



สำนักงานการบินพลเรือนแห่งประเทศไทย  
The Civil Aviation Authority of Thailand

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# Guidance Material for ANS Safety Audit Process

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CAAT-GM-ANS-AUDIT

Revision: 05

Date: 28 September 2023

Approved by

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Director General of the Civil Aviation Authority of Thailand

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## 0. Introduction

### 0.1 Background

Thailand, as a contracting State to the Convention of International Civil Aviation, has an obligation to the international community to ensure that the Civil Aviation activities under its jurisdiction comply with the Standards and Recommended Practices contained in the Annexes to the Convention.

In accordance with the Air Navigation Act B.E.2497 (Amendment No. 14) B.E.2562 and the Civil Aviation of Thailand Emergency Decree B.E.2558, the Civil Aviation Authority of Thailand (hereinafter 'CAAT') has been appointed to carry out the inspection, surveillance and assessment activities aimed at ensuring the safe and efficient operation of Service Providers in Thailand. The Requirement of the Civil Aviation Authority of Thailand No. 25 (RCAAT No. 25) on the Application for and Issuance of Air Navigation Services Certificate, Air Navigation Service Providers are required to obtain Certification and ensure that all operations are provided according to the provision of the Air Navigation Act and the Regulation. More specifically, the Notification of CAAT on the Specification of the Juristic Person, Validity and Other Duties of the Air Navigation Service Certification Holder, Air Navigation Service Providers are required to facilitate and manage the non-compliance findings in the audit/inspection process to maintain the safety of operations.

CAAT will issue certificates of compliance with the requirements of the Regulations in place and will ensure the monitoring of compliance and continued surveillance of Air Navigation Service Providers.

This Guidance Material describes the approaches and methods to Air Navigation Service Providers on the audit/inspection process under the State Safety Oversight system. The State Safety Oversight system aims to verify the uniform application of all applicable ANS safety and other regulatory requirements by all Service Providers of the ANS domain in the area of responsibility of Thailand.

### 0.2 Purpose

The 'Guidance Material for ANS Safety Audit Process' contains the basic principles, actions, inputs and outputs intended to harmonise and standardise the steps required in the context of audit under the State Safety Oversight system and regulations/requirements in place.

### 0.3 Applicability (is subjected to)

In the documentation to be presented throughout the audit process, as well as the case of the process of non-compliance management procedure.

The audit process will be applied by the CAAT to harmonise the safety audit process for Air Navigation Service Providers of the following type of services.

- 0.3.1 Air Traffic Management (hereinafter 'ATM')
  - a) Air traffic services (hereinafter 'ATM-ATS')
  - b) Airspace management (hereinafter 'ATM-ASM')
  - c) Air traffic flow management (hereinafter 'ATM-ATFM')
- 0.3.2 Communications, Navigation, and Surveillance (hereinafter 'CNS')
- 0.3.3 Aeronautical Meteorological Services (hereinafter 'MET')
- 0.3.4 Aeronautical Information Services (hereinafter 'AIS')
- 0.3.5 Instrument Flight Procedure Design Services (hereinafter 'IFPD')
- 0.3.6 Search and Rescue Services (hereinafter 'SAR')

#### **0.4 Applicability**

This Guidance contains the process and guidance instructions for Air Navigation Service Providers on audit process in order to ensure the compliance with the provision of the Air Navigation Act and the Regulations.

It should be clearly understood that this document has no legal status. It is intended to provide recommendations and guidance to illustrate a means but not necessarily the only means of complying with CAAT rules, applicable regulations, directives, safety regulatory requirements and other related documents through regular audits/inspections activities

#### **0.5 Effective Date**

The 'Guidance Material for ANS Safety Audit Process' Revision 05 is Date 28 September 2023. The changes in this issue are as follows:

0.5.1 Revise Audit Follow – Up [Checklist or Report] Form

#### **0.6 Objectives of ANS Audits & Inspections**

A safety audit is the mechanism by which aspects of safety management for air navigation services are reviewed and assessed for effectiveness.

0.6.1 The objectives of ANS audits & inspections are to:

- a) Ascertain compliance of service providers with applicable Thailand legislation, CAAT regulations and requirements, ICAO SARPS and other applicable safety regulatory requirements as well as Service Provider's internal procedures
- b) Ensure adherence with prescribed standards and procedures in the provision of services
- c) Determine the effectiveness of safety planning and procedures in Service Providers operations and
- d) Highlight commendable findings and/or observations (where applicable).





- e) Notification of The Civil Aviation Authority of Thailand for operations manual of air navigation facility B.E. 2564
- 0.7.6 MET
- a) Regulation of The Civil Aviation Authority of Thailand No. 19 on Aeronautical Meteorological Services Standards
  - b) Rule of The Civil Aviation Authority of Thailand on Manual of Standards of Aeronautical Meteorological Services Standards
  - c) Rule of The Civil Aviation Authority of Thailand on Operations Manual of Aeronautical Meteorological Services
  - d) Notification of The Civil Aviation Authority of Thailand for applying and issuing air navigation establishment license B.E. 2563
  - e) Notification of The Civil Aviation Authority of Thailand for operations manual of air navigation facility B.E. 2564
- 0.7.7 AIS
- a) Regulation of The Civil Aviation Authority of Thailand No. 20 on Aeronautical Information Services Standards
  - b) Rule of The Civil Aviation Authority of Thailand on Manual of Standards of Aeronautical Information Services Standards
  - c) Rule of The Civil Aviation Authority of Thailand on Operations Manual of Aeronautical Information Services
- 0.7.8 IFPD
- a) Regulation of The Civil Aviation Authority of Thailand No. 21 on Instrument Flight Procedure Design Services Standards
  - b) Rule of The Civil Aviation Authority of Thailand on Manual of Standards of Instrument Flight Procedure Design Service Standards
  - c) Rule of The Civil Aviation Authority of Thailand on Operations Manual of Instrument Flight Procedure Design Service
- 0.7.9 SAR
- a) Regulation of The Civil Aviation Authority of Thailand No. 13 on Search and Rescue Services Standards
  - b) Rule of The Civil Aviation Authority of Thailand on Manual of Standards of Search and Rescue Services Standards
  - c) Rule of The Civil Aviation Authority of Thailand on Operations Manual of Search and Rescue Services

The regulatory requirements and standards applicable to Service Providers and enforced through the processes in this Handbook are at least:

- d) ICAO Annex 2: Rules of the Air,
- e) ICAO Annex 3: Meteorological Service for International Air Navigation,
- f) ICAO Annex 4: Aeronautical Charts,
- g) ICAO Annex 5: Units of Measurement to be Used in Air and Ground Operations,
- h) ICAO Annex 10: Aeronautical Telecommunications,
- i) ICAO Annex 11: Air Traffic Services,
- j) ICAO Annex 12: Search and Rescue,
- k) ICAO Annex 15: Aeronautical Information Services,
- l) ICAO Annex 19: Safety Management,
- m) ICAO Doc 4444: Procedures for Air Navigation Services — Air Traffic Management (PANS-ATM),
- n) ICAO Doc 8168: Procedures for Air Navigation Services — Aircraft Operations (PANS-OPS),
- o) Other relevant ICAO Documents and International Standards and Requirements

## 0.8 Safety Audit Methodology

### 0.8.1 Safety

A safety audit is the mechanism by which aspects of safety management for air navigation services are reviewed and assessed for effectiveness.

#### Definition from ICAO Doc 9859 Safety Management Manual

The scope of the ANS audits/inspections and audit planning based on the conceptual framework of Safety. The basic concept should be considered as follows

### 0.8.2 Shell Model

SHELL Model that is the concept with a modified diagram that illustrate conceptual model uses blocks to present the interfaces between difference components of Human Factors and intended as a basic aid to understanding Human Factors:

- a) Software (S) - the rules, procedures, written documents etc., which are part of the standard operating procedures.
- b) Hardware (H) - the Air Traffic Control suites, their configuration, controls and surfaces, displays and functional systems.
- c) Environment (E) - the situation in which the L-H-S system must function, the social and economic climate as well as the natural environment.

- d) Liveware (L) - the human beings - the controller with other controllers, flight crews, engineers and maintenance personnel, management and administration people - within in the system.
- e) Other remaining elements that need to adjust to correspond to the main elements to avoid tension which leads to system failure.
- f) Matching elements that are not consistency which may lead to human error

With the relationship as shown below:

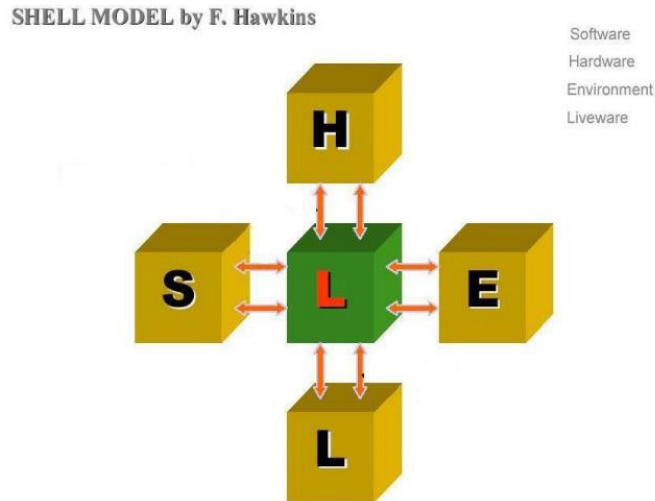


Figure 5.1 The concept of SHELL MODEL

### 0.8.3 Reason's Swiss Cheese Model

Reason's Swiss Cheese Model of accident causation is a model used in risk analysis and risk management. In this model the concept of safety layers was used while holes in the safety layers correspond to the deficiencies due to latent errors (e.g. organisational errors, environment etc.) When the holes in the defensive layers align, then hazard can lead to an accident.

