**ON-SITE AUDIT RISK ASSESSMENT CHECKLIST**

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| **Air Navigation Services Provider (ANSP):**  [Name of ANSP organization]  **Type of Service :** [ATM-ATS] / [ATM-ASM] / [ATM-ATFM] / [CNS] / [MET] / [AIS] / [IFPD] / [SAR] |
| **Point of Contact (ANSP):**  (1) Tel. E-mail.  (2) Tel. E-mail. |

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| **Planned Audit Date:** |

To ensure that the organization has appropriate policies and controls in place to manage the COVID-19 related risks in place prior to onsite activities being undertaken.

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| **Descriptions** | **Yes** | **No** | **Remark** |
| **Requirements - Auditor** | | | |
| All auditors have a COVID-19 fully - vaccinated? | 🗆 | 🗆 | [Evidences] |
| Will all auditors take the approved COVID-19 Rapid Antigen Test Kit (ATK) within 72 hours before on-site audit activities?  Remark:  - The auditor will identify the verified document before starting on-site activities.  - CAAT have implemented the COVID-19 policy/procedures/ measures.  - Antigen Test Kit (ATK) shall approve by the Food and Drug Administration (FDA). | 🗆 | 🗆 |  |
| **For Surveillance Activities**  Are the auditors able to provide hotel and transportation that meet the standards of COVID-19 protection?  🗆 The accommodation which is SHA Plus certified  (A certificate awarded to an organization providing that they have approved COVID-19 health and preventative protocols in place and  that 70% or more of all employees have been fully vaccinated.)  🗆 Transportation (airline and vehicle) provided under COVID-19 measures.  🗆Vehicle driver(s) shall take approved COVID-19 Rapid Antigen Test Kit (ATK) within 72 hours before providing service for the audit team.  Refer:  - ระเบียบ กพท. ว่าด้วยค่าใช้จ่ายในการดำเนินการตามความในมาตรา 5/1 แห่งพระราชบัญญัติ การเดินอากาศ พ.ศ. 2497 พ.ศ. 2560  - ระเบียบ กพท. ว่าด้วยแนวปฏิบัติในการให้บริการผู้โดยสารสำหรับเส้นทางการบินภายในประเทศในระหว่างสถานการณ์การระบาดของโรคติดเชื้อไวรัสโคโรนา 2019 (โควิด-19) (ฉบับที่ 2) พ.ศ. 2564 | 🗆 | 🗆 |  |
| **Requirements - Auditee** | | | |
| **1. Personnel** | | | |
| 1.1 All auditees have a COVID-19 fully - vaccinated? | 🗆 | 🗆 | [Evidences] |
| 1.2 Will all auditees take the approved COVID-19 Rapid Antigen Test Kit (ATK) within 72 hours before on-site audit activities? | 🗆 | 🗆 |  |
| **2. Policy and Procedure** | | | |
| 2.1 Have COVID-19 policy/procedures/measures been implemented and adopted at the organization:  🗆 Safety instructions provided on the company rules of conduct to prevent the risk of COVID-19 infections.  🗆 The organization workplace is provided COVID-19 symptoms screened. All visitors and contractors are being screened to ensure they are not displaying COVID-19 symptoms.  🗆 Adequate procedure in place for staff to report if they have potentially been exposed to COVID-19.  🗆 Procedure and measure provided in case a staff or auditor tests positive for COVID-19 | 🗆 | 🗆 |  |
| **3. Workplace/Control room/Alternate room** | | | |
| 3.1 Does the organization workplace have COVID-19 protection measures for onsite access:  🗆 The COVID-19 protection products/equipment  (hand sanitiser, ...etc) are provided in sufficient quantities  for all relevant rooms.  🗆 The safe hygiene practices for the workplace.  🗆 The workplace including machines/equipment are being cleaned regularly and sanitised to an appropriate standard. | 🗆 | 🗆 |  |
| 3.2 Are there suitable meeting rooms with enough space  (social distancing) and good ventilation available for conducting the on-site audit? | 🗆 | 🗆 |  |
| 3.3 Is the Control room/Back up room suitable to facilitate auditors and auditee team members, considering social distancing and COVID-19 prevention measures?  If yes, how many auditors could be in the room? \_\_\_\_\_\_\_\_\_ | 🗆 | 🗆 |  |
| 3.4 Is there any COVID-19 measure of the relevant organization (AOT, DOA, ... etc) to comply with, in case approval of entering the area is required? | 🗆 | 🗆 |  |
| **4. Traveling & Facilities** | | | |
| 4.1 Is there any COVID-19 measure of entering the province to comply with (provincial condition/restriction)? | 🗆 | 🗆 |  |
| 4.2 Are the auditees able to provide hotel and transportation that meet the standards of COVID-19 protection?  🗆 The accommodation which is SHA Plus certified  (A certificate awarded to an organization providing that they have approved COVID-19 health and preventative protocols in place and  that 70% or more of all employees have been fully vaccinated.)  🗆 Transportation (airline and vehicle) provided under COVID-19 measures.  🗆 Vehicle driver(s) will be tested for COVID-19 within 1 day prior to providing service for the audit team.  Refer:  - ระเบียบ กพท. ว่าด้วยค่าใช้จ่ายในการดำเนินการตามความในมาตรา 5/1 แห่งพระราชบัญญัติการเดินอากาศ พ.ศ. 2497 พ.ศ. 2560  - ระเบียบสำนักงานการบินพลเรือนแห่งประเทศไทยว่าด้วยแนวปฏิบัติในการให้บริการผู้โดยสารสำหรับเส้นทางการบินภายในประเทศในระหว่างสถานการณ์การระบาดของโรคติดเชื้อไวรัส โคโรนา 2019 (โควิด-19) (ฉบับที่ 2) พ.ศ. 2564 | 🗆 | 🗆 |  |
| Any special requirements and procedures that are applicable to the site visit or additional | 🗆 | 🗆 |  |
| **Conclusions - Auditee** | | | |
| 🗆 The onsite audit activities are acceptable.  🗆 The onsite audit activities are not acceptable.  Please specify Reason:  ………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………..………………………………………………….…………………..…….……………………………………………  🗆 The feasibility and risk analysis for a remote audit are accepted. - proceed to remote audit;  🗆 The feasibility and risk analysis for a remote audit are not accepted. – request postpone  Please specify Reason:  …………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………..………………………………………………….…………………..…….…………………………………………  Note: The acceptable means accept the risk from on-site audit activities. | | | |
| **Conclusions - Auditor** | | | |
| 🗆 The audit objectives can be attained with the on-site audit.  🗆 The audit objectives cannot be attained via on-site audit.  🗆 Conduct the audit via remote audit.  🗆 Postpone the audit period  Note: CAAT may not agree to postpone the audit if the reason is considered inappropriate, and will exercise the audit according to the defined plan or exercise a Random audit/inspection. | | | |

