



GO/NO GO SHEET

PILOT: _____

DATE: _____

PILOT		WEATHER
<p>Illness: Am I sick?</p> <p>Medication: Am I taking any medications that are not on the FAA's approved medications list?</p> <p>Stress: Am I experiencing excessive stress?</p> <p>Alcohol: Have I consumed any alcohol in the past 12 hours?</p> <p>Fatigue: Have I had enough rest today?</p> <p>Eating: Have I eaten today?</p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>	<p>Current (METAR) Time: Wind: Vis: Sky Cond: Temp/Dew Point: Altimeter: Density Alt:</p> <p>Forecast (TAF) Time: Wind: Vis: Sky Cond:</p>
<p>GO NO GO</p>		<p>GO NO GO</p>

AIRCRAFT	NOTAMS
<p>Tail Number: N _____</p> <p>Documents: A.R.R.O.W.</p> <p>Inspections: A.V.I.A.T.E. AD'S</p>	
<p>GO NO GO</p>	<p>GO NO GO</p>

	ALL "GO"?
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