



**Instructions for Use:**

1. Check **YES** column if you completed the activity.
2. Check **N/A** column if the activity was not relevant for this inspection
3. Check **NO** column if you did not review the record, procedure or event *or you did not complete the activity*
4. Enter any notes on remarks section regarding the inspection particularly where **NO** 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 General Inspector Handbook or Flight Operations Inspector Handbook
8. See appendices to this Job Aid for Audit Plan and Meeting Agenda templates

## LINE STATION INSPECTION JOB AID FSS-GEN-FORM 052A

Operator: \_\_\_\_\_ File Reference: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Location: \_\_\_\_\_

Quality Manager/Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

CAA Inspector(s): \_\_\_\_\_ (Team Leader)

\_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_,

No.	Activity	Check Response
	<b><i>To be completed before the inspection</i></b>	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
1	DETERMINE THE NEED FOR THE AUDIT/ INSPECTION	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Open an audit file reference	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2	PREPARE FOR INSPECTION	
i.	Identify team members	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Hold team meeting/s	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3	PRE-INSPECTION REVIEW	
i.	Review AOC operations specifications	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

ii.	Review previous audit/inspection findings	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Review operations manual and ground handling manual	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iv.	Review published aerodrome information	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
v.	Check occurrence data for incidents at station	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4	SCHEDULE THE INSPECTION	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Prepare inspection / audit programme	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Letter to operator (dates, scope/inspection plan, facilities to be inspected, special requirements,)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Administrative requirements (funds, travel and accommodation bookings)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b><i>To be completed during the inspection</i></b>	
5	BRIEF THE OPERATOR – Opening Meeting	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6	CONDUCT THE STATION INSPECTION	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Tour station facilities if required	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Review Management and Staff arrangements and qualifications	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Review station operational adequacy	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iv.	Review manuals, procedures and instructions	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
v.	Review staff training	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
vi.	Review records retention and accuracy	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
vii.	Inspect facilities and equipment	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
viii.	Inspect apron safety	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ix.	Inspect aircraft handling and servicing	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
x.	Inspect passenger and baggage loading / offloading	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
xi.	Inspect station flight planning and dispatch	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
xii.	Inspect security procedures	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
xiii.	Inspect Dangerous Goods programme	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b><i>To be completed after the inspection</i></b>	
8	DETERMINE RESULTS OF INSPECTION	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

9	DEBRIEF OPERATOR (Closing Meeting)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
10	DOCUMENT THE INSPECTION	
i.	Letter to Operator confirming inspection results	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Issue Findings Forms where applicable	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Inform CAA Aerodromes section of any areas of concern observed at the Aerodrome	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iv.	Document results of inspection / audit in file	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
v.	Update vital operator information in office files	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
11	SCHEDULE THE FOLLOW-UP ACTIVITIES	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
12	UPDATE SURVEILLANCE PROGRAMME	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
13	TRACK FINDINGS CORRECTIVE ACTIONS	
i.	Review submitted Corrective Action Plans	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Follow up inspections if required	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Close Findings	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
14	OTHER ACTIVITY	
i.		
ii.		

**REMARKS:**

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**Sign:** .....

Team Leader / CPM

**Date** .....