



**Instructions for Use:**

1. Check **OK** box if you reviewed the record, procedure or event and have no comment.
2. Check **FINDING** box if you reviewed the record, procedure or event and have a comment.
3. Check **NOT CHECKED** box if you did not review the record, procedure or event *or you do have adequate information to make a valid comment*
4. Check **“N/A”** in the box, if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a FINDING answer for transfer to the Safety Issues Resolution Report.
6. For later reference, proceed any notes with the appropriate question number.

**AMO FACILITIES AND EQUIPMENT AUDIT CHECKLIST**

Name Of Maintenance Organization: .....

Physical Address (Location): .....

Postal Address: .....

Date Of Inspection: .....

Operator’s Representatives: - (1).....

(2).....

Inspector (s) : - (1) .....

(2) .....

**ITEMS**

1.	Were the following facilities adequate as indicated below:	N/A <input type="checkbox"/> OK <input type="checkbox"/> Finding <input type="checkbox"/> Not Checked <input type="checkbox"/>
	(a) Housing for maintenance functions to be accomplished?	
	(b) Where the AMO has aircraft class rating, does housing include -	
	(i) Suitable permanent housing for at least the heaviest aircraft within the mass class or rating being sought?	
	(ii) Permanent work doc where applicable	
	(c) Proper storage, security and protection of materials, parts and supplies to prevent deterioration and damage?	
	(d) Proper ventilation and environmental control of storage facilities?	
	(e) Proper identification and storage of parts and subassemblies during disassembly, cleaning, inspection, repair, alteration and assembly?	
	(f) Segregation of incompatible work areas such as metal shop, battery charging shop, painting area, assembly area, electronic and radio shops and un-partitioned parts cleaning areas?	