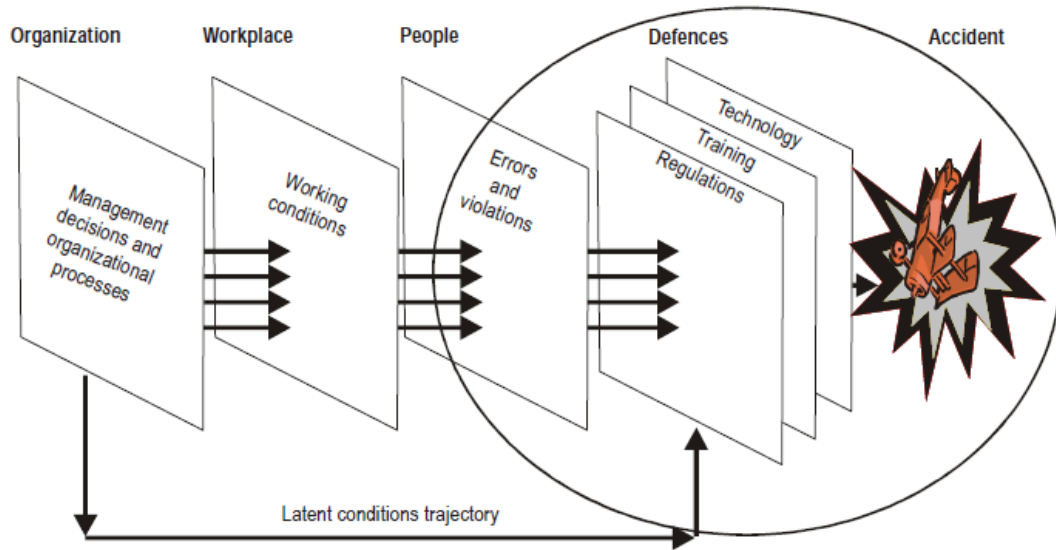


Figure 5.2 The concept of accident causation (Source: Doc 9859 Safety Management Manual)

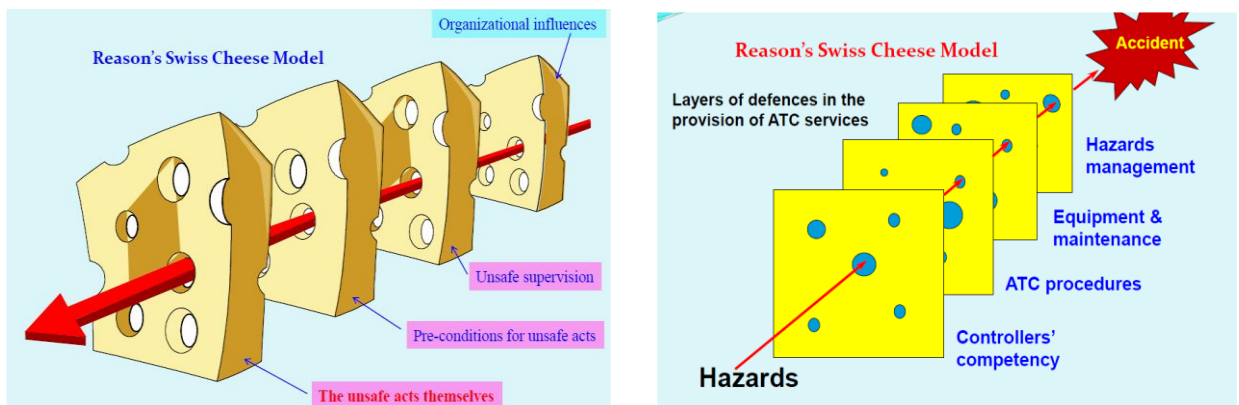


Figure 5.3 Layers of defences in the provision of Air Navigation Services

#### 0.8.4 System Process Model

There are 4 key elements:

- Personnel
- Equipment
- Procedures/Environment
- Document (Material/Information)

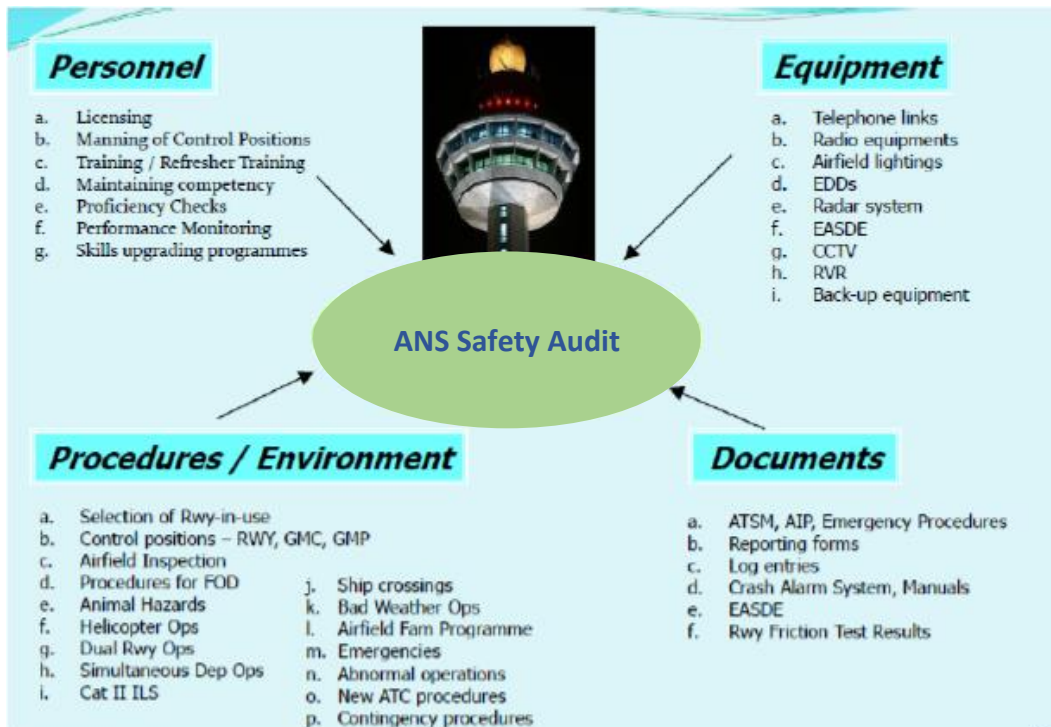


Figure 5.4 The key elements of audit

## **1. Audit Scope and Criteria**

### **1.1 Role & Responsibilities**

The ANS Inspector/Audit Team is responsible for carrying out safety oversight functions in the area of ANS to ensure the continuous compliance with the national regulatory requirements in accordance with the applicable section of ICAO Annexes and Documents as required by the Convention.

The ANS providers are required to comply with CAAT regulations and requirements.

### **1.2 Audit Scope**

The scope of the ANS audits/inspections includes the area of air traffic management (ATM), communication navigation and surveillance (CNS), Aeronautical Meteorological Services (MET), aeronautical information service (AIS), instrument flight procedure design service (IFPD), aeronautical search and rescue service (SAR) and flight inspection unit service (FIU) and any other aspects of the ANS systems and services.

The scope of the audits/inspections will mainly cover the following four components:

- 1.2.1 Human Resources and Training;
- 1.2.2 Facilities, Equipment and Work Environment;
- 1.2.3 Quality Management and Documentation;
- 1.2.4 Operating Procedures

### **1.3 Audit Criteria**

The operation and management of the operators shall be in accordance with the following requirements:

- 1.3.1 Legislation
- 1.3.2 Ministerial Regulations
- 1.3.3 Regulations of the Civil Aviation Board
- 1.3.4 Regulations and Announcements of Department of Civil Aviation
- 1.3.5 Regulations / Requirements / Announcements of Civil Aviation Authority of Thailand
- 1.3.6 ANSP Operations Manual
- 1.3.7 ANSP Safety Management Manual
- 1.3.8 Others Special Procedures or Unit Instructions of ANSP

### **1.4 Audit & Inspection Types**

Audit/inspection procedures are similar in application but can have differences depending on the size, scope and complexity of the organisations to be audited/inspected.

### Differences between ANS Audits and Inspections

ANS Audits	ANS Inspections
Applicable to the overall arrangements, or elements thereof, of the Service Providers' processes or services.	Applicable to particular Service Providers' services or specific parts of the system or processes
Verify compliance of: (a) documented provisions and other established arrangements against safety regulatory requirements/standards, ICAO SARPs and CARs; (b) actual operational practices against/documentated procedures and other established arrangements.	Verify via testing and/or examination whether or not prescriptive safety regulatory requirements/standards have been efficiently complied with.
Focus particular attention on processes with a broader scope.	Focus generally on a particular element of Service Provider's system with a smaller scope.
Usually conducted by a team of auditors in accordance with more comprehensive procedures.	May be conducted by one inspector in accordance with more straightforward procedure.

The type of audit/inspection is determined by the circumstances under which the audit/inspection is convened and could include one of the following purposes:

#### 1.4.1 Certification/Licensing/Air Navigation Facility Establishment Licence Audit/Inspection Activities:

Once an application for an approval or certification of a specific discipline is received, an audit will be conducted to ensure that approval and certification requirements have been met.

#### 1.4.2 Surveillance Audit/Inspection Activities:

A routine compliance audit will be conducted for the purpose of determining an organisation's overall level of compliance with regulatory requirements. All applicable characteristics of the organisation will be subject to review.

- a) Scheduled audit/inspection
- b) Unannounced audit/inspection

#### 1.4.3 Special-Purpose Audit/Inspection:

A special-purpose audit is one conducted to respond to circumstances other than those requiring a post-approval or certification audit, or a routine compliance audit. For example, a special-purpose audit may be convened with little or no notice arising from safety concerns.

The audit may be "combined audit": A combined audit will target more than one functional Area. Where possible during combined audits/inspections, each process should be carried out as coordinated. These are audits/inspections conducted by auditors from different functional areas.

