

**Instructions for Use:**

1. Check **C** column if you determine the document or individual item conforms to requirements.
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 as necessary. The respective inspector shall sign on the last page after reviewing the item.
6. Use the remarks column at the end for overall remarks or observations. For detailed findings inspectors should also use the FSS-GEN-FORM-701-01: Audit Inspection Report Form. Forward the findings to the Operator and attach a copy to this checklist.
7. Use the remarks column at the end for overall remarks or observations.

<b>EVALUATION OF AN EMERGENCY RESPONSE PLAN (ERP)</b>			
<b>FSS-GEN-FORM-603-05</b>			
<b>Operator File Reference</b>	<b>Inspector's Names</b>	<b>Date Document Submitted</b>	<b>Date Evaluation Completed</b>
<b>Name of Operator/Applicant</b>	<b>Title of Submitted Document(s)</b>	<b>Contact Person</b>	<b>Phone No.</b>

<b>S/N</b>	<b>MANUAL PRESENTATION AND REFERENCING:</b>	<b>Reference</b>	
1.	Exterior of binder clearly indicates manual content (Title etc)?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
2.	Copies numbered for controlled issuance?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
3.	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"/>
4.	Page number 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"/>
5.	Document kept current and 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"/>
6.	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"/>
7.	Document control includes approval page, list of effective pages, distribution list, etc)?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
8.	Conforms to NAMCARs, Directives, and SMS requirements.		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>Remarks</i>		

S/N	SCOPE OF ERP	Reference	
9.	- Is the ERP Specific to the Operator in terms of:		-
	a) Size of organization		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b) Type of Operations		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	c) Area of Operations		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	d) Area of Operations including destination and alternate airports		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
10.	Are there agreements in place with contractors, code-share partners etc on emergency response?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
11.	Is there an emergency response coordination process with relevant operators, service providers, or airport authorities and CAAs described?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
12.	Where an emergency response service provider is used is there an appropriate contract in place?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>Remarks:</i>		
<b>ERP CONTENT</b>			
13.	Does the Emergency management organisation include the following?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	a) An emergency response management team		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b) Roles and responsibilities of each team member clearly defined (ideally in the form of, or include, checklists)?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	c) A clearly identified area to function as an emergency management centre with adequate facilities and equipment?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
14.	Does the plan detail a notification process that includes:		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	a) Description of the internal notification process (management team, support teams, go teams etc)?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b) Notification of emergency services?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	c) Notification of state authorities?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	d) Other agencies and contracted organisations?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	e) Up-to date contact details of all relevant persons and organisations?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

15.	Does the plan describe the different types of emergencies (e.g. missing aircraft, hull loss, aircraft technical, unlawful interference, bomb threats)	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
16.	Does the plan specify the role of the Operator in assisting state search and rescue efforts including alerting phases and procedures?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
17.	Is the composition and role of the response team (go team) including equipment described?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
18.	Are activities at the occurrence site including coordination with state authorities and investigators described?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
19.	Is crisis communication including handling of news media described?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
20.	Does the plan include handling of uninjured passengers and assistance to families/friends?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
21.	Are response activities presented in the form of easy to use checklists?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
22.	Is adequate team training and exercise drills addressed in the plan?	N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
<i>Remarks</i>		

**FOR OFFICIAL USE ONLY**

**Inspector Recommendations/Observations** \_\_\_\_\_

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THIS **DOCUMENT** HAS BEEN EVALUATED IN ACCORDANCE WITH THE NAMCAR 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**