

## Instrument Rating IR(H)

**REPORT FORM FOR THE IR(H) SKILL TEST**  
*Approved application and report form for the Instrument rating Skill test and Proficiency check, according to JAR-FCL 2. section 9 ch. E*

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Skill Test        | <input type="checkbox"/> IR SE |
| <input type="checkbox"/> Proficiency check | <input type="checkbox"/> IR ME |

**LICENCE ENDORSEMENT (TYPE):**

Date of test:	Total Flight time:
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**TO BE COMPLETED BY APPLICANT**

Date of birth (yyyy-mm-dd)	State of issue	Licence no
Last name	First and middle names	
Street or Box	Postal code and city	
Country	Telephone	
Place, date and signature of applicant	E-mail address	

**TO BE COMPLETED BY FTO**

**TRAINING COMPLETED AND APPLICATION APPROVED**

Name of FTO							
Signature of Head of Training				Name in block letters			
Total time	Dual	Cross-country	Dual	Instrument time	Dual	Instrument ground time	
Multi engine	Dual	Night	Dual				

**RESULT OF THE TEST**

Final result:	Passed <input type="checkbox"/>	Partial Pass <input type="checkbox"/>	Failed <input type="checkbox"/>
<input type="checkbox"/> Temporary rating issued		<input type="checkbox"/> Temporary rating not issued	
I have entered the following details in the applicant's licence			
Rating	Date of test/check	Valid until	
Place and date: ..... Examiner authorisation number .....			
Signature of Examiner: .....			
Name in block letters: .....			

**TO BE COMPLETED BY EXAMINER**
**FOR OFFICIAL USE ONLY**

Beslut			
Beslutsdatum	Exp. datum	Avgift	Signatur

**Send to: Transportstyrelsen, Luftfartsavdelningen, Certifikat och examination, SE-601 73 Norrköping, Sweden**  
**Internet: [www.transportstyrelsen.se](http://www.transportstyrelsen.se)**

**TO BE COMPLETED BY EXAMINER**

**Before Skill Test**

Dual flight training	<input type="checkbox"/>	Valid CPL Medical Class 1	<input type="checkbox"/>
Pilot in Command	<input type="checkbox"/>	Valid PPL, Medical Class 2	<input type="checkbox"/>

**SECTION 1 DEPARTURE**

		Instructor's initials when training completed	Passed	Failed
a	Use of flight manual (or equivalent) especially aircraft performance calculation; mass and balance		<input type="checkbox"/>	<input type="checkbox"/>
b	Use of Air Traffic Services document, weather document		<input type="checkbox"/>	<input type="checkbox"/>
c	Preparation of ATC flight plan, IFR flight plan/log		<input type="checkbox"/>	<input type="checkbox"/>
d	Pre-flight inspection		<input type="checkbox"/>	<input type="checkbox"/>
e	Weather minima		<input type="checkbox"/>	<input type="checkbox"/>
f	Taxying/Air taxi in compliance with ATC or instructions of instructor		<input type="checkbox"/>	<input type="checkbox"/>
g	Pre-take off briefing, procedures and checks		<input type="checkbox"/>	<input type="checkbox"/>
h	Transition to instrument flight		<input type="checkbox"/>	<input type="checkbox"/>
i	Instrument departure procedures		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner's initials when test section completed .....		

**SECTION 2 GENERAL HANDLING**

		Instructor's initials when training completed	Passed	Failed
a	Control of the helicopter by reference solely to instruments, including:		<input type="checkbox"/>	<input type="checkbox"/>
b	Climbing and descending turns with sustained rate one turn		<input type="checkbox"/>	<input type="checkbox"/>
c	Recoveries from unusual attitudes, including sustained 30° bank turns and steep descending turns		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner's initials when test section completed .....		

