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| **Name of Operator:** |  | **Date:** |  |
| **Accountable person:** |  | **Contact No:** |  |
| **Address** |  | **Location:** |  |
| ***Instructions*:**1. Check **S** (Satisfactory)column if you completed the activity and if the reviewed record, procedure or event complies with requirements and you have no comment.
2. Check **U/S** (Unsatisfactory)column if the reviewed record, procedure or event does not comply with requirements and you have a comment.
3. Check **N/C** (Not Checked) column if you did not review the record, procedure or event *or you do not have adequate information to make a valid audit assessment*
4. Enter the letter **“N/A”** (Not Applicable) in the column, if the line item is not required in this particular situation. For later reference, proceed any remarks with the appropriate question number.
5. Resolution Report. Use the inspector remarks column at the end for overall remarks or observations.
6. For non- compliance findings inspectors shall also use **Audit Inspection Report Form 004**. Forward findings report to the operator without delay.
7. Specific areas coordinated between OPS and AIR sections are indicated **(OPS and AIR)** in the section title. For further guidance refer to relevant PARTS /Volume and Chapters in Office Procedure Manual.
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| 1. **Aircraft Inspection (OPS and AIR)**
 | **S** | **U/S** | **N/C** | **N/A** |
|  | Are aircraft configurations and equipment in accordance with the AFM and FCOM/AOM? |  |  |  |  |
|  | Are communication and navigation equipment installed as required by CARs? |  |  |  |  |
|  | Are aircraft lights installed as required by CAA CARs? |  |  |  |  |
|  | Are warning systems as required by CAA CARs (EGPWS, TCAS, Wind shear, etc.)? |  |  |  |  |
|  | Are fire warning and protection systems installed as required in CAA CARS? |  |  |  |  |
|  | Are seats, seatbelts, harnesses and restraints as required by CAA CARs? |  |  |  |  |
|  | Are doors and curtains (including cockpit door security systems) as required by CAA CARs? |  |  |  |  |
|  | Is emergency and survival equipment installed as required by CAA CARs? |  |  |  |  |
|  | Have carry-on baggage requirements been met? |  |  |  |  |
|  | Are there adequate restraints available to ensure that any cargo or equipment carried is secured and does not shift in flight? |  |  |  |  |
|  | Is cargo loaded so as to not block or restrict doors or the exit of passengers in an emergency? |  |  |  |  |
| **(Contd.) Aircraft Inspection (OPS and AIR)** | **S** | **U/S** | **N/C** | **N/A** |
|  | Does each aircraft have an approved safety briefing card on board for each passenger? |  |  |  |  |
|  | Are aircraft markings and placards in accordance with the AFM / AOM? |  |  |  |  |
|  | Are any existing defects permitted for commercial flight by the MEL? |  |  |  |  |
| ***Remarks*** |
| 1. **Aircraft Documentation (OPS and AIR)**
 | **S** | **U/S** | **N/C** | **N/A** |
|  | If the company has been authorized to operate aircraft with operational restrictions, are they being followed? |  |  |  |  |
|  | If foreign registered aircraft are used does the company have appropriate authorization? |  |  |  |  |
|  | Are journey logs being maintained and entries made for each flight in accordance with the CAA CARs? |  |  |  |  |
|  | Are technical log entries and defects entered and cleared or deferred in accordance with the CAA CARs and approved procedures? |  |  |  |  |
|  | Does the current aircraft library for each aircraft include all documents required by regulations? |  |  |  |  |
| ***Remarks*** |
| 1. **Minimum Equipment List (OPS and AIR)**
 | **S** | **U/S** | **N/C** | **N/A** |
|  | Is the company using an approved MEL for each aircraft type? |  |  |  |  |
|  | Are approved procedures being followed that ensure MMEL revisions are reviewed and MEL amendments made as required? |  |  |  |  |
|  | Are aircraft flights being conducted in accordance with MEL requirements? |  |  |  |  |
|  | Are defects deferred in accordance with the approved MEL? |  |  |  |  |
|  | Are any defects extended beyond the repair intervals approved by the CAA |  |  |  |  |

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| ***Observations /Remarks*** |

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| **Overall Result** |
| ***S*atisfactory** [ ]  | **Unsatisfactory** [ ]  |

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| **Project Manager Name:** | **Signature** | **Date** |
|  |  |  |

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