



Specialty Qualification Training Worksheet

MP - SAR/DR Mission Pilot

Name (Last, First, MI) **Type** **CAPID** **Date Issued**

<u>Step Task Name</u>	<u>Completed</u>	<u>Evaluator</u>	<u>CAPID</u>	<u>Mission ID</u>
SAR/DR Mission Pilot - Prerequisites				
GES - General Emergency Services				
MS - Mission Scanner				
TMP - Transport Mission Pilot				
VFR Pilot				
Age Eligibility: 18 years				
PIC 175 hrs				
Commander Approval for Prerequisites				
MP - Commander Approval for Prerequisites				
SAR/DR Mission Pilot - Familiarization and Preparatory Training				
Complete Task O-2003 Grid Sectional Charts				
Complete Task O-2004 - Use a POD Table				
Complete Task O-2009 Demonstrate Air/Ground Team Coordination				
Complete Task O-2101 - Describe how ELT's are Detected				
Complete Task P-2001 - Discuss Mission Pilot Duties and Responsibilities				
Complete Task P-2002 - Discuss General CAP-Related Safety REquirements and Issues				
Complete Task P-2003 Discuss Type of Flights Performed by CAP Aircrews				
Complete Task P-2004 - Discuss Security Concerns and Procedures				
Complete Task P-2005 Discuss Mission Pilot Responsibilities During a Mission				
Complete Task P-2028 (Discuss Crew Resource Management)				
Commander Approval for Familiarization and Preparatory Training				
MP - Commander Approval for Familiarization and Preparatory Training				
SAR/DR Mission Pilot - Advanced Training				
IS100 - IS-100				
IS200 - IS-200				
IS700 - IS-700				
200 TOTAL PIC				
50 hrs cross-country				
Aircraft Ground Handling - Pilot				
CAPT 117 ES Continuing Education Exam - Part 2				
Complete Task O-2001 - Operate the Aircraft Audio Panel				
Complete Task O-2005 - Operate the Aircraft DF				

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MP - SAR/DR Mission Pilot, MAR 10

OPR/ROUTING - DOS

The above listed member satisfactorily participated as a MP - SAR/DR Mission Pilot trainee under my direct supervision on mission number _____.

Qualified Supervisor Signature

Date

The above listed member satisfactorily participated as a MP - SAR/DR Mission Pilot trainee under my direct supervision on mission number _____.

Qualified Supervisor Signature

Date

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