

NAMIBIA CIVIL AVIATION AUTHORITY

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**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 the relevant departments and SPQ sections as necessary. The appropriate inspector shall sign on the page after reviewing all 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 701-01: Audit Inspection Report Form. Attach to this checklist.

EVALUATION OF QUALITY MANUAL FSS-GEN-FORM 603-04			
Operator Reference File	Inspector's Name	Date Manual Submitted	Dates of Evaluation
Name of Operator/Applicant	Title of Manual(s)	Contact Person and Phone No.	

S/N	DOCUMENT CONTROL PROCESS	Reference	
1.	Is the manual presented in "hard" and "soft" copies		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
2.	Securely bound and exterior of binder clearly indicates manual content?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
3.	Copies numbered for controlled issuance?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
4.	What is the distribution format, is it hard copies or controlled electronic media and is there a distribution list attached?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
5.	Revision and amendment instructions adequate including revision/amendment table for entering amendments and a person responsible for document control?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
6.	List of effective pages provided and correct?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
7.	Table of contents easy to find and use?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

No.	DOCUMENT CONTROL PROCESS	Reference	
8.	Tabbed as necessary for usability without difficulty?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
9.	Page numbered in chronological sequence (by chapter or single document)?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
10.	Last revision number/date appears on each page?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
11.	Company name (and logo) appears on each page?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
12.	Paragraphs and sub-paragraphs numbered or alphabetized for ease of reference?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
13.	Appendices referenced for ease of use?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>Remarks:</i>		

No.	Subject	Reference	Assessment
1.	A formal policy statement on commitment to quality standards signed by the accountable manager?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
1a	Does the policy statement provide a clear definition of the level of quality the operator intends to achieve?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
1b	Statement that the manual contains operating instructions which are required to be complied with by all relevant personnel?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
1.c	Terminology 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"/>
2.	Quality Policy and Strategy		
	a. Does the manual cite continued compliance with relevant CARs and certificate holder's standards?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b. Does Senior 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"/>
	c. Does the Senior Accountable Manager ensure adequate resources (financial, material, and human) are available to fully implement the quality system.		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	d. Is the quality policy endorsed by the accountable manager?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
3.	Management Review Does the senior accountable manager:		
	a. Determine the frequency, format, and structure of the internal management review and analysis?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

	b. Conduct regular management reviews to monitor effectiveness of the QMS?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
4.	Quality Manager a. Do responsibilities include activities that verify: 1. Standards required by the NCAA and the service provider are being carried out properly under the supervision of the relevant manager? 2. All legal requirements of the organisations certification are complied with? 3. Quality assurance programme is properly established, implemented, maintained, and continuously renewed and improved? 4. The internal audit program is being carried out? 5. They have direct access to the Senior Accountable Manager and all parts of the operator's organization and reasonable access to the sub-contractor's organizations? 6. That all QMS training requirements are completed		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"/>
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			N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b. Are the functions of the Quality Manager carried out by different but complementary Quality Assurance programmes?		
	c. Are the qualifications of quality manager specified		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>Remarks:</i>		
No.	Subject	Reference	Assessment
5.	Does the Quality System a. Ensure compliance with company procedures and adequacy of activities conducted? b. Set effective quality objectives? c. Has the basic structure of the QMS been specified (i.e what comprises the QMS)? d. Is it 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"/>
			N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

	e. Is the organizational structure, and how the quality department and personnel fit into the structure, including lines of accountability, described?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
6.	Feedback System:		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	a. Is corrective action identified and addressed?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b. Is a responsible person identified?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	c. Is there a procedure for when corrective action is not completed within stated time limit?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
7.	Document Control Are procedures developed to ensure documents are:		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	a. Authorised and current?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b. Adequate?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	c. Security classified?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	d. In standardised form?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	e. Revised and amended when required?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	f. Appropriately distributed?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	g. Stored?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	h. Periodically reviewed?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	i. Appropriately disposed?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	Remarks:		
8.	Quality Assurance Programme Ensures that all activities are conducted in accordance with all applicable requirements, standards, and procedures.		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	8a. Quality Inspections Ensures through observation that established operational procedures and requirements are followed during the accomplishment of events and that the required standard was met?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	8b. Audits		
	1. Procedure for explaining the scope of the audit?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	2. Procedure for planning and preparation?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	3. Audit techniques for interviewing, review, sampling, and observation		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	4. Process for gathering and recording evidence?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

