



**Instructions for use:**

1. Check **C** column if you determine the document or individual item conforms.
2. Check **N/C** column if you determine that the document or individual line item does not comply (put a marker tab in the manual with a short note opposite the non-complying item).
3. Check **N/Ckd** if the item was not checked. Reasons should be given in remarks column.
4. Check **N/A** column if it is not applicable or you do not have adequate information to make a valid comment.
5. Use the remarks column at the end for overall remarks or observations. For significant findings return manual to Operator with a letter listing the findings that require rectification.

| <b>EVALUATION OF OPERATIONS MANUAL (INITIAL APPLICATION PHASE)</b><br><b>FSS-OPS-FORM 053</b> |                  |                                    |
|---|------------------|------------------------------------|
| Operator File Reference   | Inspector Name/s | Dates of submission and evaluation |
|   |                  |                                    |
| Name of Operator/Applicant  | Manual Title     | Contact Person/Phone               |
|   |                  |                                    |

| S/N                           | OVERALL MANUAL PRESENTATION  |   |
|-------------------------------|--|---|
| 1.                            | Exterior of binder clearly indicates manual content  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 2.                            | Prepared in English language   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 3.                            | Presented manual format acceptable to the Authority (hard-copy or soft-copy)   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| <b>MANUAL CONTROL PROCESS</b> |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 4.                            | Copies numbered for controlled issuance  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 5.                            | Name or title of each person who holds a copy  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 6.                            | Statement that the operations manual contains operating instructions which are required to be complied with by all personnel | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 7.                            | Statement of compliance submitted  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |

|     |   |   |
|-----|---|---|
|     | <b>MANUAL REVISION PROCESS</b>  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 8.  | Revision instructions adequate  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 9.  | Revision page for proper revision entry   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 10. | List of effective pages provided and correct  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 11. | Last revision to individual pages identified  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
|     | <b>MANUAL REFERENCING SYSTEM</b>  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 12. | Table of contents easy to find and use  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 13. | Index, if included, easy to find and use  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 14. | Tabbed as necessary for usability without difficulty  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
|     | <b>INDIVIDUAL PAGE PRESENTATION</b>   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 15. | Page numbered in chronological sequence (by chapter or single document)   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 16. | Last revision number/date appears on each page  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 17. | Company name (and logo) appears on each page (exception – item 18)  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 18. | If manufacturer's document is submitted in lieu of a company manual, does the manufacturer's name appear on each page                                 | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 19. | For all manufacturers' documents submitted, a manufacturer's letter or reference of document is provided to substantiate current revision number/date | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
|     | <b>PARAGRAPH NUMBERING</b>  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 20. | Paragraphs and sub-paragraphs numbered or alphabetised for ease of reference  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 21. | Appendices, Tables and Figures referenced for ease of use   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
|     | <b>MANUAL CONTENTS CONFORMANCE</b>  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 22. | Conforms to NAMCARs OPS Manual Contents requirements  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 23. | Complies with NCAA Guidance requirements  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 24. | Conforms to ICAO Annex 6-1, Appendix 2, Ops Manual Contents   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
|     | <b>MANUAL EXPERTS PROPERLY REFERENCED?</b>  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 25. | SOPs, Checklists, compared for content and currency   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 26. | Other user manuals submitted for acceptance compared for content and currency   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 27. | Passenger Briefing Cards compared and Current   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |
| 28. | Training curricula/syllabi and related material submitted   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> Not Ckd <input type="checkbox"/> |

**DOCUMENT ACCEPTANCE:**

YES

NO  (Reasons cited below)

**REMARKS & OBSERVATIONS**

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**INSPECTORS NAME:**

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**INSPECTOR'S SIGNATURE, ASI STAMP & DATE:**