คำขอรับการแต่งตั้งเป็นผู้ตรวจสอบระบบประกันคุณภาพแนบท้ายระเบียบสำนักงานการบินพลเรือนแห่งประเทศไทย ว่าด้วยคุณสมบัติ การแต่งตั้ง การปฏิบัติหน้าที่ และการกำกับดูแลการปฏิบัติหน้าที่ของผู้ตรวจสอบระบบประกันคุณภาพ พ.ศ. 2561



Quality Auditor Authorization Application Form

Section 1: Applicant Information (Self-Assessment by applicant)			
Name:	Surname:		
Department	t: Division:		
Employee ID:			
Section 2: Quality Auditor Qualification (Self-Assessment by applicant)			
	Being an employee of CAAT or a person appointed by Director General		
	At least Bachelor degree		
	Has a minimum total 2-years' experience in Quality Management System.		
	Have passed training courses on Basic Quality Assurance Auditor Course as detailed in the Training Program available in the CAAT Training Manual		
	Have passed On the Job Training (OJT) as follows;		
	(a) OJT under the supervision of Lead Quality Auditor as an observer Quality		
	Auditor at least 1 time.		
	(b) OJT under the supervision of Lead Quality Auditor as a Trainee Quality		
	Auditor at least 1 time.		
	(c) OJT under the supervision of Lead Quality Auditor and have successfully		
	completed OJT assessment at least 1 time.		
	Have successfully completed OJT assessment in accordance with (b) and (c)		
under the supervision of Quality Assurance Manager.			
Date of Application	Signature of : Applicant:		

Section 3: Quality Auditor Authorization Checklist (Verify by QAD)

1.	Qualification	Yes/No		
Does the applicant comply with qualification requirement?				
Comment:				
2.	Experience	Yes/No		
Does	Does the applicant comply with Experience requirement?			
Comment:				
3.	Training	Yes/No		
Does the applicant comply with Training requirement?				
Comment:				
4.	On Job Training (OJT)	Yes/No		
Does the applicant comply with OJT requirement?				
Comment:				
	k: For more details of each requirement above refer to Quality Auditor Au	thorization Procedure.		
Checked By QAD:				
Name: Signature:				
Date:				
Final Recommendation by Manager of QAD				
Nam	o. Signaturo.			
Name: Signature:				
Date:				
Final Decision by DGCA				
Name: Signature:				
Date:				