



Aircraft/Vehicle Safety Inspection Log

Aircraft _____ Vehicle _____					Mission #	Date	Mission Base	Page of pages _____	
	Memb. or Corp	N or lic. Number	Make	Model	Home Base	Name of Pilot or Driver	Name of Safety Inspector	Clearance	
								Yes	No
1								<input type="checkbox"/>	<input type="checkbox"/>
2								<input type="checkbox"/>	<input type="checkbox"/>
3								<input type="checkbox"/>	<input type="checkbox"/>
4								<input type="checkbox"/>	<input type="checkbox"/>
5								<input type="checkbox"/>	<input type="checkbox"/>
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10								<input type="checkbox"/>	<input type="checkbox"/>
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12								<input type="checkbox"/>	<input type="checkbox"/>
13								<input type="checkbox"/>	<input type="checkbox"/>
14								<input type="checkbox"/>	<input type="checkbox"/>
15								<input type="checkbox"/>	<input type="checkbox"/>
16								<input type="checkbox"/>	<input type="checkbox"/>
17								<input type="checkbox"/>	<input type="checkbox"/>