



**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

## OPERATOR BASE INSPECTION/AUDIT JOB AID FSS-OPS-FORM 001C

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>	
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	REVIEW OPERATOR'S DOCUMENTS	
i.	Review operations specifications - Check changes in company scope and OPSPECS (area of operations, aircraft types, special approvals) and maintenance arrangements since last audit	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

ii.	Review previous audit/inspection findings including follow-up and closure	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Check turnover of key management personnel and operational staff	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iv.	Review approved Operations Manual set including quality manual, safety manual, MCM, ground handling manual - check currency, and consistency of manuals with issued AOC and OPSPECS	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
v.	Check occurrence data for incidents	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, facilities to be inspected, special requirements, etc)	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 INSPECTION	
i.	Inspect original AOC and OpSpecs	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Inspect existing organisation structure and management personnel	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Inspect library and Document Control	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
iv.	Inspect Checking and Training Programme	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
v.	Inspect Flight Crew training records	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
vi.	Inspect Operational Control System	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
vii.	Inspect Flight Watch/Flight Following	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
viii.	Inspect Flight Documentation and Records	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ix.	Inspect aircraft and aircraft documentation	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
x.	Minimum Equipment List and defect deferral	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
xi.	Inspect Quality System	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

xii.	Inspect Safety Management System	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
xiii.	Flight Time and Duty Limitations	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
xiv.	Inspect Cabin Safety & Crew training records	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
xv.	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.	Document results of inspection / audit in file	
iv.	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	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Review submitted Corrective Action Plans	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Plan 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.		

*Note: Audit Plan Templates attached as Appendices*

**REMARKS:**

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**Sign & ASI Stamp** .....

Team Leader / CPM

**Date**

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