



**Instructions for Use:**

1. Check **OK** column if you reviewed the record, procedure or event and have no comment.
2. Check **FINDING** column if you reviewed the record, procedure or event and have a comment.
3. Check **NOT CHECKED** column if you did not review the record, procedure or event *or you do have adequate information to make a valid comment*
4. Enter the letter "**N/A**" in the column, if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a FINDING answer for transfer to the Safety Issues Resolution Report.
6. For later reference, proceed any notes with the appropriate question number.
7. For further guidance refer to Inspector Handbook Volume 4

Order/CL No.	Inspector	Type of Manual	Operator/Applicant
Date Received	Date accomplished		
<b>The inspector must -</b>			
(a) Review the regulatory requirements of the Civil Aviation (Air Operator Certification and Administration) Regulations, on General Requirements; Testing and Training for Pilot Licenses of Civil Aviation (Personnel Licensing) Regulations, on Aircraft Operating And Performance Limitations of the Civil Aviation (Operations of Aircraft) Regulations, of Civil Aviation (Operation of Aircraft) Regulations and Civil Aviation (Approved Training Organization) Regulations as applicable in which simulators or synthetic training devices may be used and note details of the minimum requirements and any restrictions on their use .			
(b) Review the duties and responsibilities for management and other personnel identified by the Certificate Holder who accomplish the Simulators / Training Devices process.			
(c) Review the Certificate Holder’s manual to ensure that it contains policies, procedures, instructions and information necessary for the Simulators / Training Devices process.			
(d) Review the Certificate Holder’s policies, procedures, instructions and the controls that it has documented.			
(e) Identify the person who has overall responsibility for the simulators / Training Device process.			
(f) Identify the person who has overall authority for the simulators / Training Device process.			
(g) Review the duties and responsibilities of the person(s), documented in the Certificate Holder’s manual.			
(h) Review the appropriate organizational chart.			

## REVIEW OF FLIGHT SIMULATOR TRAINING DEVICE (FSTD) OPERATION MANUAL

1. Does the Certificate Holder's manual-	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(a) Meet the specific regulatory and NCAA policy requirements for a Simulators / Training Devices process	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(b) Obtain general policies for the Simulators / Training Devices processes that comply with the specific regulatory requirements?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(c) Cite the regulatory requirements pertinent to the task?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(d) Contain the duties and responsibilities for personnel who accomplish the simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(e) Include such instructions and information for personnel to meet the requirements of the simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(f) Specify procedures, instructions and information necessary to ensure it maintains the performance, functional, and other characteristics that are required for approval of each aero plane simulator and training device?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(g) Contain instructions and procedures to ensure that simulators and training devices are configured the same way as the aero plane they represent?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(h) Contain instructions and procedures to ensure the use of a daily discrepancy log to report discrepancies at the end of each training or check flight?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(i) Specify that each flight training device to be used by the Certificate Holder or training source for any of the purposes set forth in the NCAR must be approved by the Authority for its intended use?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(j) Require each training device approved for use in an approval programme to be part of a continuing programme to provide for its serviceability to perform its intended function as approved by the NCAA?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(k) Require each training device approved for use in an approved crew training programme to be part of a continuing programme to provide for its fitness to perform its intended function as approved by the NCAA?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(l) Include the duties and responsibilities of those who manage the work requires by the Simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(m) Include instructions and information for those who manage the work required by the Simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(n) Clearly and completely document the authority for this position?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(o) Clearly and completely document their qualification standards for the person having responsibility for the Simulators / Training	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>

	Devices process?	
(p)	Clearly and completely document the qualification standards for the person having authority to establish and modify the Certificate Holder's policies, procedures, instructions and information for the Simulator / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(q)	Clearly and completely document the procedures for delegation of authority for the Simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
2.	If alternate procedures exist for use during irregular conditions, do the alternate procedures provide and equivalent level of safety to achieve the same results as the primary procedures?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
<p><i>Note: In the following checks, reference is made to "controls". Controls are checks and restraints designed into process to ensure a desired result. Controls should be written into the manual system to ensure that the most important manual policies, procedures or instructions and information will be complied with. Controls may be in the form of "administrative controls" which are secondary or supplemental written procedures. Like written procedures, administrative controls also need to provide answers to the associated who, what, when, where and how type of questions. Controls may also be in the form of "engineered controls" such as automated features or mechanical actions or devices (i.e. safety devices, warning devices, etc).</i></p>		
3.	Are the following controls built into Simulators / Training Devices process to ensure that -	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(a)	The simulators and training devices are configured the same way as the aero plane they represent?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(b)	The Certificate Holder uses a maintenance log to report simulator and training device discrepancies?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(c)	The Certificate Holder uses a maintenance log to correct simulator and training device discrepancies?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(d)	The Certificate Holder upgrades its simulators and training devices to reflect operational/fleet changes and ensures that these changes were communicated to the training programme and inspection department?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(e)	The Certificate Holder's simulator and training devices are configured to meet low altitude wind shear training requirements?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
4.	Does the Certificate Holder have a documented method for assessing the impact any changes made to the controls in the Simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
5.	Does the Certificate Holder's Simulator / Training Devices have a process that would reveal if -	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(a)	Simulators and training devices were not configured the same way as the aero plane they represent?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(b)	The Certificate Holder did not use a maintenance log to report simulator and training device discrepancies?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(c)	The Certificate Holder did not use a maintenance log to correct simulator and training device discrepancies?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>

(d)	The Certificate Holder did not upgrade its simulators and training devices to reflect operational/fleet changes and ensure that these changes were communicated to the training programme and inspection department?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(e)	The Certificate Holder's simulators and training devices were not configured to meet low altitude wind-shear training requirements?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
5.	Does the Certificate Holder documents its process measurement methods and results?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
6.	Does the organization that conducts the process measurements have direct access to the person with responsibility for the simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
7.	Are the following aspects of the Management Responsibility and Authority addressed in the Simulators / Training Devices process:	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(a)	Does the certificate Holder's manual clearly identify who is responsible for the quality of the Simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
(b)	Does the Certificate Holder's manual clearly identify who has authority to establish and modify the policies, procedures, instructions and information for the Simulators / Training Devices process?	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>

<b>CL No:</b>	<b>Tracking No:</b>
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**Notes:**

1. A "NO" or "NS" response on a checklist must be accompanied by reason or comments:
2. A "NO" response to a safety issue finding in an inspection of an organization must be transferred to a CF report for corrective action where applicable.
3. Proceed all comments with the applicable checklist item number or discrepancy number.

**Discrepancy Label:** (Circle the applicable numeric checklist that best describe the discrepancies)

<b>Policy, Procedures, Instructions, Documentation, Control:</b>						<b>Document Quality</b>	
1. Not Specified	2. Unclear	Do not comply with:		7. Do not identify: Who, What, When, Where, How		8. Unreadable	
3. Incomplete	4. Inconsistent	5. NCAR	6. Guidance			9. Illegal	

**10. Resource requirements incomplete** (personnel, facilities, equipment, technical data)

1	2	3	4	5	6	7	8	9
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**Comments:**

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**Recommendations**

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**DOCUMENT APPROVAL**                      **APPROVED**                       **NOT APPROVED**

**INSPECTOR NAME** .....

**SIGNATURE, DATE & ASI STAMP**.....