

IM SAFE Checklist (Pilot Preflight Personal Fitness)

Checklist · 55 items · 8 sections

IM SAFE is the FAA-recommended personal fitness self-evaluation every pilot runs before every flight, drawn from FAA Advisory Circular 60-22 and the Aeronautical Information Manual. It is a no-go test: if any letter triggers, you do not fly. The pilot-in-command carries this responsibility directly under FAR 91.3.

Open the editable version online:

<https://genechecklist.com/checklist/im-safe-checklist>

HOW TO USE IM SAFE

- Run through every letter before every flight, including pattern work, currency hops, and short repositioning legs

HIGH

- If any answer is 'yes' or 'maybe,' ground yourself

HIGH

The FAA's preflight personal fitness evaluation is a no-go test, not a judgment call.

- Source: FAA Advisory Circular 60-22 (Aeronautical Decision Making) and AIM Chapter 8 (Medical Facts for Pilots)

HIGH

- FAR 91.3: sole responsibility for the operation of the aircraft rests with the pilot-in-command

HIGH

This self-assessment is legally yours.

- Combine IM SAFE with the PAVE checklist (Pilot, Aircraft, enVironment, External pressures) for full preflight risk picture

- Document the self-assessment honestly (kneeboard or flight plan if it helps you commit to the answer)

I - ILLNESS

- Any current illness symptoms: fever, chills, body aches, or active infection of any kind

HIGH

- Cold, sinus, or allergy congestion

HIGH

Barotrauma risk during climb and descent. Can rupture eardrum or sinus.

- Ear pain, popping that will not clear, or recent ear infection

HIGH

Pressure changes in the cockpit will make it worse.

- GI illness (vomiting, diarrhea, nausea)

HIGH

Dehydration and cabin altitude both amplify symptoms and impair judgment.

- Vision changes, dizziness, vertigo, or unexplained headache

HIGH

Any of these alone is disqualifying for the flight.

- Dental work or oral surgery in the past 24 hours

HIGH

Trapped gas under fillings can cause severe in-flight pain.

- Recovery from any acute illness in the last 7 days

Symptoms must be fully resolved, not just suppressed.

- If you would not disclose it at your next AME visit, do not fly with it

M - MEDICATION

- Any new prescription medication started in the past 48 hours

HIGH

Wait at least 48 hours to observe side effects before flying.

- Wait at least 5x the dosing interval after the last dose of any medication with cognitive or sensory side effects

HIGH

- OTC sedating antihistamines (diphenhydramine/Benadryl, doxylamine, chlorpheniramine)

HIGH

FAA guidance: 60 hours grounding for diphenhydramine.

- Sleep aids (zolpidem/Ambien, eszopiclone/Lunesta, high-dose melatonin): no flying within 48 hours

HIGH

- Opioid pain medications: grounded until completely off and underlying condition resolved

HIGH

- Muscle relaxers, benzodiazepines, anti-anxiety medications: disqualifying

HIGH

Check with your AME for return-to-flying.

- NSAIDs (ibuprofen, naproxen) and acetaminophen are generally acceptable if not masking active injury or illness

- Check the AOPA medications database or call your AME if uncertain about any drug

- Review the FAA 'Do Not Issue / Do Not Fly' medication list periodically

Especially after any prescription change.

S - STRESS

- Major life event in the past 30-60 days: job loss, divorce, separation, death in family, serious illness of a loved one

HIGH

- Financial stress significant enough to occupy mental bandwidth in the cockpit
HIGH
- Argument or interpersonal conflict in the last hour before the flight
HIGH
Cool down before you climb in.
- External pressure to make the flight (get-there-itis, passenger expectations, employer pressure)
HIGH
Itself a stressor and a no-go trigger.
- Chronic workplace stress, burnout, or ongoing legal issues
Assess honestly whether you can compartmentalize for the duration of the flight.

A - ALCOHOL

- FAR 91.17: no flying within 8 hours of alcohol consumption (bottle to throttle)
HIGH
- FAR 91.17: blood alcohol concentration must be below 0.04%
HIGH
- FAR 91.17: not under the influence of alcohol, regardless of BAC
HIGH
A hangover is impairment even at 0.00.
- AOPA Air Safety Institute and FAA Safety Team recommendation: 12-24 hours after heavy drinking, even when legally clear of the 8-hour rule
HIGH
- Any hangover symptoms (headache, nausea, fatigue, dehydration): no-go regardless of hours elapsed
HIGH
- Recreational or medical marijuana: federally prohibited for pilots regardless of state law
THC metabolites stay in the system for days to weeks.
- Other recreational drugs and unapproved supplements: disqualifying under FAR 91.17 and FAR 61.15

F - FATIGUE

- Less than 7-8 hours of quality sleep the night before
HIGH
- Awake more than 17 continuous hours
HIGH
Cognitive impairment equivalent to BAC 0.05.
- Multiple short or fragmented sleep periods in the past 48 hours
HIGH

- Crossed multiple time zones or had significant circadian disruption in the past 72 hours
HIGH
- Flying at a time you would normally be asleep (circadian low, roughly 0300-0500 local)
HIGH
- Cumulative sleep debt: 3+ short nights in a row is as impairing as one zero-sleep night
- Acute fatigue vs. chronic fatigue: both are no-go, but chronic is harder to recognize
Ask someone you trust.

E - EATING AND EMOTION

- Last meal more than 4-5 hours ago
HIGH
Hypoglycemia at altitude accelerates and masks hypoxia symptoms.
- Hydration: at least 16 oz water in past 2 hours; more in hot weather or at high density altitude
HIGH
- Significant emotional event in the last 24 hours: argument, grief, anger, anxiety attack, or anything you are still replaying
HIGH
- Current acute anxiety or panic symptoms: ground yourself and follow up with your AME
HIGH
- Bring snacks and water for any flight over 1 hour, even if you ate before departure
- Caffeine 1-2 cups OK; more adds jitter, dehydration, and rebound fatigue
- Avoid heavy, greasy, or gas-producing meals immediately before flight
GI discomfort worsens with altitude.

IF ANY ANSWER IS YES

- Do NOT fly: scrub, postpone, or hand off to another qualified pilot
HIGH
- Tell passengers, operator, or instructor plainly
HIGH
Do not pressure-fly and do not let anyone pressure you.
- FAR 91.3 makes the pilot-in-command directly responsible: there is no externalizing this decision
HIGH
- A scrubbed flight is always cheaper than an accident
HIGH
FAA, NTSB, and ASRS records are full of pilots who flew anyway.
- Use a written personal minimums checklist alongside IM SAFE for weather, currency, and aircraft go/no-go

- File an ASRS (NASA Aviation Safety Reporting System) report if external pressure influenced any go/no-go decision