



**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. Coordination is required between FOPS and AIR sections as necessary. The FOI and other appropriate inspector shall sign on the last column after reviewing the relevant items.
6. Use the remarks column at the end for overall remarks or observations. For detailed findings inspectors may also use the FSS-GEN-FORM 39: Audit Inspection Report Form. Attach to this checklist.

| <b>EVALUATION OF QUALITY MANUAL</b> |                                     |                              |                            |
|-------------------------------------|-------------------------------------|------------------------------|----------------------------|
| <b>FSS-OPS-FORM 079</b>             |                                     |                              |                            |
| <b>Operator Reference File</b>      | <b>Inspector's Name</b>             | <b>Date Manual Submitted</b> | <b>Dates of Evaluation</b> |
|                                     |                                     |                              |                            |
| <b>Name of Operator/Applicant</b>   | <b>Contact Person and Phone No.</b> | <b>Title of Manual(s)</b>    |                            |
|                                     |                                     |                              |                            |

| No.       | Subject  | Regulatory Reference | Assessment  |
|-----------|--|----------------------|---|
| <b>1.</b> | <b>Terminology</b> (FSS-AOC-AP002, III. A.)<br>a. Has the applicant included relevant terminology?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| <b>2.</b> | <b>Quality Policy and Strategy</b><br>a. Formal policy statement from Accountable Manager?<br>b. Explain what the system is intended to achieve?<br>c. Cite continued compliance with relevant CARs and AOC holder's standards?<br>d. Does Accountable Manager have overall responsibility for the Quality System? |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|           |  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|           |  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| <b>3.</b> | <b>Purpose</b> Statement that quality system should  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |

|            | enable the operator to monitor compliance with:   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|------------|---|-----------------------------|---|
|            | a. Relevant sections of the CARs?   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | b. Operations, Maintenance Control Manual?  |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | c. Any other standards established by the AOC holder or CAA?  |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| <b>4.</b>  | <b>Quality Manager</b> a. Do responsibilities include activities that verify:<br><br>1. Standards required by CAA and the AOC holder are being carried out properly under the supervision of the relevant manager?<br><br>2. Quality assurance programme is properly established, implemented, maintained and continuously renewed and improved?<br><br>3. Has access to the Accountable Manager, and all parts of the operator and ant sub-contractor's organization?<br><br>b. Are the functions of the Quality Manager carried out by different but complementary Quality Assurance programmes?  |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| <b>No.</b> | <b>Subject</b>  | <b>Regulatory Reference</b> | <b>Assessment</b>   |
| <b>5.</b>  | <b>Quality System</b><br><br>a. Ensure compliance with and adequacy of operational and maintenance activities conducted?<br><br>b. Basic structure specified?<br><br>c. Structured according to the size and complexity of the operation?   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| <b>6.</b>  | <b>Scope</b><br>Does the scope of the Quality Manual address:<br><br>a. Terminology?<br><br>b. The operator's organisational structure?<br><br>c. The provisions of relevant CARs?<br><br>d. The operator's Quality Policy?<br><br>e. The operator's additional standards and operating procedures?<br><br>f. Identification of persons responsible for the development, establishment and management of the Quality System?<br><br>g. Documentation (manuals, reports, records)?<br><br>h. Accident Prevention and Flight Safety Programme quality procedures?<br><br>i. The Quality Assurance Programme?<br><br>j. The required financial, material, and human resources? |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                             | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |

|    |   |  |   |
|----|---|--|---|
|    | <p>k. The training syllabus?</p> <p>l. Document control?</p>  |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 7. | <p><b>Feedback System</b> Corrective action identified and addressed?</p> <p>a. Responsible person identified?</p> <p>c. Procedure for when corrective action not completed within stated time limit?</p>   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 8. | <p><b>Document Control</b> Are procedures developed to ensure documents are:</p> <p>a. Authorised</p> <p>b. Adequate?</p> <p>b. Security classified?</p> <p>c. In standardised form?</p> <p>d. Revised and amended when required?</p> <p>e. Appropriately distributed?</p> <p>f. Stored?</p> <p>g. Periodically reviewed?</p> <p>h. Appropriately disposed?</p>   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 9. | <p><b>Quality Assurance Programme</b> Ensures that all operations and maintenance is conducted in accordance with all applicable requirements, standards and procedures.</p> <p>9a. <i>Quality Inspections</i></p> <p>Ensures through observation that established operational procedures and requirements are followed during the accomplishment of events and that required standard was met?</p> <p>9b. <i>Audits</i></p> <p>Procedure for explaining the scope of the audit?</p> <p>Procedure for planning and preparation?</p> <p>Process for gathering and recording evidence?</p> <p>Process for analysis of the evidence?</p> |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|    |   |  | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |