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| **The Civil Aviation Authority of Thailand**  **Air Navigation Services Standards Department**  ………………………………………………………………..………… **Division** | **Signature:** …………………………………………………………  ( ……………………………………………. )  **Lead Auditor** |
| **Date:** ……….. / …………... / …………... |
| **Note:**  [Coordination] | |

**Remark:**

* All auditors/auditees have to take a COVID-19 Rapid Antigen Test Kit (ATK) within 72 hours before on-site audit activities. If one of the COVID-19 test result is positive, the other party shall be notified immediately, on-site audit shall be reassessed and reconsidered.
* The auditor reserves the right/ has the right to cancel the audit if there is a confirmed or suspected COVID-19 case at the workplace at the time of the pre-audit check.
* If anyone at the auditor/auditee’s location had any of the COVID-19 symptoms in the 14 days prior to on-site audit, the onsite audit will not be conducted. The COVID-19 symptoms are currently all or any one of   
  the following:
  + High temperature (>37.5 ํC)
  + Fever
  + Cough
  + Loss or change to your sense of smell or taste
  + Short of breath or difficulty breathing or Night sweat
  + Fatigue or tiredness
* All auditors/auditees shall fill out an On-site Access Questionnaire as attachment before starting audit activities?
* The auditees shall have the COVID-19 measure for preparing on-site audits in place such as the auditee team shall be separated from the operation team of the organization, etc.
* Avoid transmission during meetings, for example avoiding sharing pens, food, drinks, mugs, cups, and other objects.
* The organization shall:
  + Arrange for all evidence to be provided in the room where the audit is taking place.
  + Review entry and exit routes for the audit team and operational team to minimise contact with other people.
* The essential safety measures:
  + Wearing a good quality mask at all times especially when in public.
  + Request COVID-19 controls before the on-site visit, like risk/hazard identification as part of pre-audit preparation.
  + Adopt a seating arrangement that keeps physical distance between staff for the opening and closing meeting.
  + Washing hands during breaks and avoiding touching the eyes, nose, or mouth during the documentation review phase.
  + Use of a sanitiser at high touch areas like main entrance door knobs or stair handrail.
  + Discourage handshakes and personal contact with the auditee and staff after the closing meeting.

**Attachment: On-Site Access Questionnaire**

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| **Air Navigation Services Provider (ANSP):**  [Name of ANSP organization]  **Type of Service :** [ATM-ATS] /[ATM-ASM] /[ATM-ATFM] / [CNS] / [MET] / [AIS] / [IFPD] / [SAR] |
| **Name: Position:**  **Tel: Email:** |

In an effort to reduce the transmission of COVID-19, the following questionnaire is to be completed before on-site audit activities by all auditors and auditees.

Please complete this short questionnaire to ensure your presence does not pose a risk to the project and return the completed form to the auditor before on-site audit activities.

All participants assigned to this site must complete this form on their first day of work on the site.

1. Have you travelled outside the country, or province in the last 14 days (included)?

🗆 Yes Date you returned: …………………………………………………………………………………………………………………………

🗆 No

2. Have you been to areas of suspected community spread in the last 14 days?

🗆 Yes Please specify:………………………………………………………………………………………………………………………………...

🗆 No

3. Have you ever received a COVID-19 vaccine?

🗆 Yes Number of dose:………… (Please attached the Evidence)

🗆 No

4. Do you currently have the following symptoms: High temperature (>37.5 ํC), Fever, cough, Loss or change to your sense of smell or taste, Short of breath or difficulty breathing or Night sweat, Fatigue or tiredness.

🗆 Yes Please specify:………………………………………………………………………………………………………………………………...

🗆 No

5. Have you or any household member been exposed to a person who has a confirmed or probably case of the COVID-19 infection in the last 14 days?

🗆 Yes

🗆 No

**Signature:** …………………………………………

**Date:** ……………... / …………... / …………...