FLIGHT INSPECTION PROCEDURE CONTROL FORM

PROCEDURE:	AIRPORT NAME:	AIRPORT ID:	SPECIAL CONTROL NO:
STAR DOCCC ONE	KHOU	1282	OP-9-429-9
CITY: HOUSTON		ST: TX	EST. CHART DATE:

FAC ID:	DFL TYPE:	THIRD PARTY:	EST. TIME ON SITE:	REIMB. NUMBER:
DOCCC1	PROC/T	☐ YES	0.5	

PREFLIGHT NOTES

REVIEWER:		DATE:
COMMENTS:	ASSOCIATED FACILITIES:	CHECK ONE: ☐ FLT CK REQ ☐ NFCR ☐ REJECT

	YES	NO
VIDEO MAP REQUIRED?		
ESV(S) ATTACHED?		
GROUND MAINTENANCE?		

POST FLIGHT

INSPECTION DATE:	CREW #:	N #:	CHECK ONE:	NOTAM ISSUED?
			☐ SAT ☐ SAT W/CHANGES ☐ SAT / GOLD ☐ UNSAT	☐ YES

FLIGHT INSPECTOR SIGNATURE:	PRINT NAME:

FLIGHT INSPECTOR REMARKS:

VN 8200-6-1 (2/2009)

DOCCC