## 1.5 ANS Annual Audit Program

CAAT will formally communicate the ANS Annual Audit Program to the Service Providers involved before the end of the calendar year. It may be altered or revised based on the evidence gathered during the preceding Surveillance Programme in order to maintain required safety in the system.

The frequency of surveillance will depend on risk management criteria of each area in order to target Service Providers with poor compliance and performance or safety records.

The following factors are considered:

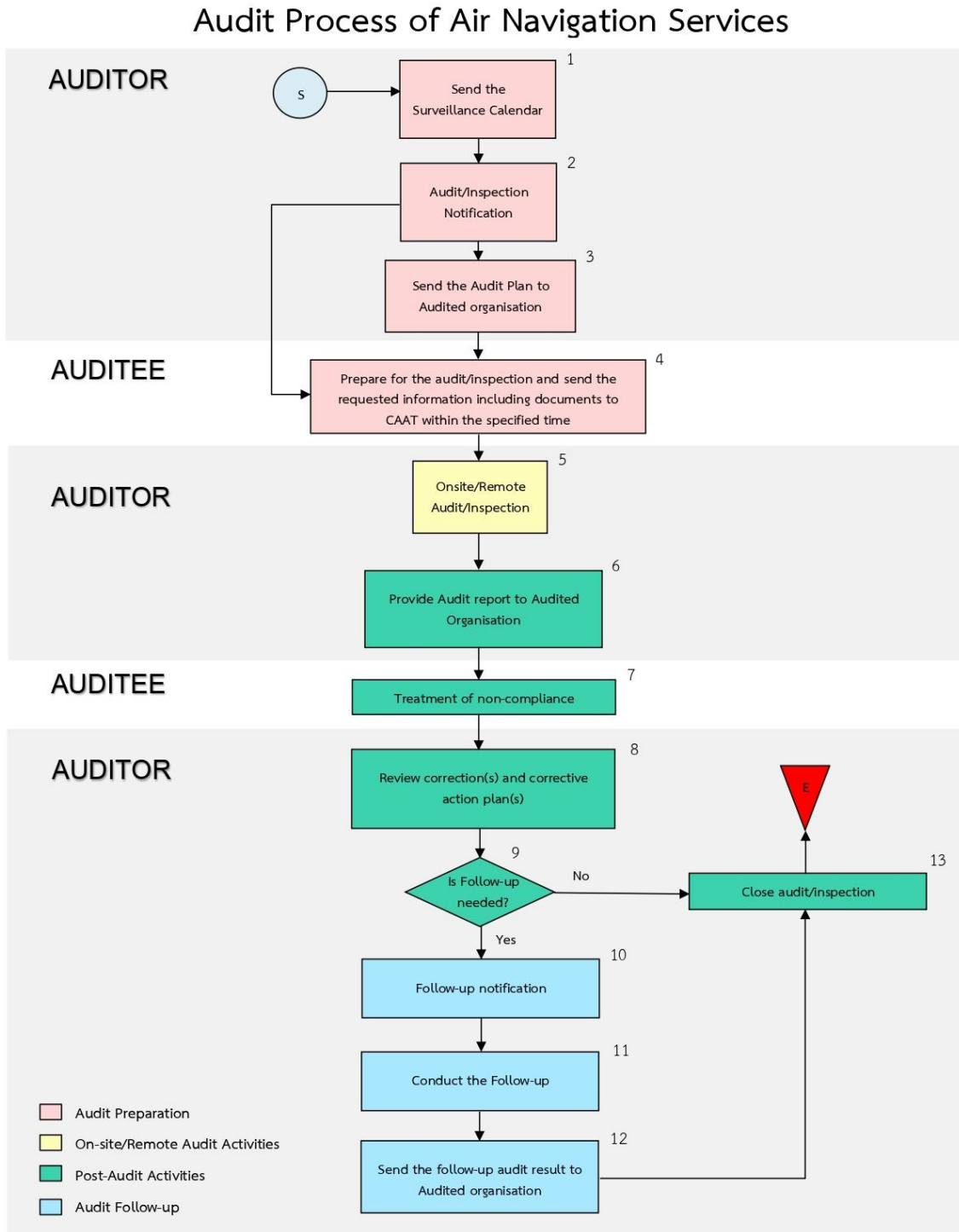
- 1.5.1 The Number of Operations Served by the ANS Unit;
- 1.5.2 Personnel Resources Available;
- 1.5.3 Criticality of the ANS Unit for the Whole ANS System;
- 1.5.4 Rate of Accident and/or Incident Reports;
- 1.5.5 Time from the Last Audit/Inspection;
- 1.5.6 Financing or Budgets;
- 1.5.7 Performance of Compliance Records;



## 2. Audit Process of Air Navigation Services

### 2.1 Audit Process of Air Navigation Services (Flowchart)

The audit & inspection activities are illustrated by the frame work and flow chart as shown below.



## 2.2 Detailed Processes

The audit/inspection process includes the following phases:

- 2.2.1 Audit Preparation;
- 2.2.2 On-site/Remote Audit Activities;
- 2.2.3 Post Audit Activities; and
- 2.2.4 Audit Follow-Up

In the event of safety constraints, pandemics or travel restrictions that “face-to-face” methods are not possible or desired therefore an auditor may not be present on-site for audit activities, a remote audit using information and communication technologies (ICT) should be considered when establishing the audit program.

ICT are used to gather information, interview an auditee, virtual tour of facilities. etc., to optimize the efficiency and effectiveness of the audit while supporting and maintaining the integrity of the audit process.

Prior to the decision to use remote techniques, involving parties should determine what technology may be used, if auditors and auditees have competencies and that resources are available, and;

- a) If the audit objectives can be attained with the remote audit - **proceed** to remote audit;
- b) If the audit objectives can be achieved partially - a remote audit **may be done partially** and later complemented with an on-site audit;
- c) If the audit objectives cannot be attained via remote audit - **unable** to proceed with remote audit.

For remote audit activities, there are two general scenarios:

- a) On-site remote auditing: the auditor is at the organization sites and is auditing people, activities or processes that are offsite;
- b) Remote auditing: the auditor is not at the organization and people and processes are located either at the client’s facility or at another location (such as a remote installation).

It is emphasized that remote audit will not fully replace physical inspections, but by allowing remote observation or test witnessing, both the regulated entity and regulator will improve the oversight activities, maintain safety of services/operations and thus reduce costs to both sides.

Using of digital/electronic signatures are acceptable for conducting remote audit activities, when

- a) A handwritten signature on a document is valid, including when the entire document is scanned, faxed or sent via e-mail to the CAAT.
- b) A graphic image of a signature placed on a document using secure software that verifies the identity of the user on the other end is valid.
- c) Other method as instructed by CAAT.

*NOTE: A graphic image of a signature placed on a document and not verified by secure software is generally discouraged, and will not be enforceable unless accompanied by an email or other contemporaneous evidence of the signer’s intent to accept the agreement.*

An outline of the audit process activity is as follows:

	<i>Audit/Inspection Processes</i>	<i>Explanation</i>
<i>No.</i>	<i>Audit Preparation</i>	
1.	<b>Send the Surveillance Calendar</b>	The surveillance calendar is communicated to the Service Providers involved before the end of the calendar year by the Audit team.
2.	<b>Audit/Inspection Notification</b>	The Audit team would notify the audited organisation concerned of audit, at least 2 months prior to the commencement of an audit/inspection.  NOTE: The Audited organisation shall acknowledge the audit date and prepare the requested information including document within the deadline specified in the notification letter.
3.	<b>Send the Audit Plan</b>	The Audit Team will commence detailed planning (Audit Plan) and send it to the concerned service provider not less than a month prior to the planned audit date.
4.	<b>Prepare for the audit/inspection and send the requested information including documents</b>	The Audited organisation would prepare for the audit/inspection and send the requested information including documents within the specified time.
<i>No.</i>	<i>On-site/Remote Audit Activities</i>	
1.	<b>Hold open meeting</b>	The Audit Team and audited organisation representative to meet to discuss the conduct of the audit, clarify any problem associated with audit timetable and confirm earlier arrangements.
2.	<b>Interview</b>	The Audit Team will interview the head of unit, supervisory and operational staffs.
3.	<b>Observe the operation</b>	The Audit Team would observe and check work practices and processes, documents and/or relevant items.
4.	<b>Document review</b>	Existing documents and records would be examined and reviewed by the Audit team.
5.	<b>Summary Meeting that part to communication with auditees about non-compliance found</b>	The Audit Team would convene summary meeting to discuss any audit findings that have been identified and brief the auditee's officials on specific items.

	<i><b>Audit/Inspection Processes</b></i>	<i><b>Explanation</b></i>
<b>6.</b>	<b>Closed meeting</b>	The Audit Team would present to the audited organisation representative with a brief and objective review of the results of the audit. Safety deficiencies would be identified and discussed. The Audit Team would require an acknowledgement of the audit conducted and the list of agreed actions.
<i>No.</i>	<i>Post-Audit Activities</i>	
<b>1.</b>	<b>Provide Audit Report</b>	The Audit Team would distribute a report to audited organisation within 10 working days after the closed meeting date.
<b>2.</b>	<b>Treatment of non-compliance</b>	The Audited organisation would proposing correction and/or corrective action to CAAT within 30 working days after date of the audit report had been sent to audited organisation or within the agreed time.
<b>3.</b>	<b>Notice the result of reviewing correction(s) and corrective action plan(s)</b>	The Audit Team would review correction(s) & corrective action plan(s) and provide the result of CAP together with the follow-up checklist to the audited organisation.
<b>4.</b>	<b>Close audit/inspection</b>	The Audit Team would complete the safety audit/inspection when corrective action plan to address deficiencies and/or non-standard practices has been effectively implemented by the audited organisation and accepted by Audit Team. The Audit follow-up checklist has been filed.
<i>No.</i>	<i>Audit Follow-up</i>	
<b>1.</b>	<b>Follow-up notification</b>	The Audit Team would notify the audited organisation representative by formal letter.  NOTE: If the follow-up process is conducted by random inspection, the notification letter is not necessary
<b>2.</b>	<b>Conduct the Follow-up</b>	The Audit Team conducts the on-site follow-up audit.
<b>3.</b>	<b>Send the Follow-up audit result</b>	The Audit Team prepares the follow-up audit result to audited organisation.