	5. Process for analysis of the evidence?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
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No.	Subject	Reference	Assessment
8. Cntd	<i>8c. Auditors</i>		
	1. 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"/>
	2. Responsibilities clearly defined?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	3. Completed company auditor/QMS training?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	4. Records of qualifications and competencies?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>8d. Auditor's Independence</i>		
	1. 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"/>
	2. 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"/>
	<i>8e Auditors: Procedures for the utilization of:</i>		
	1. Full time auditor?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	2. Part time auditor?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	3. External auditors?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	4. Are persons within company identified who are authorised to conduct quality inspections and audits, and who report directly to the Quality Manager?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	5. Where external auditors are used is there a process to follow findings until they are closed?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>8f. Audit Scope</i>		
	Are the following areas included (at a minimum, as applicable) in the audit plan:		
	1. Organization and policies		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	2. Procedures		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	3. Operational activities		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	4. Facilities		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	5. Safety management system		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
6. Certification/Compliance		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>	
7. Performance		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. Safety and emergency Equipment		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	9. Manuals, Logs, and Records		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	10. External service providers (eg maintenance/training).		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	11. Training and checking		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	12. Personnel records		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	13. Security		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>8g. Audit Scheduling/Audit Plan</i>		
	1. Defined audit schedule?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	2. Periodic review cycle?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	3. Allow for unscheduled audits?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	4. Allow for follow-up audits?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	5. All aspects of operation reviewed in a 12-month period?		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	Reference	Assessment
8. Cntd.	<i>8h. Monitoring and Corrective Action</i>		
	1. Procedure established to monitor regulatory and company document compliance on a continuing basis?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	2. Is non-compliance communicated to the relevant manager(s)?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	3. Is the need for corrective action established in the audit reporting documentation?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	4. Is there a procedures for documenting the complete review process from the inspection to the satisfactory management review?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	Remarks		
No.	Subject	Reference	Assessment
8. Cntd.	<i>8i. Corrective Action</i>		
	Following each quality inspection/audit, is:		
	1. A root cause analysis conducted and root causes identified for findings		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

<p>2. An appropriate type (short & long term) of corrective action plan submitted?</p> <p>3. Corrective action schedule time frame established?</p> <p>4. Individual/department responsible for implementing corrective action identified?</p> <p>5. Accountable manager notified, and allocating resources where appropriate?</p> <p><i>9j. Is the Quality Manager:</i></p> <p>1. Verifying that the responsible manager takes corrective action?</p> <p>2. Monitoring the implementation and completion of corrective action?</p> <p>3. Providing management with regular reviews of corrective action implementation and completion?</p> <p>4. Evaluating the effectiveness of corrective action through follow-up?</p> <p>5. Conduct and record regular management reviews to ensure closure of corrective actions.</p> <p><i>8k Co-ordination with other sources</i></p> <p>Is there procedures by which other quality indicators such as malfunction and defect reports, incidents, occurrences, customer and personnel feedback and complaints, are brought into the quality assurance system for effective monitoring and resolution?</p> <p><i>8l. Management Evaluation</i></p> <p>1. Process for identification of trends and statistical analysis?</p> <p>2. Proactive prevention of non-conformities?</p> <p>3. Maintaining a Quality finding register?</p> <p>4. Continual monitoring effectiveness of QMS?</p> <p>5. Results of audits, inspections, and other monitoring activities reviewed on a regular schedule?</p> <p>6. Quality management manual reviewed on a regular schedule, at a minimum of annually?</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"/>
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		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
		N/A <input checked="" type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
		N/A <input checked="" type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
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		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	Remarks:	

No.	Subject	Reference	Assessment
9	<p>Is a Recording Process established for retaining the following records for 5 years:</p> <ol style="list-style-type: none"> 1. Audit schedules? 2. Quality inspection, review, and audit reports and observations? 3. Responses to findings? 4. Corrective action reports? 5. Follow-up and closure reports? 6. Management evaluation reports? 		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"/>
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			N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
10.	<p>Quality Assurance Responsibility For Sub-Contractors</p> <p>Are any of the operator's activities contracted out to external agencies?</p> <ol style="list-style-type: none"> a. Is a written agreement between the AOC holder and the sub-contractors stipulated? b. Are the sub-contractor's safety related activities included in the AOC holder's quality assurance programme? 		
			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"/>
11.	<p>Quality System Training</p> <ol style="list-style-type: none"> a. For those responsible for managing the quality system, does training cover: <ol style="list-style-type: none"> 1. An introduction to the quality system concept? 2. Quality management? 3. Concept of quality assurance? 4. Quality manuals? 5. Audit techniques? 6. Reporting and recording? 7. The way the quality system will function in the company? b. For those not responsible for managing the quality system, does training cover: <ol style="list-style-type: none"> 1. A briefing on the way the quality system will function in the company including the individuals participation requirements? c. Are measures taken to ensure the quality system is understood, implemented, and complied with at all levels? 		
			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"/>
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			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"/>
12.	<p>Are sources of training audited?</p> <ol style="list-style-type: none"> a. External b. Internal 		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	Reference	Assessment
13.	Quality systems and supporting documents: a. Checklists and control document used? b. Supporting schedule developed? c. Specified timeframe? d. Schedule documented? e. Periodic review by top management? f. Internal/external/combined auditors processes? g. Distribution of the organisations quality procedures?		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"/>
14a.	Does the quality system comply with the requirements of the applicable ICAO document (eg. 8335 AOC Holders)?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
14b.	Complies with requirements of the applicable NAMCATS?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

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Inspector Recommendation/observations _____

THIS **DOCUMENT** HAS BEEN EVALUATED IN ACCORDANCE WITH THE NAMCARs (PART _____) REQUIREMENTS CURRENTLY IN FORCE AND THE CHECKLIST ABOVE. I **DO / DO NOT / RECOMMEND** THAT **APPROVAL** BE GRANTED / APPLIED TO THE ABOVE **MANUAL**

Inspector's Name & ASI Stamp **Signature** **Date**