

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 use the FSS-GEN-FORM-701-01: Audit Inspection Report Form. Forward findings report to the operator without delay.
8. Coordination is required between the relevant department and SPQ as necessary.
9. For further guidance refer to relevant Volume and Chapters in Inspector Handbook.

SAFETY MANAGEMENT SYSTEM INITIAL CHECKLIST			
FSS-GEN-FORM-604-02			
Operator File Reference	Inspector's Name	Date of Audit	Date of Previous Audit
Name of Operator/Applicant	Location	Contact Person	Phone No.

	Pre-Audit Review	Evid. Ref.	
1.	<i>Refer to FSS-GEN-FORM-701-01D Onsite Inspection Job Aid</i>		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>Remarks:</i>		

Operator Safety Management System			
<i>Ref : NAMCARs Part 140</i>			
	Safety Management System Elements	Evid. Ref.	
2.	Is the safety policy endorsed by the Accountable Manager and clearly accessible to all staff?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
3.	Is availability of the person responsible Safety adequate to manage the safety office as described in the approved safety manual?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

4.	Does the person responsible for the Safety Management System have direct access to the Accountable Manager?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
5.	Are personnel at all levels involved in the establishment and maintenance of the safety management system?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
6.	Has the organisation established an implementation plan to guide the establishment of the SMS?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
7.	Has the organisation conducted and documented a gap analysis to determine what aspects of the plan need to be effected?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
8.	Have the appropriate resources been allocated in appropriate time frames to address the tasks identified gap analysis?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
9.	Does the implementation plan allow for identification of sub-standard performance and review to enable continual improvement of the SMS?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
10.	Are flight safety improvement suggestions solicited and processed?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
11.	Has a safety awareness programme been developed?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
12.	Are industry safety concerns (which may have an impact on the operation) monitored?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
13.	Are safety audits conducted on external service providers?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
14.	Is a close relationship with aircraft manufacturers maintained (AOC and AMOs)?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
15.	Is a close relationship with industry safety associations maintained?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
16.	Is a flight data analysis programme implemented as required by regulation? (<i>Air Operators over 27,000kgs</i>)		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
17.	Is the flight data analysis programme non-punitive and contains safeguards to protect the sources of data? (<i>Air Operators over 27,000kgs</i>)		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
18.	Does the operator utilise the captured flight data to monitor and improve safety trends? (<i>Air Operators over 27,000kgs</i>)		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>Remarks:</i>		
	Incident and Hazard Management		
19.	Has an incident reporting system been implemented that provides a process of reporting		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

	incidents/hazards, investigation of incidents, the means to advise management, and information feedback to employees?		
20.	Are incidents/accidents investigated and are recommendations to preclude recurrence implemented?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
21.	In the case of serious incidents or accidents are regulation requirements followed for the safe custody of recordings and the records pending investigation by state investigators?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
22.	Is there a hazard identification and risk mitigation process established to identify and mitigate the consequences of hazards?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
23.	Is hazard identification based on a combination of reactive, proactive, and predictive data analysis methods?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
24.	Does the service provider carry out hazard identification when –		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	a) the organization experiences an unexplained increase in aviation safety-related events or regulatory non-compliance?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b) significant operational changes occur, including anticipated changes to key personnel or other major system components?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	c) significant organizational changes occur, including anticipated growth and contraction, or acquisitions?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
25.	Is hazard identification conducted by experienced operational and technical personnel?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
26.	Are identified safety hazards assessed for the related consequences, likelihood of occurrence and severity of the risks and required risk controls?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
27.	Does the incident/hazard reporting process allow for confidential reports?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
28.	Does the safety database monitor and analyse safety trends?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
29.	Are approved Safety Performance Indicators and Targets monitored?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
30.	Is there a process to ensure the safety performance Indicators and targets reviewed, updated, and approved annually?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
31.	Does the operator report occurrences and hazards as required by regulation to the Director?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	<i>Remarks:</i>		

Safety Committee			
32.	Has a Safety Committee (or similar group) been established to identify safety concerns and deficiencies and to make recommendations for corrective measures to senior management?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
33.	Are members from all operating departments represented?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
34.	Does the committee meet regularly?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
35.	Do meeting minutes provide a record of agenda items, discussions and corrective actions taken, where applicable?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
36.	Does the safety committee report directly to the accountable manager?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
<i>Remarks:</i>			
SMS Training			
37.	Has the service provider developed and implemented a safety training programme that ensures that personnel are trained and competent to perform their SMS duties?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
38.	Is the scope of the safety training programme appropriate to each individual's involvement in the SMS?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
39.	Do the training procedures specify initial and recurrent safety training requirements for operational personnel, managers and supervisors, senior managers, and the accountable executive?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
<i>Remarks:</i>			
SMS Documentation			
40.	Does the SMS documentation include a compilation of current SMS related records and documents including:		
	a) hazards and occurrence report register?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	b) safety performance indicators and related charts?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	c) record of completed or in-progress safety assessments?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>

	d) SMS internal review or audit records?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	e) safety promotion record?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	f) personnel SMS/safety training records?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	g) SMS/safety committee meeting minutes?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
	h) SMS implementation plan?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
<i>Remarks:</i>			
Emergency Response Planning			
41.	Has an Emergency Response Plan been developed?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
42.	Is the plan approved?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
43.	Is there a process to ensure internal and external contacts are kept current?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
44.	Is there a schedule for exercising the plan not less than annually?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
45.	Is the plan available to the key responders?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
<i>Remarks:</i>			
Continuous Improvement			
46.	Does the service provider monitor and assess the effectiveness of its SMS processes to enable continuous improvement of the overall performance of the SMS?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
47.	Does the monitoring process involve the conduct of internal evaluations and independent audits of the SMS?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
48.	Does the internal evaluations involve assessment of the service provider's aviation activities that can provide information useful to the organization's decision-making processes?		N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/>
<i>Remarks:</i>			

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Inspector Remarks:

Inspector's Name & ASI #

Signature

Date

Senior Manager Remarks:

Senior Manager's Name & ASI #

Signature

Date