## 2.3 Audit Preparation

### 2.3.1 Audit/Inspection Notification

The Audit Team will notify the audited organisation of an audit at least 2 months prior to the commencement of an audit/inspection.

The purpose of this step is to inform the date of the audit/inspection, request access to relevant documentation as necessary, and define the communication provisions with audited organisation during the preparation. For more convenience, exchanges of E-mails between an audited organisation representative nominated as a point of contact and an auditor may be used. A good coordination conducted during this phase reduces the risk of miscommunication and misunderstanding of the audit process between the auditor and the auditee.

The notification letter will include the following:

- a) planned audit date;
- b) determined area of interested or concern of the auditee regarding the audit;
- c) list of document and information requested by an Audit Team;
- d) focal point and contact details; and
- e) deadline of acceptance and submitting the requested document.

As soon as the notification is received, an auditee should carefully review the letter and ensure that the preparation for the audit/inspection is in place by

- a) nominating a point of contact;
- b) identifying an audited organisation's representative, should be an accountable person or head of the audited unit; and
- c) gathering requested documentation.

Only in special purpose audits (unscheduled or random audit), the advance notice can be shorter or without sending prior notification to an auditee.

The Audited organisation shall acknowledge the audit date and send the requested information (i.e. Name of audited organisation's representative and Name of focal point of audited organisation) including document within the deadline specified in the notification letter. Otherwise the documents will not be considered.

*NOTE 1: In case of the audited organisation request to postpone the audit period, the audited organisation shall inform a focal point and send the official letter to CAAT.*

*NOTE 2: A list of document normally requested to be submitted to CAAT Audit Team will be specified in Appendix A. In addition to the requested documentation stated, the audit team may request other information from an auditee for further review before conducting an on-site audit.*

### 2.3.2 Audit Plan

The Audit Team will commence detailed planning called an "Audit Plan" (See in Appendix B) and send it to the audited organisation not less than a month prior to the planned audit date.

The Audit/inspection Plan will address the following items:

- a) audit objectives;
- b) audit scope identifying the functional units/departments as well as processes and procedures to be audited;
- c) audit criteria and other reference documents as deemed necessary;
- d) audit schedule with the location(s), dates time and duration of the on-site audit activities, including interviews with auditee's representative(s) and all official meetings with the auditee's management (opening, intermediate and closing meetings) as necessary;
- e) the roles and responsibilities of The Audit Team members, as well as guides, experts and observers; identification of the auditee's representative(s) for the audit; and
- f) logistics, facilities and communications arrangements, including specifications for the locations to be audited (if any).

*NOTE 1: In case of audited organisation request to postpone the audit period by informing a focal point and an official letter to CAAT, the Audit team will reschedule and notify a new audit period including send a new audit plan to the auditee. However, CAAT may not agree to postpone and exercise a Random audit/inspection.*

*NOTE 2: In case of Random Audit, the Audit Plan may not be sent to the concerned service provider*

In case of situation which on-site audit cannot be conduct due to any reasons such the unique requirements of the pandemic, the remote audit may be established. The audited organisation will be notified about the remote audit and shall send an acceptance letter that agrees on the means to access documentation and the technology to be used before conducting the audit.

Before conducting the audit, the Audit team will coordinate with the audited organisation for short test-session of the application prior to ensure the technology for the remote audit is agreed upon and tested for each party. The audited organisation shall provide at least one or two personnel to supporting the audit over the designated period.

NOTE: Zoom and Line are examples of available technology for tours and other options for video conferencing.

## **2.4 On-site/Remote Audit Activities**

The on-site/Remote activities will be carried in accordance with the audit schedule specified in an audit plan. The detail for each activity is

### **2.4.1 Open Meeting**

The open meeting will be convened on the first day of the on-site audit/inspection. This should be attended by the auditee's senior management, auditee representatives and members of the Audit Team. The purpose of the meeting is to brief the audited organisation on the scope of the audit/inspection and audit plan earlier forwarded to auditee. It will outline the audit process and confirm any administrative requirements so that the on-site audit may be conducted both effectively and efficiently, while minimising disruptions to the auditee.

The meeting will address:

- a) background introduction;
- b) Audit Team introduction;
- c) objective & scope of the audit;
- d) non-compliance categorization & definitions;
- e) audit criteria;
- f) audit/inspection methodology and procedures;
- g) confidentiality guarantee;
- h) review of audit schedule;
- i) facilities and any administrative arrangements;
- j) arrangements for summary synthesis meetings and closed meeting between Audit team and Head of the unit; and
- k) limitation (if any).

And the audited organisation should assist the audit team by providing:

- a) working space, preferably an office dedicated to the Audit Team during the audit period;
- b) access to a photocopier and facsimile machine;
- c) access to facilities (pass areas to be visited);
- d) access to audit-relevant files and records (organisational or personal as may be required) and
- e) access to relevant personnel for interviews.

In case of remote audit, opening meeting will be conducted by the audit team as a virtual meeting via the video conferencing tool (e.g. Zoom Application). Before an open meeting, the auditor will short test of the application with the audited organisation prior to the commencement of the remote audit.

Measures to ensure confidentiality and security should also be agreed upon at the opening meeting. The audit team may take screenshots or record screens or other kinds of records and will ask for permission, either at opening meeting or when using ICT.

#### 2.4.2 Interview

The Audit Team will interview the management and supervisory or operational staffs. The Audited organisation should assist the audit team by providing relevant personnel for the interviews.

Interviews are important to Audit Team in which it permits the Audit Team to:

- a) determine whether the procedures documented in operations manuals are used;
- b) determine the accuracy of information provided in operations manuals together with safety and efficiency of services; and
- c) assess the knowledge and competency of supervisory personnel pertaining to their duties and responsibilities.

*NOTE1: The timeframe and number of interviewees will be provided in 'Audit Schedule' of the 'Audit Plan'*

*NOTE2: The audit team will need to verify statements of fact against other evidence. When request more documents, the audited organisation shall submit documents through means (i.e. Google drive, e-mail) specified by audit Team within the specified time. The Audit Team will ensure the level of confidentiality required for those documents and inform the tools (Google sheet) for request and upload more documents.*

In case of remote audit, interview sessions will be conducted via acceptable the video conferencing tool, or any other agreed applications. And this may include, temporary access to the Organisation's documentation software or documentation server, use of cloud-based documentation sharing solutions or any other acceptable means to collect evidences.

The auditee shall comply with the following procedures.

- a) The auditee will be informed about the information is being recorded and retained (i.e. the name and function of the interviewed people). The Audited organization shall send the list of personnel to be interviewed in accordance with each scope and confirm the appropriate personnel are available and scheduled for the audit. Meeting invitations would be sent with ample time for each party to plan conferencing and conference room space.
- b) It is also important to ensure that there is no noise disturbing the communication. If the remote audit, it should ensure there are no interruptions nor disturbance. Similarly, when there are breaks, ensure the sound is muted and the image switched off to ensure privacy.
- c) In a remote audit, the Audit team may allow small breaks for stretching legs and reducing eye strains in order to enhance attention when receiving question or feedback.
- d) The audit team may inform the auditee, when an interruption is required to read and analyze information that has been provided. This allows for increased understanding of the documentation and evidence that has been presented.
- e) In case of the auditee does not make the documents and records available for the Audit Team' review by specified time, then documents and records shall be shown via the video conferencing tool being utilized.

#### 2.4.3 Observing the Operation

The Audit Team will observe and assess work practices and processes, documents and/or relevant items at the actual and back up operation room or facilities.

The objective of observing the actual operation is to verify the implementation the procedures which is accordance to regulations, standards and operations procedures of audited organisation and standard of facilities, equipment, working space and working environment.

The Audited organisation should assist the audit team by providing at least one of the operational or supervisory staff to facilitate and guide the audit team through the facilities and providing access to facilities (or areas to be visited) without any disruption.



In case of remote audit, the Audit team will be observing the operation via acceptable tools. This may include, temporary access to the organisation's documentation software or documentation server, use of cloud-based documentation sharing solutions or any other acceptable means.

Audited organisation shall confirmed that a virtual tour for a control room and back-up facility tour or detailed facility presentation be set up. Time normally scheduled for a facility tour will be used to view an online virtual tour or presentation provided by the Audited organisation.

#### 2.4.4 Document Review

The Audit Team will review the related documents and records by sampling such as operations manuals, equipment manuals, certificate, licenses, daily record, training programme and training record to verify the implementation.

During the open meeting, the audit team will inform the deadline for document acceptance from the auditee for a review as evidence of compliance.

Where appropriate, the Audit Team would perform a random sample or analysis of work practices and processes. The audited organisation should assist the audit team by providing access to audit-relevant files and records (organisational or personal as may be required)

#### 2.4.5 Communication with Auditees about Non-Compliances (Summary meeting)

The Audit Team would convene summary meeting to discuss any audit findings that have been identified and brief the auditee's officials on specific items.

The Audit Team will review the non-compliance finding with the auditee in order to obtain acknowledgement, the factual information based on evidence obtained. The auditee could present the reasonable argument or explanation to the Audit team with factual evidence for consideration. However, the Audit team may not accept the new evidence provided during the summary meeting. Both Audit team and the Auditee shall ensure that the non-compliance statements are clear, accurate and understood. After the auditees argue or explain the additional reason in summary meeting, the argument will be terminated.

*NOTE: if a non-compliance finding demonstrating that the safety is jeopardized is raised during an audit, the audit will be suspended.*

#### 2.4.6 Intermediate Meetings

The Audit Team may convene the intermediate debriefings to the audited organization for long audit or when a major issue appears such as a safety concern, immediate and significant risk or reasons making the audit objectives unattainable.

