

**NVG MISSION PREFLIGHT
GO/NO-GO
CHECKLIST**

Mission:

Location:

Date:

Time:

	GO	NO-GO
Mission Authorized by the Chief of Air Operations:	<input type="checkbox"/>	<input type="checkbox"/>
Nighttime Operational Period Checklist Completed:	<input type="checkbox"/>	<input type="checkbox"/>
Weather Briefing/Minimums Met:	<input type="checkbox"/>	<input type="checkbox"/>
Specific Mission Details Briefed:	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment/Analysis Complete:	<input type="checkbox"/>	<input type="checkbox"/>
Communications Plan Confirmed:	<input type="checkbox"/>	<input type="checkbox"/>
Flight Following Procedures Confirmed:	<input type="checkbox"/>	<input type="checkbox"/>
Aerial Hazard Map Reviewed:	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Landing Site/Airport Identified:	<input type="checkbox"/>	<input type="checkbox"/>
PPE Donned and Buddy Checked:	<input type="checkbox"/>	<input type="checkbox"/>

NO/GO Explanation:

NO/GO Mitigation:
