

FLIGHT SCHOOL COVID-19 MITIGATION FULL CHECKLIST

- As per the CDC: "COVID-19 is a respiratory virus and is mainly spread through droplets created when a person who is infected coughs, sneezes, or talks.
- Per the CDC, people with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.
- The CDC warns that the virus that causes COVID-19 is new, and, therefore, anyone who has not already been infected is at risk.
- We recognize that people infected with the COVID-19 virus are contagious before showing symptoms.
- For these reasons we are taking measures to mitigate risk even in those not exhibiting any symptoms.
- This Checklist is intended to lessen the risk of COVID-19 transmission during flight school, aircraft rental, and other aviation-related activities. Recommendations are based primarily on information but forth by the CDC and the AOPA.

		miorination put forth by the CDC and the AOFA.				
Check	c Off: Personnel		INITIAL WHEN COMPLETED:			
•	Name:					
•	Cell Phone:					
•	Phone:					
		(other, specify)				
•	E-mail address:					
•	Emergency Contact:					
		(name, number, please specify	relationship)			
DATE:	/ /					
	YOU ARE HEREBY ASS	SUMING ALL RISKS ASSOCIATED W	TH THIS ACTIVITY			

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FLIGHT SCHOOL COVID-19 MITIGATION CHECKLIST

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PLEASE COMPLETE ALL 5 PAGES AND SIGN ON THE LAST PAGE



Check Off: COVID-19 Screening Questions

INITIAL WHEN COMPLETED:

 Have You Experienced a Fever (over 98.6 F / 37 C) or felt Chills in the past 14 days?

[YES or NO, WHAT TEMP?]

 Have You or anyone in Your Household Travelled Outside the state in the past 14 days?

[YES or NO, **LOCATIONS**]

 Have You been in Direct Contact with anyone Diagnosed with COVID-19 within the past 14 days?

[YES or NO, **DETAILS**]

 Have You been Tested Positive or otherwise Diagnosed as Having COVID-19?

[YES or NO, **DETAILS**]

 Have you experienced a Cough in the past 14 days?

[YES or NO, **DETAILS**]

 Have you experienced Shortness of Breath or Difficulty Breathing in the past 14 days?

[YES or NO, **DETAILS**]

 Have You experienced a Sore Throat in the past 14 days?

[YES or NO, **DETAILS**]

 Have You experienced Inexplicable Muscle Pain in the past 14 days?

[YES or NO, **DETAILS**]

 Have You lost your Sense of Smell or Taste in the past 14 days?

[YES or NO, **DETAILS**]

- This list is not all possible symptoms.
- Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.
- Anyone can have mild to severe symptoms.
- PLEASE LET US KNOW
 IF YOU FEEL SICK

INITIAL WHEN COMPLETED: **Check Off: Personal Protective Measures** Wearing Face Mask? [YES or NO] Hands Washed Upon Arrival? [YES or NO] Temperature Measured Upon **Arrival to Flight School:** [YES or NO, **MEASURED TEMPERATURE**] • Have Read and Understand and Accept Details of Flight School **COVID-19 Mitigation Procedures** Document? [YES or NO] Have Personal Headset or Personally Assigned Flight School Headset? [YES or NO, **DETAILS**] Sanitizing Solutions and Wipes Available? [YES or NO]

Chec	Check Off: Activities INITIAL WHEN COMPLETED				
AIRC	RAFT TAIL NUMBER:	N -			
•	Purpose:				
	[Aircraft Ren	ital, Solo, Flight	Training,	etc.]	
•	CFI:				
	[Name]				
	[Comments]				
•	Other Individuals				
	[Students,	Passengers,	"NONE"	if None]	

Check Off: Sanitation Procedures

PLEASE FILL IN THIS SECTION AS ONCE COMPLETED

PLEASE REFER TO OUR FLIGHT SCHOOL COVID-19 MITIGATION WORKPLACE
RESPONSE DOCUMENT FOR SPECIFC INFORMATION ON CLEANING PROCEDURES
AND DO'S & DON'T'S.

INITIAL WHEN COMPLETED:

SANITATION				
PROCEDURE	PRE-FLIGHT	Stop Over 1	Stop Over 2	POST-FLIGHT
 Hand Washing: 				
As per CDC requirements				
Sanitizing the Aircraft:				
Includes external items like door handles, dipsticks, fuel caps, pitot covers, cowl plugs, keys				
Headsets, Hoods, if Shared:				
We recommend using personal equipment that is not shared. "N/A" if Not Applicable				
Removal of Disposable Items:				
Items such as trash, water bottles, etc.				
Sanitized Avionics:				
Ammonia should NOT BE USED!				

PROCEDURE	PRE-FLIGHT	Stop Over 1	Stop Over 2	POST-FLIGHT
Cockpit Checklists:				
Sanitized before and after each flight!				
Flight Bags:				
For each Pilot / Student / CFI				
Cargo:				
All Cargo transported				
PLEASE MAKE SURE ALL ITEMS ARE CHECKED				

ARE CHECKED					
I attest and affirm that this Checklist has Been Truthfully Completed (Signature):					
Name, Title:					
Date:					

THANK YOU FOR YOUR COOPERATION IN MITIGATING COVID-19 RISKS! PLEASE RETURN THIS DOCUMENT TO YOUR FLIGHT SCHOOL

Please Note: This Document references and is to be used along with both (1) the LearnToPilot.COM Flight School COVID-19 Mitigation Workplace Response [Version 051520-1], and (2) the LearnToPilot.COM Flight School COVID-19 Mitigation Pre-Visit Questionnaire [Version 051520-1].