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| --- | --- | --- | --- |
| **Name of Operator:** |  | **Date of Inspection:** |  |
| **Address** |  | **File reference:** |  |
| **Quality Manager**  **/Contact Person:** |  | **Location:** |  |
| **Phone No.** |  | **CAA Team Leader:** |  |
| ***Instructions*:**   1. Check **S** (Satisfactory)column if you completed the activity. 2. Check **U/S** (Unsatisfactory) column if the activity was not relevant for this inspection. 3. Check **N/CKD** (Not Checked**)** column if you did not review the record, procedure or event or you did not complete the activity. 4. Enter notes on remarks section regarding the inspection particularly where **N/CKD** was checked. 5. For later reference, proceed any notes with the appropriate item number. 6. File this job aid with the Audit Report in the operator’s file. 7. For further guidance refer to the relevant chapters of the OPM’s 8. See appendices to this Job Aid for Audit Plan and Meeting Agenda templates   ***Note: For FSD section/department coordination Team Leader shall fill FORM AOC-100 PARTS CHECKLIST*** | | | |

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| **S/No.** | **Activity** | **Check Response** | | | |
|  | ***To be completed before the inspection*** | **S** | | **U/S** | **N/CKD** |
| **1** | **Determine the need for the Audit/ Inspection** | | | | |
|  | Open an audit file reference |  |  | |  |
| **2** | **Prepare for Inspection** | | | | |
| a) | Identify team members |  |  | |  |
| b) | Hold team meeting/s |  |  | |  |
| **3** | **Review Operator’s Documents** |  |  | |  |
|  | Review operations specifications - Check changes in company scope and OPSPECS (area of operations, aircraft types, special approvals) and maintenance arrangements since last audit |  |  | |  |
|  | Review previous audit/inspection findings including follow-up and closure |  |  | |  |
|  | Check turnover of key management personnel and operational staff |  |  | |  |

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| **3** | **(Contd.) Review Operator’s Documents** | **S** | **U/S** | **N/CKD** |
|  | Review approved Operations Manual set including quality manual, safety manual, MCM, ground handling manual - check currency, and consistency of manuals with issued AOC and OPSPECS |  |  |  |
|  | Check occurrence data for incidents |  |  |  |
| **4** | **Schedule the Inspection** | | | |
|  | Prepare inspection / audit programme |  |  |  |
|  | Letter to operator (dates, scope, facilities to be inspected, special requirements, etc.) |  |  |  |
|  | Administrative requirements (funds, travel and accommodation bookings) |  |  |  |
| ***Note: To be completed during the inspection*** | | | | |
| **5** | **Brief the Operator – Opening Meeting** |  |  |  |
| **6** | **Conduct the inspection** |  |  |  |
| a) | Inspect original AOC and Ops Specs |  |  |  |
| b) | Inspect existing organisation structure and management personnel |  |  |  |
| c) | Inspect library and Document Control |  |  |  |
| d) | Inspect Checking and Training Programme |  |  |  |
| e) | Inspect Flight Crew training records |  |  |  |
| e) | Inspect Operational Control System |  |  |  |
| g) | Inspect Flight Watch/Flight Following |  |  |  |
| h) | Inspect Flight Documentation and Records |  |  |  |
| i) | Inspect aircraft and aircraft documentation |  |  |  |
| j) | Minimum Equipment List and defect deferral |  |  |  |
| k) | Inspect Quality System |  |  |  |
| l) | Inspect Safety Management System |  |  |  |
| m) | Flight Time and Duty Limitations |  |  |  |
| n) | Inspect Cabin Safety & Crew training records |  |  |  |
| o) | Inspect Dangerous Goods programme |  |  |  |
| ***Note: To be completed after the inspection*** | | | | |

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|  |  | **S** | **U/S** | **N/CKD** |
| **8** | **Determine Results of Inspection** |  |  |  |
| **9** | **Debrief Operator (Closing Meeting)** |  |  |  |
| **10** | **Document the Inspection** |  |  |  |
| a) | Letter to Operator confirming inspection results |  |  |  |
| b) | Issue Findings Forms where applicable |  |  |  |
| c) | Document results of inspection / audit in file |  |  |  |
| d) | Update vital operator information in office files |  |  |  |
| **11** | **Schedule the follow-up activities** |  |  |  |
| **12** | **Update surveillance programme** |  |  |  |
| **13** | **Track findings corrective actions** |  |  |  |
| a) | Review submitted Corrective Action Plans |  |  |  |
| b) | Plan follow up inspections if required |  |  |  |
| c) | Close Findings |  |  |  |
| **14** | **OTHER ACTIVITIES** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Remarks** | | | | |

*Note: Audit Plan Templates attached as Appendices*

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| --- | --- | --- |
| **FSD Inspectors Title & Name** | **Signature** | **Date** |
| **Lead Auditor Name:** |  |  |
| **Flight Ops Inspector Name:** |  |  |
| **AW Inspector Name:** |  |  |
| **GOI/DGI Name:** |  |  |
| **CSI Name:** |  |  |
| **PEL Name:** |  |  |