*NOTE: In case of remote audit, the summary meeting and intermediate meeting session is provided via the video conferencing*

#### 2.4.7 Closed Meeting

At the end of an on-site audit, the Audit team will convene the closed meeting with the Audited organisation representative on the results of the audit. The closed meeting would provide information on the overall audit activities, audit findings and any significant safety issues.

The closed meeting should cover:

- a) objective and scope of the audit;
- b) summary of the audit activities;
- c) non-compliance categorization & definitions;
- d) non-compliance finding(s) and observation(s) if any;
- e) non-compliance management; and
- f) follow-up.

The Non-Compliance form (NCF) will be signed by authorized auditor(s) and the auditee has to accept formally NCF by signing at closed meeting. The Audited organisation will keep a copy of the NCF.

In case of remote audit, the closed meeting is conducted by the Audit team the video conferencing tool and include representatives of the auditee.

The signing of NCF acceptance by the Audited organisation will be done in the process of the closed meeting. When signing audit documents, utilizing digital or electronic signatures is acceptable. A handwritten signature on a document is valid, including when the entire document is scanned and emailed to the auditor and auditee.

## 2.5 Post Audit Activities

### 2.5.1 Audit Report

Audit report is an objective reflection of the results of the safety audit and would serve as a post-audit brief, explaining findings of the audit/inspection. Audit Team will prepare audit report which is the result of an audit/inspection as specified in Appendix D and send to audited organisation within 10 working days after the closed meeting accompanied by non-compliance form (if any). The Audit report will be signed by lead auditor and an auditees' representative to formalise an acceptance of the result of an audit/inspection.

### 2.5.2 Treatment of Non-Compliance

The Audited organisation representative is required to develop an effective correction and corrective action (if required by Audit team) to address the findings. The plan should provide detailed information of actions to be taken, timeframe for the commencement and completion of each action, including evidences demonstrating the proper correction/corrective action implementation. The Audited organisation is expected to complete the correction and corrective action plan in all NCFs and submit to CAAT within 30 working days after the date of the audit report has been send to audited organisation or within the agreed time.

The Audit Team will assess the correction and corrective action proposed by audited organisation. The acceptance of correction/corrective action based on completeness and effective implementation. Root cause analysis should be applied.

If the Audit Team accepts the correction and corrective action, the authorized auditor will cross 'Yes' in acceptance box of NCF and put in the remark any particular event. If the Audit Team assesses that correction and/or corrective action is completed and can be supported by enough evidences, that non-compliance finding can be 'Closed'.

In case of rejection of correction/corrective action, the authorized auditor will formalise its rejection by crossing 'No' and put remark the reasons for refusing in acceptance and remark box. The authorized auditor will issue new version of NCF.

*NOTE 1: Deadline for submitting NCF will be specified in the CAAT letter when sending the audit report.*

*NOTE 2: In case of auditee requests to extend due date of submitting the Correction and/or Corrective Action Plan, the auditee shall send the request for extending due date to the Audit Team by E-mail or letter.*

### 2.5.3 Notice of Unacceptable Correction and/or Corrective Action Plan

In case of Correction and/or Corrective Action Plan is unacceptable, the Audit team will notify the audited organisation.

- a) In case the Audit Team request the auditee to amend the Correction and/or Corrective Action Plan.

If the amended Correction and/or Corrective Action Plan still is not containing all requested components, the Audit team will determine the action to be taken as follow;

- i. Notice of unacceptable correction and/or corrective action plan together with non-compliance management tracking as specified in Appendix E to auditee in aspect of failing to provide and acceptable correction and/or corrective action plan;
- ii. If the notice of unacceptable Correction and/or Corrective Action Plan is given, up to 3 times and the third times Correction and/or Corrective Action Plan is still not accepted, the Audit team will report this status to DGCA for making future decision.

- b) Auditee requests to extend a due date of submitting the Correction and/or Corrective Action Plan.

In case auditee requests to extend a due date of submitting the Correction and/or Corrective Action Plan and Correction and/or Corrective Action Plan is still not completed or implemented within extended due date, the Audit team will determine the action to be taken as follows;

- i. The auditee shall send the request for an extension of a due date to Audit Team by E-mail or letter;
- ii. If the third extension of Correction and/or Corrective Action Plan is still not completed or implementation as proposed, the Audit team will report this status to DGCA for making future decision.

*Note: In the event of dealing with situations related to more severe Enforcement actions implementation.*

### 2.5.4 Notice of No Response to Correction and/or Corrective Action Plan

In case there is no response from the auditee to demonstrate the Correction and/or Corrective Action Plan or the auditee is unwilling to submit Correction and/or Corrective Action Plan, CAAT will proceed as follows;

- a) First step: Three working days after expiration of the limit noted in Non - Compliance Form or in computerized system, the Audit team will contact the auditee, giving the first reminder of overdue target by an E-mail or letter. In that case, a discussion about current status of the discrepancies and the reason for the delay on closing the requirements of the form could be maintained. Extension of the limits could be granted only in exceptional and well-funded cases.
- b) Second step: In case the Audit team does not receives an appropriate answer or the discrepancy is still expired three working days after expiration of the first reminder, the case shall be brought up to respective responsible manager for evaluation and appropriate action, including a new formal contact with auditee and the explanation of consequences in case the issue is not solved.
- c) Third step: Three working days after the date of formal contact of the auditee from CAAT, and facing no progress in the resolution of the non-compliance, Audit team will report the status to DGCA for making decision and consider initiate an investigation.

*Note: In the event of dealing with situations related to more severe Enforcement actions implementation.*

#### 2.5.5 Result of reviewing correction(s) & corrective action plan(s) and Audit follow-up checklist

The Audit Team shall review the correction(s) and corrective action plan(s) which be proposed by Auditee.

If the auditee's corrective action plan is not acceptable, the Audit Team will indicate the reasons, propose changes and negotiate a revised corrective action plan by issuing NCF V. n+1.

Before approving plans for findings that include long-term corrective actions exceeding 3 months, the proposed corrective action must be reasonable and that safety will not be jeopardised.

Where the corrective action plan is acceptable, the auditee will be advised with an information (administrative/on-site follow-up) through the formal letter. The formal letter shall be forwarded to auditee for reporting the result of CAP together with the Audit follow-up checklist as specified in Appendix F, for the purpose of follow-up.

#### 2.5.6 Close Audit/Inspection

The audit/inspection would be completed when:

- a) All correction actions are implemented.
- b) Corrective action plan to address deficiencies and/or non-standard practices has been effectively implemented by the audited organisation and accepted by Audit Team;
- c) The Audit follow-up checklist has been filed.

*NOTE: The deficiencies and non-compliance findings will be closed by an auditor after reviewing completed action evidence(s).*

## 2.6 Audit Follow-Up

The primary purpose of the post audit follow-up is to validate the effective implementation of the correction and corrective action submitted by audited organisation. If so (through the use of a NCF), the implementation of the actions shall be managed through a specific tool, which must at least be able to track the dates of implementation of the corrections and corrective actions for each NCF issued as well as the deadlines agreed upon with CAAT.

### 2.6.1 Follow-Up Notification

The Audit Team would notifies the audited organisation representative by formal letter.

*NOTE: If the follow-up process is conducted by random inspection, the notification letter is not necessary.*

### 2.6.2 Conduct the Follow-Up Audit

The Audit Team conducts the on-site/remote follow-up audit for each non-compliance finding. There will not be an open or closed meeting. The Audit team will mainly look for the evidence of effective implementation to mitigate or reduce the safety risk and reoccurrence of the non-compliance. This could be obtained through the auditee's documentation and interview with operational staff. New non-compliance finding will not be issued. However, it could be noted and raised for the next audit/inspection.

In case of remote follow-up audit, the guidance for remote audit should be followed.

### 2.6.3 Send the Follow-Up Audit Result

The Audit Team will assess the evidence of effective implementation and issue the follow-up audit result to audited organisation.

## 2.7 Audit Timeline

The period for the audit/inspection would be as follows:

### 2.7.1 2 Months Prior Audit Day:

The Audit Team would send a notification letter to audited organisation concerned.

### 2.7.2 1 Month Prior Audit Day:

The Audit Team would send an audit plan to audited organisation concerned.

### 2.7.3 On-site Audit:

Conduct an audit (2 – 7 days for auditing; length of time depending on size of the audit).

### 2.7.4 Closed Meeting:

The Audit Team would inform audited organisation of findings and observations.

The Audited organisation representative would provide necessary comments on findings.

### 2.7.5 10 Working Days After Closed Meeting:

The Audit Team would send an audit/inspection report to audited organisation.

### 2.7.6 30 Working Days After Submission Audit Report:

The Audited organisation will send correction and corrective action including signed the audit report to formalise an acceptance of the result of an audit/inspection.

In case non-compliance has the correction date before the submission date (30 working days after submission audit report), the Audited organisation send the completed non-compliance form with the evidence within correction date.

2.7.7 30 working days after correction and corrective action were discussed and accepted by Audit Team:

The Audit Team would send result of reviewing CAP and audit follow-up checklist to audited organisation.

2.7.8 Follow-Up Notification:

The Audit Team would send notification letter to audited organisation concerned.

If it is random inspection, notification is not necessary.

2.7.9 Follow-Up Day:

Conduct the on-site follow-up audit (1 – 2 days for following-up; length of time depending on number of opening findings)

2.7.10 10 Working Days After End of Follow-Up Day:

The Audit Team would send the follow-up audit result to audited organisation.

## 2.8 Discrepancies Outside of CAAT Mandate

Whenever potential violations of regulations outside CAAT's jurisdiction are identified (e.g. State Security, Department of Communications, labor, State legislation), the Audit/Inspection Team will notify DGCA.

The DGCA, in consultation with the Legal Department, will then determine if the inconsistency warrants interdepartmental or intergovernmental action and where required, and will forward a formal report to the appropriate individual.