| No.                                | Subject   | Regulatory Reference  | Assessment  |
|------------------------------------|---|---|---|
| 9.<br>Cntd                         | 9c. <i>Auditors</i><br>Have relevant training or operational experience?  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Responsibilities clearly defined?   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | 9d. <i>Auditor's Independence</i>   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | No day-to-day involvement in the area to be audited?  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Procedures developed to ensure auditor selected has no involvement with the activities to be audited?   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Full time auditor?  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Part time auditor?  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Internal?   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | External?   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Persons within company authorised to conduct quality inspections and audits, identify and record findings and concerns, initiate recommended solutions to concerns or findings, verify the implementation of solutions and report directly to the Quality Manager identified? |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | 9e. <i>Audit Scope</i>  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Are the following areas included in the scope of the operator's audits:   |   |   |
|                                    | Organization  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Plans and company objectives  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Operational Procedures  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Flight Safety   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | AOC certification   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Supervision   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | Aircraft performance  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|                                    | All weather operations  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| Com/Nav equipment and practices    |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |   |
| Mass, balance and aircraft loading |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |   |

| No.    | Subject   | Regulatory Reference | Assessment  |
|--------|---|----------------------|---|
| 9. Ctd | 9e. <i>Audit Scope (continued)</i>  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Instruments and safety equipment  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Manuals, logs and records   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Flight and duty time limitations, rest requirements and scheduling            |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Aircraft maintenance/operations interface                                     |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Use of the MEL  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Maintenance programmes and continued airworthiness                            |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Airworthiness management  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Maintenance accomplishment  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Defect deferral   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Flight crew   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Cabin crew  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Dangerous goods   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Security  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Training  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | 9f. <i>Audit Scheduling</i>   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Defined audit schedule?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Periodic review cycle?  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Allow for unscheduled audits?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Allow for follow-up audits?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | All aspects of operation reviewed in 12-month period?                         |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Extension to 12-month period accepted by CAA?                                 |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | 9g. <i>Monitoring and Corrective Action</i>                                   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|        | Procedure established to monitor regulatory compliance on a continuing basis? |                      |   |
|        | Is non-compliance communicated to the relevant manager?                       |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |

| No.        | Subject   | Regulatory Reference | Assessment  |
|------------|---|----------------------|---|
| 9.<br>Cntd | Is non-compliance recorded?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Are corrective actions developed in response to findings (issues)?  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Corrective actions monitored to verify completion?  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | And to verify effectiveness?  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | <i>9h. Corrective Action</i><br>Following each quality inspection/audit, is:                                |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Immediate need for corrective action established?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Origin of the finding established?  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Type of corrective action determined?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Corrective action schedule established?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Individual/department responsible for implementing corrective action identified?                            |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Accountable manager allocating resources where appropriate?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | <i>9i. Is the Quality Manager:</i><br>Verifying that the responsible manager takes corrective action?       |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Monitoring the implementation and completion of corrective action?  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Providing management with an independent assessment of corrective action implementation and completion?     |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Evaluating the effectiveness of corrective action through follow-up?  |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | <i>9j. Management Evaluation</i><br><br>Process for identification of trends?                               |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Prevention of non-conformities?   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            | Does the Accountable Manager determine frequency, format and structure of management evaluation activities? |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|            |   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |

| No.   | Subject   | Regulatory Reference  | Assessment  |
|---|---|---|---|
| 9.<br>Cntd  | 9k. <i>Recording</i> Process established for retaining the following records for 5 years:<br>Audit schedules?   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | Quality inspection and audit reports?   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | Responses to findings?  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | Corrective action reports?  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | Follow-up and closure reports?  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | Management evaluation reports?  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 10.   | <b>Quality Assurance Responsibility For Sub-Contractors</b>   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | Are any of the AOC holders' activities contracted out to external agencies?   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>a. Does a written agreement exist between the AOC holder and the sub-contractor?</li> <li>b. Are the sub-contractor's safety related activities included in the AOC holder's quality assurance programme?</li> </ul> |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 11.   | <b>Quality System Training</b>  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | For those responsible for managing the quality system, does training cover:   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>a. An introduction to the quality system concept?</li> </ul>   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>b. Quality management?</li> </ul>  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>c. Concept of quality assurance?</li> </ul>  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>d. Quality manuals?</li> </ul>   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>e. Audit techniques?</li> </ul>  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>f. Reporting and recording?</li> </ul>   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>g. The way the quality system will function in the company?</li> </ul>   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | For those not responsible for managing the quality system, does training cover:   |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>a. A briefing on the way the quality system will function in the company?</li> </ul> |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |   |
| 12.   | <b>Sources of Training</b>  |   | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>External</li> <li>Internal</li> </ul>  |   |   |

| No. | Subject   | Regulatory Reference | Assessment  |
|-----|---|----------------------|---|
| 13. | <b>Quality Systems For Small/ Very Small Operators</b><br>a. Checklist used?<br>b. Supporting schedule developed?<br>c. Specified timeframe?<br>d. Schedule documented?<br>e. Periodic review by top management?<br>f. Internal/external/combined auditors? |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|     |   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|     |   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|     |   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|     |   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
|     |   |                      | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |

**Flight Operations Inspector Remarks:**

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 .....  
 .....  
 .....

The above requirements have been evaluated against the operator submissions and is hereby **recommended / not recommended** for approval.

**Inspector Name/s:** .....

**Signature / ASI Stamp & Date:** .....