Generic EFB EMI Test

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ForeFlight
Intelligent Apps for Pilots™

PORTABLE ELECTRONIC DEVICE NON-INTERFERENCE CHECKS

PHASE I - Ground Check

Verify that thePortableElectronic Devices (PEDs) do not interfere with the communication or navigation systems on the aircraft. The PED (or a representative number and various types of PEDs if multiple devices are being approved) should be placed in the location(s) were the devices will be normally be operated. Operation of PEDs should not result in NAV flags, noise on COMM channels, interference over headsets, or other phenomena. A ground check is required prior to flight checks. A qualified pilot or maintenance technician should operate the aircraft systems as listed below and check the operation of any PEDs to be used. If the PED is equipped with a wireless connection that is used in flight, it should be enabled.

(circle one)

COMM Radios: *N/A SAT UNSAT

For each:
1.With the PED operating, tune to 121.5 to ensure there is no interference caused by the PED.
2.Scan through radio channels to ensure there is no interference caused by the PED.
3.Check local ground and tower frequencies to ensure there is no break in squelch caused by the installation.

NAV Radios: *N/A SAT UNSAT

For each:
1.With the PED turned OFF, perform a VOR/VOT ground check.
2.Verify that the VOR/VOT ground check is successful.
3.With the PEDoperating, perform a VOR/VOT ground check.
4.Verify that the VOR/VOT ground check is successful.

GPS/FMS:

For each:
1.With the PEDturned OFF. Ensure the correct position is displayed. *N/A SAT UNSAT
2.With the PEDoperating, ensure the correct position is displayed.

Autopilot:

For each:
1.Ensure the autopilot self-test passes OK with the PEDoperating. *N/A SAT UNSAT

Other Aircraft Systems: *N/A SAT UNSAT

For each:
Verify that there is no adverse effect on flight instruments with the PEDoperating. If interference or abnormal operation is detected, turn the PEDOFF. If interference or abnormal operation goes away, there is likely interference from the PED. If interference or abnormal operation persists with the PEDOFF, the cause may be interference from other devices or faulty aircraft systems.

I certify that the above Phase I checks have been completed and any interference have been noted below.

Print Name: _____ Date: _____ No Interference Observed ☐

Signature: _____Date: _____ Certificate#: _____

Anomalies or Interference Noted:
(*If an item was marked as N/A, please explain below)

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PHASE II – Flight Check

ThePED (ora representative number and various types of PEDs if multiple devices are being approved) should be placed in the location(s) were the devices will be normally be operated. Operation of PEDs should not result in NAV flags, noise on COMM channels, interference over headsets, or other phenomena. A ground check is required prior to flight checks. If the PED is equipped with a wireless connection that is used in flight, it should be enabled. The following items must be checked for non-interference in day-VMC conditions. All applicable equipment must be checked prior to submission:

Normal FMS Operations	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
Communications, HF	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
Communications, VHF	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
Communications, SATCOM Primary	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
&Multi-FunctionalDisplays Airborne	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
Radar Enroute GPS Operations	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
Enroute VOR Operations Enroute	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
NDB Operations Enroute RNAV ILS	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
Standard approach, coupled ILS	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
Standard approach, uncoupled ILS	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
Backcourse Localizer VOR	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
approach NDB approach GPS	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
approach TCAS operations	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐
	*N/A ☐	SATISFACTORY ☐	UNSATISFACTORY ☐

I certify that the above Phase II checks have been completed and any discrepancies have been noted below.

Print Name: _____ Date: _____ ☐ No Interference Observed

Signature: _____Date: _____ Certificate#: _____

Anomalies or Interference Noted:
(*If the item was marked N/A, explain below)