

**SUPERVISOR OF FLYING DAILY ACTIVITY REPORT**

**(NOTE: TO BE RETURNED TO BASE OPERATIONS WITH CLIPBOARD AT THE END OF FLYING)**

1. ROUTING (Turn-In):  48 OG / CC  48 OG / OGV 2. DATE (YYYYMMDD)

**3. SUPERVISOR OF FLYING**

LAST NAME	START	STOP	LAST NAME	START	STOP
(a)			(d)		
(b)			(e)		
(c)			(f)		

4. NAV AID STATUS	IN	OUT	5. CABLES	IN	OUT	6. RADIO / TELEPHONES	IN	OUT
(a) PAR:	<input type="checkbox"/>	<input type="checkbox"/>	(a) BAK - 12 (2500')	<input type="checkbox"/>	<input type="checkbox"/>	(a) UHF 1	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>	(b) BAK - 12 (6500')	<input type="checkbox"/>	<input type="checkbox"/>	(b) UHF 2	<input type="checkbox"/>	<input type="checkbox"/>
(c) ILS:	<input type="checkbox"/>	<input type="checkbox"/>	(c) BAK - 12 (7800')	<input type="checkbox"/>	<input type="checkbox"/>	(c) HOT LINES	<input type="checkbox"/>	<input type="checkbox"/>
(d) TCN:	<input type="checkbox"/>	<input type="checkbox"/>	(d) E - 5 (O'RUN)	<input type="checkbox"/>	<input type="checkbox"/>	(d) X4666	<input type="checkbox"/>	<input type="checkbox"/>

7. BIRD CONDITION (Specify Time and Check the Status)					8. ALTERNATIVE AVAILABILITY					
TIME	LOW	MOD-ERATE	SEVERE	TIME	RWY	ALTERNATE	TIME	RWY	ALTERNATE	
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a)	06/24 IFR /		(f)	06/24 IFR /		
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)	06/24 IFR /		(g)	06/24 IFR /		
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c)	06/24 IFR /		(h)	06/24 IFR /		
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d)	06/24 IFR /		(i)	06/24 IFR /		
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e)	06/24 IFR /		(j)	06/24 IFR /		

**9. UNUSUAL OCCURRENCES**

**(a) NARRATIVE**

(1) TIME	(2) CALL SIGN	(3) AIRCRAFT TYPE	(4) TAIL NUMBER	(5) TERMINATED
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(6) FUEL DUMP  N/A (Otherwise specify) TIME: LOCATION: ALTITUDE:

(7)  EMERGENCY  INCIDENT  COMMENT (Check applicable box and specify below)

**(b) NARRATIVE**

(1) TIME	(2) CALL SIGN	(3) AIRCRAFT TYPE	(4) TAIL NUMBER	(5) TERMINATED
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(6) FUEL DUMP  N/A (Otherwise specify) TIME: LOCATION: ALTITUDE:

(7)  EMERGENCY  INCIDENT  COMMENT (Check applicable box and specify below)

CONTINUE ON REVERSE

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**(c) NARRATIVE**

(1) TIME	(2) CALL SIGN	(3) AIRCRAFT TYPE	(4) TAIL NUMBER	(5) TERMINATED
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(6) FUEL DUMP  N/A (Otherwise specify)      TIME:                      LOCATION:                      ALTITUDE:

(7)  EMERGENCY     INCIDENT     COMMENT (Check applicable box and specify below)

**(d) NARRATIVE**

(1) TIME	(2) CALL SIGN	(3) AIRCRAFT TYPE	(4) TAIL NUMBER	(5) TERMINATED
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(6) FUEL DUMP  N/A (Otherwise specify)      TIME:                      LOCATION:                      ALTITUDE:

(7)  EMERGENCY     INCIDENT     COMMENT (Check applicable box and specify below)

**(e) NARRATIVE**

(1) TIME	(2) CALL SIGN	(3) AIRCRAFT TYPE	(4) TAIL NUMBER	(5) TERMINATED
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(6) FUEL DUMP  N/A (Otherwise specify)      TIME:                      LOCATION:                      ALTITUDE:

(7)  EMERGENCY     INCIDENT     COMMENT (Check applicable box and specify below)

10. COMMENTS

**11. REQUIRED ITEMS**

(a) ALCOHOL PADS     (b) ACTIVITY        (c) READ FILE SHEETS     (d) OTHER (Specify below)

**12. CLOSING SUPERVISOR OF FLYING**

(a) NAME (Last, First, Middle Initial)	(b) SIGNATURE
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