



PERSONAL MINIMUMS CONTRACT

PILOT

Experience/Recency

- Takeoffs & Landings: ____ in the last ____ days.
- Hours in make & model: ____ in the last ____ days.
- Inst. Approaches (sim or act): ____ in the last ____ days.
- Inst. Flight Hours (sim or act): ____ in the last ____ days.
- Terrain & Airspace: Be Familiar

Physical Condition

- Sleep: ____ hours in the last 24 hours.
- Food & Water: Ate within the last ____ hours.
- Alcohol: None in the last ____ hours.
- Medication: None in the last ____ hours.
- Stressful Events: None in the last ____ days.
- Illness: None in the last ____ days.

AIRCRAFT

Cross Country Fuel Reserves

- VFR Day: ____ hours. VFR Night: ____ hours. IFR Day: ____ hours. IFR Night: ____ hours.

Experience in Type

- VFR Takeoffs & Landings: ____ in the last ____ days.

Aircraft Performance

- Weight & Balance: Within Limits
- Density Altitude: Calculate & Confirm
- TOLD Performance: Review

ENVIRONMENT

Weather Planning

- Reports and Forecasts: Not more than ____ hours old.
- Freezing Level: _____.
- Convective Activity: _____.
- Icing Conditions: _____.

Departure Airport Conditions

- Max Crosswind: ____ % of Max POH.
- Max Total Wind: ____ kts.
- Minimum Rwy Length: ____ % More than POH.

Weather for VFR

- Ceiling: Day ____ feet. Night ____ feet. Visibility: Day ____ miles. Night ____ miles.

Weather for IFR

- Takeoff Minimums: Ceiling _____ feet. Visibility ____ mile(s).
- Precision Approaches: Ceiling: _____ feet above min. Visibility ____ mile(s) above min.
- Non-Precision Approaches: Ceiling: _____ feet above min. Visibility ____ mile(s) above min.
- Missed Approaches: No more than ____ before diverting.

EXTERNAL PRESSURES

Trip Planning

- Allowance for Delays: ____ minutes.

Diversion/Cancellation Alternate Plans

- Notify person(s) you are meeting.
- Passengers briefed on diversion or cancellation plan and alternatives
- Modification of reservations (Hotel, Car, Restaurant, etc.)
- Arrange alternative transportations (Airline, Car, etc.)

Personal Equipment

- Drivers License
- Pilot Certificates
- Medical Certificate
- Credit Card
- Contact Information
- Appropriate Clothing

Accountability

PILOT: _____ . DATE REVISED: _____ .

REVIEWED WITH: _____ . DATE REVIEWED: _____ .