



STATION INSPECTION FORM

OPERATOR:..... REF:.....
 STATION LOCATION:..... STATION MANAGER:.....
 AIRCRAFT TYPE OPERATED AT STATION:.....
 AERODROME OPERATOR:..... DATE:.....

PERSONNEL	SAT	UNSAT- ACTION TO BE TAKEN
Staffing adequacy		
Qualification of key personnel		
Personnel training		
Mass and Balance Officers		
Documentation		
Record keeping		
Facility Staffing		
Adequacy of office equipment		
General house keeping		
Emergency telephone facilities		
NOTAMS		
System for disseminating information to personnel		
Accident / fire / emergency plans		
Facility for communication with aircraft		
Availability of general maintenance manual		
Availability of dangerous goods manual		
Availability of refueling manual/procedures		
Availability of loading manual/instructions		
Amendments to manual		
Arrangements with handling company		
Adequacy of Ramp Handling		
Competency of handling company personnel		
Aircraft loading equipment		
Line Maintenance		
Push Back		
Adequacy of fire protection / coverage		
Fire fighting equipment		
FOD protection		
Medical services		
Aircraft security/arrangements		
Transit inspection		
Competency of personnel conducting transit inspections		
Maintenance support arrangements		

CORRECTIVE ACTION ACCOMPLISHED:.....

FOLLOW-UP INSPECTION DATE:.....

CLOSE-OUT DATE:..... OR PURSUE VIOLATION ACTION:.....

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Inspector's Name & ASI #

Signature

Date

I HEREBY RECOMMEND THAT THE APPROVAL CERTIFICATE OF THE SUBJECT STATION FACILITY **IS / NOT – ISSUED / RENEWED** FOR A PERIOD OFWITH EFFECT

FROM.....

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Chief of airworthiness Name & ASI #

Signature

Date