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| **PART A – OPERATOR INFORMATION**  |
| **1. Name of Operator:**  |  | **2. Name of Flight Crew:** |  |
| **3. Address:** |  | **4. Contact No. and Email Address:** |  |
| **5. Aircraft Type, Model & Registration:** |  | **6. Route / Destination** |  |
| **7. Type of Operations** | 1. Schedule [ ]  or Unscheduled [ ] 2. Passenger [ ]  or Cargo [ ]  3. Transport of Dangerous Goods [ ] 4. Aerial Work [ ]  or Special Purpose (e.g. Air Ambulance) [ ] 5. Others (Specify)………………………… | **8. Evaluation Date & Place:** |  |

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| **Filling Instructions:** |
| 1. Check **S** Column if you determine the document or individual item conforms to requirements
2. Check **U/S** column if you determine that the document or individual line item does not comply (put a marker tab in the document with a short note opposite the non-complying item.
3. Use **Remarks** column for overall remarks and observation. For detailed findings issue a report and forward the findings to the operator and attach a copy to this checklist.
4. Use **Ref.** column to insert relevant reference
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| **Name of Operator** | **Inspector Name** | **Date Started** | **Date Completed**  |
| Choose an item. | Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |
| **Name of Aerodrome** | **Contact Person/Phone No.** | **Regulatory Ref.** | **Inspector Manual Ref.** |
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| **S/NO** | **REQUIREMENTS** | **S** | **U/S** | **REMARKS** | **Ref.** |
|  | Operator application letter to new aerodromes |[ ] [ ]   | Operator |
|  | Is the Aerodrome Certified  |[ ] [ ]   |  |
|  | Are the **Areas of operations** covered in the OpSpecs. |[ ] [ ]   | Operator |
|  | **Risk Assessment** conducted |[ ] [ ]   | Operator/CAR 100 |
|  | Operator Audit report to the new aerodrome |[ ] [ ]   | Operator |
|  | Ground handling arrangements and its assessment. |[ ] [ ]   | Operator |
|  | Aviation security Audit/inspection report |[ ] [ ]   | Operator |

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| **S/NO** | **REQUIREMENTS** | **S** | **U/S** | **REMARKS** | **Ref.** |
|  | Infectious disease procedures to avoid infection and spread. |[ ] [ ]   | Operator/CAA PROTOCOL |
|  | Operations **Manuals/documents** changes for approval/acceptance |[ ] [ ]   | CAR-OPS1.200 |
|  | Is the Operator within its Ops Spec and ops Approval  |[ ] [ ]   | Operator |
|  | Should the operator apply to the CAA for a new approval? |[ ] [ ]   | Operator |
|  | Does the **operator** consider the aerodrome to be **satisfactory**? |[ ] [ ]   | CAR-OPS1.192 |
|  | Does the Aerodrome meet the applicable performance requirements and runway characteristics? |[ ] [ ]   | CAR-OPS1.192 |
|  | Is the aerodrome equipped with **necessary ancillary services** such as ATS, sufficient lighting, Communications, Weather reporting, Nav-Aids and emergency services? |[ ] [ ]   | CAR-OPS1.192 |
|  | Is the Aerodrome authorized by the Operator that is adequate for the types of aeroplane and operations concerned? |[ ] [ ]   | CAR-OPS 1.220 |
|  | Are the Aerodrome **Operating Minima** specified by the Operator for each departure, destination or alternate aerodrome authorized (ref CAR-OPS 1.220)? |[ ] [ ]   | CAR-Ops 1.225 |
|  | Is the Operator in compliance with the new Instrumental Departing and arrival procedures? |[ ] [ ]   | CAR-OPS 1.230 |
|  | Are operating instructions issued and provide information on aeroplane climb performance with all engines operating to enable the pilot-in-command to determine the climb gradient that can be achieved during the departure phase for the existing take-off conditions and intended take-off technique. This information should be included in the operations manual? |[ ] [ ]   | CAR-OPS1.210 |
|  | Is the Operator in compliance with the local Noise Abetment Procedures? |[ ] [ ]   | CAR-OPS 1.235 |

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| **S/NO** | **REQUIREMENTS** | **S** | **U/S** | **REMARKS** | **Ref.** |
| 20.  | The operator to ensure routes and areas of operation:1. Have ground facilities and services, MET services are provided and adequate for the planned operation
 |[x] [ ]   | CAR-OPS 1.240 |
|  | 1. The a/c performance is adequate to comply with the minimum altitude requirements
 |[ ] [ ]   | CAR-OPS 1.240 |
|  | 1. The a/c equipment to be used meets the minimum requirements for the planned operation.
 |[ ] [ ]   | CAR-OPS 1.240 |
|  | 1. Two –engine a/c adequate aerodromes are available within time/distance limitations of CAR-OPS 1.245
 |[ ] [ ]   | CAR-OPS 1.240 |
|  | 1. To comply with any restriction imposed by the Authority
 |[ ] [ ]   | CAR-OPS 1.240 |
|  | Has the operator consider the establishment of Min Flight Altitude for all new route segments? |[ ] [ ]   | CAR-OPS 1.250 |
|  | An operator to ensure additional information and forms are carried on each flight relevant to the type and area of operation: e.g. current maps and charts and associated documents as prescribed in CAR-OPS 1.290(b)(7) |[ ] [ ]   | CAR-OPS 1.135(a)(9) |
|  | An Operator Aerodrome Operating Minima established for each planned to be used must be acceptable to the Authority. |[ ] [ ]   | CAR-OPS 1.430 |
|  | Operator Proving Flight tests when required by the Authority. |[ ] [ ]   | OPM |
|  | Operators Maintenance Approval  |[ ] [ ]   | CAR 145 |
|  | Is the Operator checking the new en-route/new aerodrome as per approved Fuel Policy? |[ ] [ ]   | CAR-OPS 1.255 |
|  | Does the Operator establish procedures for the selection of destination and/or alternate aerodromes in accordance with CAR OPS-1.220 when planning a flight? |[ ] [ ]   | CAR-OPS 1.295 |
|  | GHSP Training certificate (Dangerous Goods, Ground operations..etc) |[ ] [ ]   | Appendix 2 to CAR OPS-1.175 |
| **\* General Procedures** may be addressed in other operator manuals e.g. Operations Manual. Inspectors should verify accordingly. |
| ***FOR CAAL USE ONLY:*** |
| **Recommendation: APPROVED/ACCEPTED** [ ]  **NOT APPROVED/ACCEPTED** [ ]  |
| **FOI Name** Choose an item. | **Signature** | **Date:** Click or tap to enter a date. |
|  |
| **GOI Name:**Choose an item. | **Signature** | **Date:** Click or tap to enter a date. |
| **GOI REMARKS:****NIL** |
|  |
| **AWI Name:** | **Signature:** | **Date:** Click or tap to enter a date. |
| **AWI REMARKS:**Choose an item. |