**SECTION 3 EN-ROUTE IFR PROCEDURES**

		Instructor's initials when training completed	Passed	Failed
a	Tracking, including interception, e.g. NDB, VOR, RNAV		<input type="checkbox"/>	<input type="checkbox"/>
b	Use of radio aids		<input type="checkbox"/>	<input type="checkbox"/>
c	Level flight, control of heading, altitude and airspeed, power setting		<input type="checkbox"/>	<input type="checkbox"/>
d	Altimeter settings		<input type="checkbox"/>	<input type="checkbox"/>
e	Timing and revision of ETAs		<input type="checkbox"/>	<input type="checkbox"/>
f	Monitoring of flight progress, flight log, fuel usage, systems management		<input type="checkbox"/>	<input type="checkbox"/>
g	Ice protection procedures, simulated if necessary and applicable		<input type="checkbox"/>	<input type="checkbox"/>
h	ATC liaison and compliance, R/T procedures		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner's initials when test section completed .....		

**SECTION 4 PRECISION APPROACH**

Instructor's initials when training completed

Passed

Failed

a	Setting and checking of navigational aids, identification of facilities		<input type="checkbox"/>	<input type="checkbox"/>
b	Arrival procedures, altimeter checks		<input type="checkbox"/>	<input type="checkbox"/>
c	Approach and landing briefing, including descent/approach/landing checks		<input type="checkbox"/>	<input type="checkbox"/>
d*	Holding procedure		<input type="checkbox"/>	<input type="checkbox"/>
e	Compliance with published approach procedure		<input type="checkbox"/>	<input type="checkbox"/>
f	Approach timing		<input type="checkbox"/>	<input type="checkbox"/>
g	Altitude, speed, heading control, (stabilised approach)		<input type="checkbox"/>	<input type="checkbox"/>
h*	Go-around action		<input type="checkbox"/>	<input type="checkbox"/>
i*	Missed approach procedure / landing		<input type="checkbox"/>	<input type="checkbox"/>
j	ATC liaison – compliance, R/T procedures		<input type="checkbox"/>	<input type="checkbox"/>
* to be performed in Section 4 or Section 5				

Examiner's initials when test section completed .....

**SECTION 5 NON-PRECISION APPROACH**

Instructor's initials when training completed

Passed

Failed

a	Setting and checking of navigational aids, identification of facilities		<input type="checkbox"/>	<input type="checkbox"/>
b	Arrival procedures, altimeter checks		<input type="checkbox"/>	<input type="checkbox"/>
c	Approach and landing briefing, including descent/approach/landing checks		<input type="checkbox"/>	<input type="checkbox"/>
d*	Holding procedure		<input type="checkbox"/>	<input type="checkbox"/>
e	Compliance with published approach procedure		<input type="checkbox"/>	<input type="checkbox"/>
f	Approach timing		<input type="checkbox"/>	<input type="checkbox"/>
g	Altitude, speed, heading control, (stabilised approach)		<input type="checkbox"/>	<input type="checkbox"/>
h*	Go-around action		<input type="checkbox"/>	<input type="checkbox"/>
i*	Missed approach procedure / landing		<input type="checkbox"/>	<input type="checkbox"/>
j	ATC liaison – compliance, R/T procedures		<input type="checkbox"/>	<input type="checkbox"/>
* to be performed in Section 4 or Section 5				

Examiner's initials when test section completed .....

**SECTION 6 ABNORMAL AND EMERGENCY PROCEDURES**

Instructor's initials when  
training completed

Passed

Failed

*This section may be combined with sections 1 through 5. The test shall have regard to control of the helicopter, identification of the failed engine, immediate actions (touch drills), follow up actions and checks, and flying accuracy, in the following situations:*

a	Engine failure after take-off and on/during approach* (at a safe altitude unless carried out in a flight simulator or FNPT II/III, FTD 2,3) *Multi-engine helicopter only		<input type="checkbox"/>	<input type="checkbox"/>
b	Failure of stability augmentation devices/hydraulic system (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
c	Limited panel		<input type="checkbox"/>	<input type="checkbox"/>
d	Autorotation and recovery to a pre-set altitude		<input type="checkbox"/>	<input type="checkbox"/>
e	Precision approach manually without flight director* Precision approach manually with flight director*      *Only one item to be tested		<input type="checkbox"/>	<input type="checkbox"/>

Examiner's initials when  
test section completed .....

**DETAILS OF THE FLIGHT**

Registration	Block on	On ground
Departure aerodrome	Block off	Take-off
Destination aerodrome	Total block	Total
Type of aircraft	PIC	

Remarks

De-briefing/Taken part of comments above	Date	Signature of applicant