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Private Bag 12003 Windhoek Namibia | (Tel) +264 61 702 212 | Web: <http://www.dca.com.na>

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## AOC Holder's - LINE MAINTENANCE STATION AUDIT

Name of Operator / Organization: \_\_\_\_\_

Approval Reference/AOC No: \_\_\_\_\_

Location Visited: \_\_\_\_\_ Date \_\_\_\_\_

### **Maintenance Support Provided for: -**

Subcontracted Support: (Company) \_\_\_\_\_

Operator Aircraft Type / Level of support \_\_\_\_\_

Movements Ramp Handling: \_\_\_\_\_

Refueling: \_\_\_\_\_

Pushback: \_\_\_\_\_

Line Mtce: \_\_\_\_\_

Is accommodation adequate? YES/NO \_\_\_\_\_

(If NO, give details) \_\_\_\_\_

Senior Person/Accountable Manager contacted: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Details of Scheduled Maintenance Performed: \_\_\_\_\_

Is staffing adequate? YES/NO \_\_\_\_\_

(If NO, give details) \_\_\_\_\_

Date of last QA Audit by Operator: \_\_\_\_\_

Date of last NCAA Audit: \_\_\_\_\_

Was station found satisfactory? YES  NO

General Comments: (Use other side if Necessary)

Is this station satisfactory? YES  NO  CONDITIONAL

NCAA Inspector's Name / Signature \_\_\_\_\_ Date: \_\_\_\_\_