

Lake Aircraft Insurance Program Initial and Recurrent Training Report

Pilot Name _____ Instructor Name _____
 Date of Training _____ Aircraft Reg. No. _____
 Location of Training _____
 Water and Weather Conditions _____

Pilot Hours: Total Logged Hours _____ Logged Hours in Lake(all models) _____
 Logged Hours in Make/Model _____ Make/Model Hours in Last 12 Mos. _____
 Water TOS/LDGS Last 12 Mos. _____

Instruction Hours Total Flight Time (est. 4.0 hrs) _____ Total Ground Instruction (est. 2.0 hrs) _____

Training Curriculum	Unsatisfactory	Satisfactory	
		Proficient	Needs Review
1. Aircraft Familiarization			
a. Preflight/Prefloat Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hydraulic, Electric and Fuel Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hull Construction and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flight Characteristics vs. Flight Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Survival Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Securing Aircraft (Land and Water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. V Speeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Weight and Balance (Before Takeoff/After Landing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. FARs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Water Operations (Classroom and Review)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Land Takeoffs and Landings			
a. Normal (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crosswind (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Short Field (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Soft Field (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rejected Takeoffs and Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Engine Out Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Basic Airwork			
a. Four Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Slow Flight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stall Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Water Takeoffs and Landings			
a. Normal, Step and Crosswind Takeoffs (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Step Taxi Takeoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Normal and Crosswind Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rough Water/Stall Landings (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Glassy Water Landings (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rejected Takeoffs and Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Bounce Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. High Density Altitude/Gross Weight Takeoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Water Operations (Practical)			
a. Confined Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Taxi (Displacement, Plow and Step)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mooring, Docking, Ramping and Beaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Water Loop Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hydraulic Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructor Critique

Pilot's Signature _____ Instructor's Signature _____