Training Facility: **Location:**

Auditor: **Date:**

Instructor Name: **Membership Number: A.....**

Check current membership card		Check gyroplane maintenance records	
Check medical current solo/pax & instructor		Check Pax risk warning displayed	
Pilot log book records current		Check copies of student training records	
Check current version Ops Manual		Check instructor logbook matches student record	
Check current version of Instructor Manual		Check student competency summary complete scores & signatures	
Check student reference material used		Check student pilot statements kept & signed pre-solo	
Check white/blackboard available		Waiver form available/optional	
Check detailed map of airfield			
Check map of training area			
Check current gyroplane listing sticker			
Check gyroplane log book			

Areas for Improvement/Notes:

	Due Date

Auditor Signature: **Date:**

Return to ASRA Head of Flight Operations (HOFO) operationsmanager@asra.org.au