## 2.9 Confidentiality;

2.9.1 Discussion of Audit/Inspection Content

Owing to the sensitive nature of audits/inspections, confidentiality is of the utmost importance. The Audit Team will exercise discretion when discussing audit/inspection matters during an audit/inspection (whether on or off the site). Discussion of audit/inspection contents shall be limited to the audit/inspection team and appropriate Civil Aviation management.

2.9.2 Audit/Inspection Report

The audit/inspection report is the documentary result of an audit/inspection and is mandatory for each audit/inspection. The report outlines the audit/inspection process, provides a summary of the areas under review and includes copies of any audit/inspection findings.

Any request for audit records must be processed upon receipt by the Authority.

2.9.3 Release of Audit Reports and Audit Records to the Public

Audit reports and records shall not be released to the public.

### 3. Non-Compliance Finding

#### 3.1 Classification of Non-Compliance

Audit evidences are evaluated against audit criteria, contained in regulations, certificates, authorizations, approvals and organization approved documents (manual, associated procedures, etc.).

The Non-Compliance findings of the audit report must be classified by the Audit Team as either level 1 or level 2 (as described below):

##### 3.1.1 Level 1 Finding

A Level 1 finding shall be issued by the nominated ANS inspectors when any significant Non-Compliance is detected with applicable requirements, with the organisation's procedures and manuals or with the terms of an approval, certificate, specialized operation authorization or with the content of a declaration which lowers safety or seriously endangers flight safety. Level 1 findings shall include but not limited to:

- a) Failure to give the competent authority access to the facilities or documents of the organisation;  
*Note: Documents mean data records or documents that only relating to the audit/inspection and not include irrelevant data records or documents such as personal privacy data or documents that protected by investigation law etc.*
- b) Promulgating operational procedures and/or providing a service in a way which introduces a significant risk to flight safety
- c) Obtaining or maintaining the validity of the service provider's certificate by falsification of submitted documentary evidence
- d) Evidence of malpractice or fraudulent use of the service provider's certificate
- e) The lack of an accountable manager

Timescale for corrective action of Level 1 finding is immediate or determined by Audit Team.

Some examples of Level 1 findings are included below:

##### **Generic topics for all service providers:**

- i. provide services without a valid ANS certificate;
- ii. provide services with expired ANS certificate;
- iii. provide services with a significant unqualified relevant ANS staff;
- iv. provide critical information to flights deviated from standards or without proper adequacy and quality which can cause accidents or incidents;
- v. Introduce significant changes in the ANS provision without previously notifying CAAT; and
- vi. No appropriate measures to act in case of safety issues.

##### **ATM Domain:**

- i. provide ATC services without valid air traffic controller license or rating as endorsed on license;
- ii. provide services with expired medical certification;
- iii. no accident/incident reporting mechanisms;
- iv. insurance cover not appropriate for the type of ATM service provided; and
- v. No safety risk management and/or safety assurance procedures.

**IFPD (PANS-OPS) Domain:**

- i. Criteria for design of flight procedures deviate from ICAO PANS-OPS Standards without approval from CAAT;
- ii. Use of non-verified data for flight procedure design; and
- iii. Flight procedures not been validated.

**CNS Domain:**

- i. provide service without establishment license;
- ii. provide service with mode "Monitor bypass" operation; and
- iii. provide service when flight inspection certificated for that facility is expired.

**AIS Domain:**

- i. Provide service without quality management system.

**MET Domain:**

- i. anemometers used for wind measurements are not appropriately calibrated; and
- ii. Provide service without establishment license.

**SAR Domain:**

- i. provide service without SAR certificate; and
- ii. lack of formal arrangement between RCC and SAR organisation.

The significant level 1 finding which need correction immediately due to affect to safety, the Audit team shall inform the audited organisation representative to correct immediately.

**3.1.2 Level 2 Finding**

A Level 2 finding shall be issued by the nominated ANS inspector when any Non-Compliance is detected with the applicable requirement, with the organisation's procedures and manuals or with the terms of an approval, certificate, specialized operation authorization or with the content of a declaration which could lower safety or seriously hazards flight safety. Timescales for corrective action is depending on nature of finding.

Some examples of level-2 finding are included below:

**Generic Topics:**

- i. no job description for service provider's staff;
- ii. no training record for service provider's staff;
- iii. lack of sufficient technical staff for identified positions;
- iv. evidence that some internal audits are not appropriate carried out and managed;
- v. evidence that some internal non-compliance is not properly managed; and
- vi. evidence that the service provider is not following some of its internal processes and/or procedures.

**ATM Domain:**

- i. operations manual not appropriate updated;
- ii. new amendment of the operations manual is not properly communicated to the affected staff;



- iii. there is any inconsistency between the low-level procedures contained in the operations manual and the real operating procedures implemented by the service provider;
- iv. contingency arrangements are not appropriately updated;
- v. lack of training evidence of the safety analysts; and
- vi. minor ATCO rostering errors.

**IFPD (PANS-OPS) Domain:**

- i. Use of different acronyms other than the specified by ICAO;
- ii. Editorial errors in the design of flight procedures concerning the provision contained in the MOS-IFPD; and
- iii. Flight procedures not been reviewed periodically.

**CNS Domain:**

- i. technician staff 's work procedures don't conform with CNSP operations manual;
- ii. no update for related technical document;
- iii. no training program for technician staff;
- iv. no refresher training for technical staff; and
- v. calibration certificated for test equipment is expired.

**AIS Domain:**

- i. working procedures do not conform with AISP operations manual;
- ii. evidence of errors in the publication of the AIP with regard to the minimum content specified in the ICAO Annex 15 and Doc 8126; and
- iii. no training program for staff.

**MET Domain:**

- i. the current training record keeping for observers are not kept in an appropriate place; and
- ii. procedures for the provisions of related special air-report is not documented.

**SAR Domain:**

- i. operations manual not appropriate updated; and
- ii. evidences that no plan for SAREX activities.

The Audit Team will review the non-compliance finding with the auditee in order to obtain acknowledgement that the audit evidence is accurate, and that the non-compliances are understood. After the auditees argue or explain the additional reason in synthesis meeting, the argument will be terminated.

### 3.2 Action and Closure Timescale

#### 3.2.1 In the case of Level 1 finding,

CAAT will take immediate an appropriate action on identification of the non-compliance finding to remove the immediate threat to aviation safety, normally up to 7 days to implement. The credential inspector may, if appropriate, limit, suspend or revoke - in whole or partially - the certificate while ensuring the continuity of services whenever safety is not compromised. The measure taken shall depend upon the extent of the finding and shall remain until successful corrections and corrective actions have been taken by the service provider.

#### 3.2.2 In the Case of Level 2 Finding,

CAAT will:

- a) grant the organisation a corrective action implementation period appropriates to the nature of the finding that in any case initially should not be more than 3 months. At the end of this period, and subject to the nature of the finding, the Audit Team may extend the 3-month period subject to a satisfactory corrective action plan agreed by the Audit Team; and
- b) assess the corrective action and implementation plan proposed by the audited organisation and, if the assessment concludes that they are sufficient to address the non-compliance(s), CAAT will accept these.

Elevating the Level 2 finding to Level 1 and take action (as laid down in point 1) when the service provider fails to submit a corrective action plan that is acceptable to the Audit Team in light of the finding - or when the service provider fails to perform the corrective action within the time period accepted or extended by the Audit Team.

### 3.3 Audit Observation (Opportunity for Improvement)

An Observations are recommendations providing opportunities for improvement. The management system that may be weak, cumbersome, redundant, overly complex, or in some other manner, may, in the opinion of the auditor, offer an opportunity for an organisation to improve its current practice. An observation is not subject to any correction action unless auditee decide to improve It is not required to report to CAAT on the implementation of actions further to an observation and CAAT will not monitor the implementation of these actions.

### 3.4 Reporting of Non-Compliances

#### 3.4.1 Record of Non-Compliances

In audits conducted without using CAAT Computerized Audit/Oversight System. Non-compliances are recorded on the Non-Compliance Form (NCF) as specified in Appendix C with fill-in instructions.

### 3.5 Audit Observation (Opportunity for Improvement)

#### 3.5.1 Record of Non-Compliances

A Non-compliance will be issued by inspectors authorized by CAAT under the scope of work. A Non-compliance can be raised from an audit or an inspection as soon as CAAT has the evidence that an activity performed by an audited organisation is not complying with the applicable regulations or the organisation procedures/manual.

During an audit or an inspection, audit evidence will be evaluated against the audit criteria in order to determine the audit findings. Non-compliance and their supporting audit evidence will be recorded.

There are three parts to a Non-compliance:

- i. the audit evidence to support a Non-compliance finding;
- ii. a record of the requirement against which the Non-compliance detected;
- iii. the statement of Non-compliance.

Non-compliance will be reviewed with the auditee in order to obtain acknowledgement that the audit evidences are accurate, and that the Non-compliances are understood during a synthesis meeting or closed meeting.

The Non-compliances have to be notified using a Non-compliance form. The Non-Compliance form will be signed by an authorized inspector and an authorized representative to formalize an acceptance of the Non-compliance.

### 3.5.2 Non-Compliance Form

The Non-Compliance form is the official form used by an auditor in recording the Non-Compliance as specified in Appendix C.

a) Organisation:

The name of the organisation or department that is responsible for implementing the actions.

b) Representative:

The name of the individual who is the representative of the Audited Organisation.

c) Date of Non-Compliance finding:

The date the Non-Compliance was found.

d) Type of Audit/Oversight Activity:

Indication in which context the Non-Compliance was found. For example:

- i. Scheduled audit,
- ii. Follow-up audit,
- iii. Ad-hoc audit,
- iv. Certification audit,
- v. Surveillance audit,

#### **Non-Compliance Part of the Form**

This part intends to describe the Non-Compliance and to set the deadlines for the implementation of the actions. This part also enables the monitoring of the opening and closing of the NCF and to formalize the acceptance of the NC by the representative.

i. The level of finding:

Indicate the level of the finding

ii. Deadline for Correction implementation:

Indicate the date at which a proper correction implementation must be demonstrated to CAAT.

iii. Is Corrective Action requested?

