



Instructions for Use:

1. Check **YES** column if the reviewed record, procedure or event complies with requirements and you have no comment.
2. Check **NO** column if the reviewed record, procedure or event does not comply with requirements and you have a comment.
3. Check **N/C** (Not Checked) column if you did not review the record, procedure or event *or you do not have adequate information to make a valid audit assessment*
4. Enter the letter "**N/A**" (Not Applicable) in the column, if the line item is not required in this particular situation.
5. For later reference, proceed any remarks with the appropriate question number.
6. Resolution Report. Use the inspector remarks column at the end for overall remarks or observations.
7. For non-compliance findings inspectors shall also use the FSS-GEN-FORM 39: Audit Inspection Report Form. Forward findings report to the operator without delay.
8. Specific areas coordinated between OPS and AIR sections are indicated (**OPS and AIR**) in the section title.
9. For further guidance refer to relevant Volume and Chapters in Inspector Handbook.

QUALITY ASSURANCE SYSTEM CHECKLIST FOR AIR OPERATORS

Operator:.....

Location:.....

Dates:

Last Inspection Date:

FO – 01 Pre-audit Review (OPS and AIR)

1. *Refer to FSS-OPS-FORM 001C Base Inspection Job Aid*

Remarks

FO – 02 Air Operator Certificate and Opspecs (OPS and AIR) *Ref NAMCARS/CATS:121 Sub-part 6*

2.	Is the current original Air Operator Certificate and all Operations Specifications available?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
3.	Is the AOC prominently displayed in a public place	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
4.	Does the current organization structure reflect that shown in the Company Operations Manual structure?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
5.	Is the operator providing the type of commercial air service as stated on the Air Operator Certificate?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
6.	Are operational changes in facilities or equipment that	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>

	have occurred in the company since the previous audit reflected in the Operations specifications?	
7.	Is the company operating aircraft types as authorized in the Opspecs??	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
8.	Does the company have adequate facilities to handle the approved operations?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	<i>Remarks</i>	
FO-04 Publication Library (OPS and AIR) <i>Ref NAMCARS/CATS:121 Sub-part 4</i>		
9.	Does the library maintain a register of the internally developed and external manuals and documents held in the library and distributed to users?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
10.	Does the library include all approved and up-to-date publications required by the applicable NAMCARS including:	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
a.	Operations Manual (Parts A, B, C, D)	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
b.	Civil Aviation Act and NAMCARs, NAMCATs and NCAA Directives	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
c.	AIP, Supplements and AICs	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NC <input type="checkbox"/>
d.	Aircraft Flight Manuals	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
e.	Aircraft Operations Manuals (AOMs or FCOMs) including performance manuals	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
f.	Minimum Equipment Lists (MMELs and MELs)	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
g.	Standard Operating Procedures (SOPs)	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
h.	QRHs and Checklists	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
i.	Cabin Crew Manual	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
j.	Passenger Briefing cards	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
k.	Ground Handling Manuals	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
l.	Dangerous goods manual	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
m.	Safety manuals	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>

n.	Emergency Response Plan	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
o.	Security Manual	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
p.	Quality Manual	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
q.	Aircraft Technical Logs	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
r.	Maintenance Control Manual	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
s.	Leases and Maintenance Agreements	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
t.	Flight Recorder Records	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	<i>Remarks</i>	

FO-14 Quality System (OPS and AIR)
Ref NAMCARS/CATS:121.06.2

11.	Is the quality system responsive to changes internally and regulatory changes that could affect the AOC and/or Ops specs?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
12.	Does the Quality Manager maintain a list of current documents, forms, and checklists used in the quality assurance system?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
13.	Is the recurring cycle of internal audits being conducted at the intervals established in the approved manual (at least annually)?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
14.	Has the audit system / checklists been utilised during previous audit cycle to monitor the following:	
	a. The organisation	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	b. Operational procedures	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	c. Safety management	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	d. Operator certification	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	e. Aircraft performance	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	f. Communication and navigation equipment	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	g. Mass, balance and loading	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>

	h. Safety equipment	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	i. Manuals logs and records	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	j. Aircraft maintenance arrangements	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	k. Use of MEL and defects deferral	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	l. Crewmember administration/utilisation	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	m. Operational control personnel	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	n. Dangerous goods	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	o. Security	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
	p. Training and checking	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
15.	Is the quality manager verifying that corrective action is taken by the responsible manager on findings and the accountable manager is notified?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
16.	Is the quality manager monitoring and evaluating effectiveness and completion of corrective actions (addressing root cause)	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
17.	Is there a record of audit findings, corrective actions, and follow up inspections?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
18.	Are individuals performing quality assurance duties independent from the specific function or performance or certification of those tasks?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
19.	When performing quality assurance functions, do the individuals report solely / directly to the quality manager?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
20.	Where external auditors are used, is there a clear process of how findings will be followed until closed?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
21.	Where contracted services are utilized, does the organization perform a quality assurance review of the contracted parties and are these audits included in the organisation's audit plan?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>
22.	Are records of contracted service audits kept including findings, corrective actions, and follow up inspections?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/C <input type="checkbox"/>

	<i>Remarks</i>
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OPS INSPECTOR REMARKS:

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Inspector's Name & ASI #

Signature

Date

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SENIOR MANAGER FLIGHT OPERATIONS - REMARKS:

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Senior Manager Flight Ops Name & ASI #

Signature

Date