

Evaluator's Checklist – State Records

General

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| 1. Notification Received (SR1-5) _____ | 6. Signed Application _____ |
| 2. Application Received (SR1-5) _____ | 7. Restricted Record Class (SR1-1) _____ |
| 3. Documents Received (SR1-5) _____ | 8. SSA Membership(SR1-6a) _____ |
| 4. Citizen Status (SR1-6a) _____ | 9. Qualified Observer (SC3-5.1) _____ |
| 5. Start Point Loc. (SR1-6a) _____ | |

Documentation Check

Annotated Barogram (SC3-6.1) _____ Barograph Calibration _____
Camera Mounted (SC3-4.6.3) _____
Film Frames: Glider's wing tip _____ Grease pencil marking _____ Declar. _____
Observation Zones _____ Final Frame (SC3-4.6.3) _____

GNSS Flight Recorder: (SC3-4.6.4) Make _____ Serial # _____
IGC Approved _____ Evaluation software _____ Data diskette _____

Motorglider Claim _____
Motorglider Record _____ Glider Record _____ Motorglider MoP Cert. _____

Evaluation: ALTITUDE RECORDS (SC3-3.1.4)

Height at release point _____ High Point _____ Low Point _____
Gain of Height (SR1-2) _____ Absolute Altitude: (SR1-3) _____

Evaluation: DISTANCE RECORDS - GENERAL

Exceeds old record by 10 km (6.21 miles) _____ Landing Witnesses. _____
Determine Distance Claimed. _____ Distance Penalty? _____
CDH Handicap? _____ (For Sports Class)

DECLARED DISTANCE

Straight Distance to a Goal: (SC3-3.1.4d)
Flight Declaration _____ Goal Distance _____
Out & Return Distance (SC3-3.1.4e): Flight Declaration _____ Distance: _____
Triangle Distance: (SC3-3.1.4f; 1.4.6b). Flight Declar. _____ Distance: _____

FREE DISTANCE

Straight Distance (SC3-3.1.4a) _____
Out & Return Distance (SC3-3.1.4b) _____
Three Turnpoint Distance (SC3-3.1.4c) _____

Evaluation: SPEED RECORDS

Out & Return (SC3-3.1.4g) _____ Triangle (SC3-3.1.4h) _____
For camera documentation: Start & Finish gate or line _____
GNSS documentation: Start & Finish same place _____
Start Time _____ Finish Time _____ Elapsed Time _____ Speed _____
CDH Handicap? _____ (For Sports Class)

Administrative data:

Claim rec'd _____ Finding _____ Notification: Media _____
Notification: Pilot _____/_____ Notification: SSA _____
Cert. Presented _____ Mailed _____ Record filed _____

QUESTIONS? Call Arleen Coleson, FAI Awards Secretary, at 505-392-1177, fax 505-392-8154 email Thebadgelady@ssa.org. Send **All** written correspondence and the State Record Reporting Forms to P. O. Box 2100, Hobbs, NM 88241-2100.