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| --- | --- | --- | --- |
| **PART 1: - Administrative Details** | | | |
| Name of Organization: |  | Date: |  |
| AOC / License / Approval Number: |  |  |  |
| Title of Inspection: |  | Location: |  |

|  |  |
| --- | --- |
| Name of Team Leader: | Names of Inspection Team members & Designation: |
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| **PART 2: - Scope of Inspection** |
| To evaluate the operator’s compliance with CAA regulatory requirements and operational standards, policies and procedures as prescribed in their approved Manuals. |

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| **PART 3: - Summary of Activities** | | | | |
| The following systems / documents / facilities / aircraft / equipment inspected:  **Please Tick √ in the box provided** | | | | |
| **S/No** | | **Inspections Areas** | **S** | **U/S** |
|  | Operational Manual System | |  |  |
|  | Technical Library | |  |  |
|  | Management Personnel and Operations Coordination | |  |  |
|  | Check Pilot Programme | |  |  |
|  | Flight Crew Training Records | |  |  |
|  | Operational Control System | |  |  |
|  | Flight Watch/Flight Following | |  |  |
|  | Operational Manual System | |  |  |
|  | Flight Documentation and Records | |  |  |
|  | Aircraft Inspection | |  |  |
|  | Aircraft Documentation and Mel | |  |  |
|  | Quality System | |  |  |
|  | Safety Management System | |  |  |
|  | Flight and Duty Times | |  |  |
|  | Cabin Safety | |  |  |
| **The following personnel were interviewed / observed:** | | | | |
|  | Accountable Manager | |  |  |
|  | Head of Flight Operations | |  |  |
|  | Training Manager | |  |  |
|  | Quality Manager | |  |  |
|  | Ground Operations Manager | |  |  |
|  | Flight Operations Auditor | |  |  |
|  | Cargo Manager | |  |  |
|  | Safety Manager | |  |  |
|  | Flight Operations Manager | |  |  |
|  | Director of Maintenance | |  |  |
|  | Quality Manager Maintenance | |  |  |

***NOTE:***

*Wherever possible the Manager Accountable for Compliance shall sign the declaration in 4.1.*

*In the absence of this Manager (e.g. on a ramp inspection), another representative of the organisation shall sign the declaration in 4.2.*

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| **PART 4: - Declarations** | | | | | | | | | | |
| **4.1 Team Leader** | | | | | | | | | | |
| I declare that the audit / inspection was conducted in accordance with the OMAN CAA regulations | | | | | | | | | | |
| Name of Team Leader | | |  | | Signature |  | | Date |  | |
| **4.2 Manager Accountable for Compliance** | | | | | | | | | | |
| On behalf of the organisation I acknowledge receipt of this report and undertake to ensure that all findings are addressed within the stated timescales. | | | | | | | | | | |
| Name of Organization Representative | | |  | | Signature |  | | Date |  | |
| **4.3 Other Organisation Representative** | | | | | | | | | | |
| On behalf of the organisation I acknowledge receipt of this report and undertake to ensure that all findings are communicated to the Manager accountable for compliance | | | | | | | | | | |
| Name of Organization Representative | | |  | | Signature |  | | Date |  | |
| **Findings shall be numbered with the following prefix codes (e.g. ORG1, PEL3 etc.)** | | | | | | | | | | |
| **PART 5 Definition of Findings** | | | | | | | | | | |
|  | | |  | |  |  | |  |  | |
| AGA | Aerodrome | AIR | | Airworthiness | ANS | Air Navigation Services | OPS | | | Flight Operations |
| ORG | Organizational | PEL | | Personnel Licensing | QUA | Quality System | SEC | | | Aviation Security |

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| **Findings shall be categorised by severity as follows:** |
| **Level 1**  A major regulatory non-compliance with immediate or short-term implications for safety or security. The Audit Team Leader shall consider the severity and probability of the associated risk and assign a timescale for **rectification** between IMMEDIATE and 7 days.  The operator shall send a written **response** to the CAA within 24 hours of notification of the finding (except in cases where IMMEDIATE closure is required, which require an immediate response) |
| **Note:**  Where a Level 1 finding is recorded, and depending on the nature of non-compliance, the audit Team Leader may impose immediate restrictions or other conditions upon the organisation. In such case he/she shall notify immediately by any means the Director of Flight safety who in turn informs Director General for Civil Aviation and Regulations or nominated Deputy. |
| **Level 2**  A regulatory non-compliance not defined as Level 1. the Audit Team Leader shall consider the severity and probability of the associated risk and assign a timescale for **rectification** between 8 days and 90 days.  The operator shall send a written **response** to the CAA before the closure date or no later than 14 days after notification of the finding, whichever is earlier. |
| **Level 3 (Observation)**  An observed condition which, in the judgement of the Audit Team Leader, the organisation should modify, eliminate or improve in the interests of continuous improvement for safety or security.  No timescale for **rectification** shall be assigned but the organisation shall provide a written **response** to the observation within 90 days. |
| **PART 6: -Rectification of Findings** |
| Operators should note the two separate timescales in Part 5 above: **Rectification** and **Response**. |
| **6.1 Rectification** |
| Operators should note the importance of identifying the **root cause** of the finding. While a **short-term** corrective action may be necessary in some cases, action to prevent recurrence of the finding in the **long term** requires an analysis of the organisation’s management, procedures and/or systems to find the root cause and make changes to eliminate that cause.  Additionally, the operator shall **monitor** the effectiveness of these changes to ensure that long-term preventative action is working in practice. Such monitoring should be integral to the operator’s quality and safety management systems. |
| **6.2 Response** |
| The operator shall therefore submit a written response to each finding using Part 7B of this form which includes:   * + 1. Identification of the **root cause** of the finding     2. **Short-term** corrective action (where applicable)     3. **Long-term** preventative action     4. Action to **monitor** effectiveness of preventative action   Where the operator needs to supply additional information which cannot be included in the table, he shall attach it to the response.  The response shall normally include the attachment of **evidence** to demonstrate that the stated actions have been carried out. Responses which do not include adequate evidence will not be accepted by the CAA. |

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| **6.3 Corrective Action Plans** |
| Where the actions required for rectification involve an extended period of work and/or multiple steps to be coordinated by the operator, he should submit a corrective action plan as an attachment to the response.  The corrective action plan should make clear to the CAA what, when, how and by whom the actions will be completed. |

**7A Record of Findings**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Finding code & number | OPS | Level |  | Timescale for Rectification (Days) |  |
| Regulatory Reference(s) |  | | | | |
| *Finding (including any restrictions)* | | | | | |
|  | | | | | |

**7B Operator’s Response**

|  |  |
| --- | --- |
| **Root cause** of the finding |  |
| **Short-term** corrective action (where applicable) |  |
| **Long-term** preventative action |  |
| Action to **monitor** effectiveness of preventative action |  |
| The following documents are attached as evidence to support closure of the finding.  *(Documents may include Corrective Action Plans where applicable)* | |
|  | |

***NOTE:*** *Inspector may copy and paste additional records of findings tables to subsequent pages as required.*

**7C Closing of Findings** *(Flight Safety Department use only)*

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| Follow Up Details: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Corrective Action (s) submitted: | Yes | No | Evidence Summited | Yes | No |
| **Short-term** response | Accept | Reject | Long Term Response | Accept | Reject |
| Target Completion Date: |  |  | Target Completion Date: |  |  |
| Date Item Closed: |  |  | Date Item Closed: |  |  |
| Audit Manager/Inspector Signature |  |  | Audit Manager/Inspector Signature |  |  |