CAAT specify Yes or No indicating if the implementation of a Corrective Action requested or not.

iv. Deadline for Corrective Action implementation:

Indicate the date at which a proper corrective action implementation shall be demonstrated to CAAT.

- v. Reference:  
Indicate the reference of the requirement to which the audited organisation is not complying with.
- vi. Non-Compliance statement:  
Describe the fact of the Non-Compliance found during an audit/inspection. The Non-Compliance statement drives the root cause analysis, correction and corrective action by the Audited organisation.
- vii. NCF Opening:  
The date at which the NCF has been created.
- viii. NCF Closing:  
At the end of the process, when all actions have been effectively implemented and documented with evidence as requested, CAAT will indicate the date when the NCF has been closed.
- ix. NCF Acceptance:  
The person who is the representative of the audited organisation will sign the NCF to formalize the acceptance of the Non-Compliance and commit to implement the actions as required.

*NOTE: In case of issuing NCF V. n+1, the Audit team will send non-compliances management tracking form to auditee. In order to reduce interaction back and forth, the signature of Auditor and Auditee for opening and for acceptance for NCF V. n+1 accordingly, may be substituted by signing in non-compliances management tracking form and NCF version original.*

#### **Non-Compliance Management Part of the Form**

- i. Correction:  
This part shall contain the correction action (immediate action) implemented to eliminate the occurrence of the Non-Compliance found.  
The auditee will also indicate the evidences demonstrating the proper implementation of the correction.  
In case, the deadline for the implementation is too short and the auditee would like to justify it, this block shall be used to request an extension of the deadline.
- ii. Submitted by:  
The representative of the audited organisation signs and dates in this block. Once signed, the NCF shall be send together with evidence of the implementation to CAAT for the acceptance of the correction.
- iii. Acceptance and Remark:
  - In case of acceptance of the correction:  
The CAAT authorized inspector will formalize the acceptance by crossing "Yes", signing and dating the form.  
The CAAT authorized inspector will put any particular information in the remark.
  - In case of rejection of the correction:

The CAAT authorized inspector will formalise the rejection of the correction by crossing “No”, signing and dating the form.

The CAAT authorized inspector will put the reasons for refusing the correction (lack of evidence, lack of effectiveness ....) or any particular information in the remark. The issuance of a new version of the NCF will also be specified. “Version n+1” of the NCF would be created further to the rejection of the Correction”.

- In case of a request for Correction extension:

The CAAT authorized inspector will formalize its acceptance of the extension by crossing “Yes”, dating and signing the form.

The CAAT authorized staff will put in a remark that a new version of the NCF was issued. “Version n+1 of the NCF was created further to acceptance of the request for extension”. The signed NCF will be returned to the representative of the audited organisation. The new version has also to be signed by the representative of the audited organisation.

- iv. Root Cause analysis & Corrective Action Plan:

The audited organisation shall perform the root cause analysis and describe the root cause identified as well as the corrective action plan determined to eliminate the cause of the Non-Compliance found.

- v. Corrective Action implementation and evidences:

The audited organisation shall describe the actions effectively implemented to eliminate the cause of the Non-Compliance found as well as the evidences provided to prove it. This should be in line with the corrective action plan stated in the previous block.

In case, the deadline for the implementation is too short and the auditee would like to justify it, this block shall be used to request an extension of the deadline.

- vi. Submitted by:

The representative of the audited organisation signs and dates in this block. Once signed, the NCF shall be send together with evidence of the implementation to CAAT for the acceptance of the corrective action.

- vii. Acceptance and Remark:

- In case of acceptance of the corrective action:

The CAAT authorized inspector will formalize the acceptance by crossing “Yes”, signing and dating the form.

The CAAT authorized inspector will put any particular information in the remark.

- In case of rejection of the corrective action:

The CAAT authorized inspector will formalise the rejection of the correction by crossing “No”, signing and dating the form.

The CAAT authorized inspector will put the reasons for refusing the corrective action (lack of evidence, lack of effectiveness ....) or any particular information in the remark. The issuance of a new version of

the NCF will also be specified. “Version n+1” of the NCF would be created further to the rejection of the Correction”

- In case a request for extension was made in Corrective action block:

The authorized staff from CAAT will formalize its acceptance of the extension by crossing “Yes”, dating and signing the form.

The CAAT authorized staff will put in a remark that a new version of the NCF was issued. “Version n+1 of the NCF was created further to acceptance of the request for extension”. The signed NCF will be returned to the representative of the audited organisation. The new version has also to be signed by the representative of the audited organisation.

## 4. Appendix

### 4.1 Appendix A: Requested Document

#### 4.1.1 Record of Non-Compliances

- a) Organisation chart with nominated positions and roles;
- b) List of ATS personnel included initial, the copy of ATC Licenses number, ratings, Medical Certificate and English Proficiency;
- c) List of OJTI included the copy of certificate and List of Student Air Traffic Controller included the copy of SATC license;
- d) Capacity of air traffic and Flight forecasting of ATS unit;
- e) Human Resource Management and Manpower Calculation and Rostering included Roster and records of duty periods and rest periods of Air Traffic Controller for the past 3 months;
- f) English Proficiency Management;
- g) Unit Training Plan of ATC and safety personnel in past and present year;
- h) Operating positions in a control room;
- i) Reported Mandatory Occurrence Report (MOR) to CAAT
- j) Rules/Manual/Guidance on:
  - i. Air Traffic Control Services (Operations Manual)
  - ii. Safety Management System (Air Traffic Services Safety Management Manual)
  - iii. Occurrence Reporting System
  - iv. Emergency Plan and Contingency Plan
- k) Letter of agreement or agreed procedure with the internal and external unit/organisation;
- l) Document Master List of all enforced documents and requested documents by specifying the document name, version and effective date; and
- m) any requested documents by CAAT.

#### 4.1.2 Communications, Navigation, and Surveillance: CNS

- a) Operations Manual;
- b) Training Programme;
- c) SMS Manual;
- d) Contingency Plan;
- e) Security Programme;
- f) Documents & Records Control Manual;
- g) Interface agreements;
- h) Reported Mandatory Occurrence Report (MOR) to CAAT and
- i) any requested documents by CAAT.

- 4.1.3 Aeronautical Meteorological Services: MET
- a) Operations Manual;
  - b) Training Programme;
  - c) Aeronautical Meteorological Personnel Competency (AMP);
  - d) Human resource management including manpower calculation and rostering system;
  - e) Quality Management System;
  - f) Safety Management;
  - g) Security Programme;
  - h) Contingency Plan;
  - i) Agreements or Memorandum of Understanding; and
  - j) any requested documents by CAAT
- 4.1.4 Aeronautical Information Services: AIS
- a) CAAT Emergency Decree B.E. 2558;
  - b) Organisational Structure including chain of command, position and duty and responsibility of executive officers;
  - c) Operation Manual (OM) complying with AIS MOS;
  - d) Quality Management;
  - e) Safety Management;
  - f) Security Programme;
  - g) Internal Audits;
  - h) Human Resource Management;
  - i) A copy of contingency plan;
  - j) A copy of formal arrangements between AIS and Data Originators and any agreements related to AIS provisions; and
  - k) Any requested documents by CAAT.
- 4.1.5 Instrument Flight Procedure Design Services: IFPD
- a) List of personnel in IFPD;
  - b) Organisation chart with nominated positions and roles;
  - c) Regulation or Enforcement of Aerothai on training;
  - d) Course Syllabus of all training;
  - e) Certificate of training and training log;
  - f) Operation Manual of Instrument Flight Procedure Design;
  - g) Training Programme;
  - h) Formal arrangements;
  - i) Security Programme;
  - j) Quality manual; and




k) any requested documents by CAAT.

4.1.6 Aeronautical Search and Rescue Services: SAR

- a) Organisational Structure including chain of command, position, duty and responsibility of officers;
- b) List of personnel in RCC, included initial;
- c) Operations Manual;
- d) Human Resource Management and Manpower Calculation and Rostering included Roster and records of duty periods RCC/SMC personnel for the past 3 months;
- e) Training Manual/Programme/records;
- f) Contingency Plan;
- g) Management System information or manual;
- h) Internal Audit result;
- i) Security Programme;
- j) Documents & Records Control information or Manual;
- k) Agreements or Memorandum of Understanding for SAR operation;
- l) Unit instruction or Operating procedure manual;
- m) Document Master List of all enforced documents and requested documents by specifying the document name, version and effective date; and
- n) any requested documents by CAAT.

