

# Flying Log and Fatigue Data Sheet

Aircraft Serial No: \_\_\_\_\_

Sheet No: \_\_\_\_\_

Flight No.	Date	Times				Landings					No. of Full Spin Rotations	SPC	Station of Landing	Name of Captain (Blk Caps)				
		Take-Off	Landing	Duration (HH:MM)	Aircraft Total Hours (HH:MM)	Roller		Full Stop		Total								
						Paved	Unpaved	Paved	Unpaved									
B/F					:													
1		:	:	:	:													
2		:	:	:	:													
3		:	:	:	:													
4		:	:	:	:													
5		:	:	:	:													
6		:	:	:	:													
7		:	:	:	:													
8		:	:	:	:													
9		:	:	:	:													
10		:	:	:	:													
11		:	:	:	:													
12		:	:	:	:													
13		:	:	:	:													
14		:	:	:	:													
15		:	:	:	:													
Total Flying Hrs This Sheet				:	:	Totals to C/F												

**Table 1  
Sortie Profile Codes (SPC)**

SPC	Title	Applicability
		BBMF
1	General Handling	✓
2	General Handling with Aerobatics	✓
3	Display/Aerobatics	×
4	Not Used	×
5	Formation Flying	✓
6	Navigation/Cruise Flying	✓
7	Circuit Flying	✓
8	Not Used	×

### Fatigue Data

Total Flying Hrs this Sheet	×	Role Severity Factor  <b>2.1</b>	=		Factored Fatigue Hrs
:				B/F Hrs	:
				This Sheet	:
				Total Hrs	:

### Transfer Certificate

I certify that the form is complete, the data is realistic and that the appropriate details, readings and totals have been carried forward to Sheet No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Name (Blk Caps)									
Rank									
Signature (NCO IC Flight Servicing)									
		Time		Day		Month		Yr	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Inspection Certificate

I certify that this MOD Form 725(Chipmunk) has been inspected for obvious errors and anomalies and has been amended, where necessary, in red ink.									
Name (Blk Caps)									
Rank									
Signature (NCO IC Engineering Records)									
		Time		Day		Month		Yr	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>