

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 CHECKLIST | | | |
|---|------------------|----------------|------------------------|
| FSS-GEN-FORM-604-02A | | | |
| 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 | | |
|-------------------------|---|---|
| 1. | Refer to FSS-GEN-FORM-701-01D Onsite Inspection Job Aid | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| | Remarks: | |

| 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 checked="" 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"/> |

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| 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. | 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"/> |
| 7. | Has a safety awareness programme been developed and maintained? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 8. | 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"/> |
| 9. | Are safety audits conducted regularly on external service providers? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 10. | 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"/> |
| 11. | 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"/> |
| 12. | 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"/> |
| 13. | 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"/> |
| 14. | 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 checked="" type="checkbox"/> |
| | <i>Remarks:</i> | | |
| | Incident and Hazard Management | | |
| 15. | Has an incident reporting system been implemented that provide a process of reporting incidents/hazards, investigation of incidents, the means to advise management, and information feedback to employees? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 16. | Does the incident management process include a hazard identification and risk mitigation process. | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 17. | 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"/> |
| 18. | 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"/> |
| 19. | 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"/> |
| 20. | Is there an occurrence and hazard register for recording of risks | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |

| | | | |
|------------------------------------|---|--|---|
| 21. | 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"/> |
| 22. | Are approved Safety Performance Indicators and Targets monitored and approved by the ED? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 23. | Are the Safety Performance Indicators and Targets updated at a minimum annually? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 24. | 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 | | | |
| 25. | 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"/> |
| 26. | 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"/> |
| 27. | Does the committee meet regularly? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 28. | 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"/> |
| <i>Remarks:</i> | | | |
| Emergency Response Planning | | | |
| 29. | 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"/> |
| 30. | Is the plan maintained and current? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 31. | Are internal and external contacts kept current? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 32. | Is the plan regularly exercised as documented? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 33. | Are records of the previous exercise kept including corrective actions to improve the plan? | | N/A <input type="checkbox"/> C <input type="checkbox"/> N/C <input type="checkbox"/> N/Ckd <input type="checkbox"/> |
| 34. | 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> | | | |

INSPECTOR REMARKS:

Inspector's Name & ASI #

Signature

Date

SENIOR MANAGER REMARKS:

Senior Manager's Name & ASI #

Signature

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