## 4.2 Appendix B: Example of Audit Notification Form

	<b>AUDIT NOTIFICATION</b>
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**Attention:** *Auditee 's Representative name or the Position in the organization)*

**Audited Organization:**

**Address:**

Audit Details
<p><b>Audit Reference Number:</b> <i>Audit Report Number</i></p> <p><b>Lead Auditor:</b> <i>Name of Lead Auditor or Team Leader</i></p> <p><b>Organization Name:</b> <i>Civil Aviation Authority of Thailand</i></p> <p><b>Dates:</b> <i>Scheduled Start Date - Scheduled End Date:</i></p> <p><b>Opening and Closing Meetings:</b></p> <p style="padding-left: 20px;"><b>Opening Meeting:</b> <i>(Place and Date)</i></p> <p style="padding-left: 20px;"><b>Closing Meeting:</b> <i>(Place and Date)</i></p> <p>It is respectively requested that the following persons are present at the opening and closing meeting:</p> <ul style="list-style-type: none"> <li>● <i>Nominated person in charge of Flight Operations</i></li> <li>● <i>Nominated person in charge of Airworthiness</i></li> <li>● <i>Nominated person in charge of Training</i></li> <li>● <i>Nominated person in charge of the Safety Management System</i></li> <li>● <i>Nominated person in charge of Compliance Monitoring/Quality</i></li> <li>● <i>Nominated person in charge of Ground Operations</i></li> <li>● <i>Nominated person in charge of ..... Department</i></li> </ul>



**AUDIT NOTIFICATION**

<b>Objective of the audit:</b>	
<i>Certification, Surveillance etc.</i>	
<b>Audit Scope:</b>	
<i>Functional units/departments as well as processes and procedures to be audited, or describe scope here</i>	
<b>Audit Criteria:</b>	
<i>Applicable regulations and other reference documents for the audit</i>	
<b>Audit Team:</b>	
Name	Function in the team
1. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
2. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
3. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
4. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
5. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
6. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
7. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
8. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
9. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>
10. Name Surname	<i>Position/Lead Auditor/Auditor/ Expert / Observer/ Trainee</i>




AUDIT NOTIFICATION


AUDIT SCHEDULE

Date:


Time	Activity	Auditee Personnel/ Department	Auditor Name	Place
Lunch				

### 4.3 Appendix C: Example of Non-Compliance Form


 <b>NON-COMPLIANCE FORM (NCF)</b>		NCF No:	
Organization:		Date of Non-Compliance finding:	
Representative:		Type of Audit / Oversight Activity:	
<b>NON-COMPLIANCE</b>			
Level as documented in your department manual		Deadline for Correction Implementation	
Is Corrective Action requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deadline for Corrective Action Plan if requested	
		Deadline for Corrective Action Implementation	
Reference:			
Non-Compliance Statement ( <i>Description of the Non-Compliance</i> )			
Auditor / CAAT Authorized staff	NCF Opening		NCF Closing
	Name:		Name:
	Signature:		Signature:
Date:		Date:	
NCF acceptance by Representative	Name:		Position:
	Signature:		
	Date:		

 <p style="margin-left: 10px;"><b>NON-COMPLIANCE FORM (NCF)</b></p>	<p>NCF No:</p>
--	----------------

NON-COMPLIANCE MANAGEMENT			
Correction (Action to eliminate a detected non-compliance):			
Submitted by:	Name:	Signature:	Date:
Acceptance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Signature:	Date:
Remark:			
Root Cause:			
Corrective Action Plan :			
Submitted by:	Name:	Signature:	Date:
Acceptance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Signature:	Date:
Remark:			

 <b>NON-COMPLIANCE FORM (NCF)</b>	NCF No:
Corrective Action Implementation and evidences	
Submitted by:	Name: _____ Signature: _____ Date: _____
Acceptance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Signature: _____ Date: _____
Remark:	

#### 4.4 Appendix D: Example of Audit Report

 <p>CAAT          หน่วยงานตรวจสอบความปลอดภัย          The Civil Aviation Authority of Thailand</p>	<p><b>AUDIT REPORT</b></p>	<p>Report No: (Auditor Department 3  <i>diyits-Activity ref-running no. of report</i>)</p>
<b>1. Audit Description</b>		
<b>1.1 General Information</b>		
Organization/Department:	Type of Certificate:	
Site or Address:	Certification No:	
Auditee's Representative:	Issue date:	
Audit Objective:	Expiry Date:	
	Audit Date:	
	Report Date:	
Audit Scope & Checklist(s) used:		
Reference Document (Regulations, Reference Manuals, Other declarations ...):		
<b>1.2 CAAT Audit Team</b>		
Name	Function in the team	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
<b>1.3 Auditees' Team</b>		
Name	Position	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
<b>1.4 Approval of the report by CAAT and Acceptance by Auditee</b>		
Lead Auditor Name:	Signature:	Date:
Auditees' representative Name:	Signature:	Date:



 <p>CAAT #สำนักงานการบินพลเรือนแห่งประเทศไทย The Civil Aviation Authority of Thailand</p>	<p><b>AUDIT REPORT</b></p>	<p><b>Report No:</b> (Auditor Department 3 digits- Activity ref-running no. of report)</p>
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## 2. Summary of results for executives

*Was the audit objective met? Describe what was actually audited Vs what was planned (-> what was not performed, or was not performed with the expected level of investigation...)*

*Briefly describe any specific circumstance (OJT, unforeseen absence, duration reviewed, difficulties met ...)*

*Results for each area audited briefly describe what was found:*

- overall conclusion on the level of compliance and evolution compared to previous surveillance;
- any significant Non-Compliance finding.  
*Describe any action on going or already performed to restore acceptable compliance and safety including enforcement actions.*

*Describe any significant change planned by the organization as communicated to the team:*

- Fleet change
- Network
- Management team
- Systems, Tools...

*Conclusions and Recommendations for adapting surveillance:*

- Overall conclusion and Recommendations regarding the actions to be taken by CAAT:
  - Further to audit results (No change to the certificate / Recommendation for extension? for limitation? Suspension?)
  - In relation to safety risks to be monitored
  - In relation to the changes planned
- Parts of the audit that need to be re-programmed when not performed;
- Any particular aspect of the audit that requires particular attention during next audits;
- .....

**Non-Compliances by area audited**

*If the audit scope covers many different topics, or if the number of findings justifies it, a recap of the findings by area of the audit may be added here.*

Audit Area	Level 1	Level 2	Total	Observations
CHK-O (Organization)				
CHK-S (Safety Management System)				
CHK-Q (Quality Management System)				
CHK-FTL (Flight Time limitation)				
CHK-PFD (Flight Dispatcher Training Programme)				
CHK-FCT (Flight Crew Training Programme)				
<b>Total</b>				

	<b>AUDIT REPORT</b>	<b>Report No:</b> (Auditor Department 3 digits- Activity ref-running no. of report)
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### 3. Detailed results

*This paragraph of the report shall contain the conclusions, results for each specific item of the check-list and refer to audit evidences as necessary to support conclusions of compliance or non-compliance.*

*In case the detailed results have been clearly recorded through another acceptable method, this paragraph of the report can be simplified.*

*However:*

- *Reference to the annexed document or system shall be made in order to ease access, and a pdf or printed version of the document shall be attached to this report. This annexed document shall be considered as part of the report, and shall be approved in the same manner and kept with this report.*
- *Any explanation necessary to clearly understand the content of the annexed documents and/or the conclusions shall be detailed as necessary.*
- *Any significant safety issue shall be detailed as necessary.*

*Other Acceptable methods:*

- *Detailed results of every item of the check-list (including Non-compliance findings) have been recorded within an acceptable IT system. In this case this paragraph shall contain the name of the system and the corresponding reference in the system.*
- *Detailed results of every item of the check-list have been recorded in the Audit Questionnaire (Manually or electronically). This method can be acceptable as long as the records made on the questionnaires are precise enough, clearly readable and understandable, are in precisely is available and has been recorded as an audit evidence; in this case §3.2 can refer to the audit questionnaire (in particular for the items that were compliant)*

 <p>CAAT The Civil Aviation Authority of Thailand</p>	<p><b>AUDIT REPORT</b></p>	<p><b>Report No:</b> (Auditor Department 3 digits- Activity ref-running no. of report)</p>
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<b>4. Non-Compliances &amp; Observations:</b>						
<b>4.1 List of Non-Compliances:</b>						
<p>The list of Non-compliances: (Tick the corresponding box)</p> <ul style="list-style-type: none"> <li>● is available below <input type="checkbox"/> or,</li> <li>● is attached in annex to this report as extracted from CAAT IT system (Screen shot acceptable) <input type="checkbox"/></li> </ul>						
No	NCF No.	level	Deadlines			Non-Compliance Statement
			Correction	Corrective Action Plan	Corrective Action Implementation	
<b>4.2 Observations / Recommendations:</b>						
<p>List the recommendations made or refer to the system containing these. If this list available in an IT system, the List of recommendations shall be annexed to this report (Screen shot acceptable)</p>						

	<b>AUDIT REPORT</b>	<b>Report No:</b> (Auditor Department 3 digits- Activity ref-running no. of report)
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5. List of documents annexed to this report
<p>List all documents that have to be considered as part of audit records:</p> <ul style="list-style-type: none"><li>• Filled-in questionnaire;</li><li>• Audit notification;</li><li>• Non-compliance forms if IT system not used;</li><li>• Other evidences that cannot be embedded in the present report;</li></ul>

### 4.5 Appendix E: Example of Non-Compliance Management Tracking Form



Audit Reference Number:

ANS -...../.....

#### NON-COMPLIANCE MANAGEMENT TRACKING FORM

Audit Reference Number:

Auditee Organization:

Audit Date:

Lead Auditor:

**Details:**

รายละเอียดการดำเนินการ

วันที่ดำเนินการ

- 
- 
- 
- 

Note:

<p>Auditee Representative</p> <p>Name:</p> <p>Signature:</p> <p>Date:</p>	<p>Auditor Representative</p> <p>Name:</p> <p>Signature:</p> <p>Date:</p>
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#### 4.6 Appendix F: Example of Audit Follow-up [Checklist or Report]



Audit Reference Number:  
AAAYY-XXXX-DDDD-000

#### Audit Follow-up [Checklist or Report]

Operational Unit:			Follow-up		
Audit Period:			<input type="checkbox"/> Unannounced Audit/Inspection..... <input type="checkbox"/> Scheduled Audit/Inspection;..... <input type="checkbox"/> Off-site Assessment: ..... <i>อ้างอิงการในส่งเอกสารตอนที่ XX วันที่ XX1</i> .....		
NCF No.	Description of the Non-Compliance	Deadline for Correction Implementation	Deadline for Corrective Action Plan	Deadline for Corrective Action implementation	Remarks
AAAYY-XXXX-DDDD-000-001 [Level: X] NCF status: <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Open		.....		.....	
..... NCF status: <input type="checkbox"/> Closed <input type="checkbox"/> Open		.....		.....	
Lead Auditor Name:			Signature:		Date :

