

**G D C A of the REPUBLIC of ARMENIA**  
**FLIGHT OPERATION'S DEPARTMENT**

**14.3. BASE INSPECTION CHECK LIST**

- 14.3.1. INITIAL BASE INSPECTION C.L.
- 14.3.2. BASE INSPECTION AUDIT C.L.
- 14.3.3. BASE INSPECTION OPERATIONS & DISPATCH C.L.
- 14.3.4. BASE INSPECTION CABIN CREW C.L.
- 14.3.5. BASE INSPECTION TRAINING C.L.
- 14.3.6. BASE INSPECTION FC & CC RECORD C.L.
- 14.3.7. BASE INSPECTION SMS C.L.
- 14.3.8. BASE INSPECTION QUALITY ASSURANCE C.L.
- 14.3.9. BASE INSPECTION FUEL POLICY C.L.

| OPERATOR'S DETAILS                            |          |
|---|----------|
| Organization :                                | AOC N° : |
| Registered Name :                             |          |
| Registered Office :                           | Phone :  |
| Location :                                    | Fax :    |
| Accountable Manager :                         |          |
| Postholder Flight Operations :                |          |
| Postholder Training :                         |          |
| Postholder of Ground Operations :             |          |
| Name of the responsible Technical Coordinator |          |
| E-mail :                                      | Date :   |

**14.3.8. BASE INSPECTION QUALITY ASSURANCE C.L.**

*Contents*

- Part A. Evaluation of the Management of the Quality Assurance Program (QAP) ;*
- Part B. Review of the effectiveness of the QS via the Management Evaluation Meetings ;*
- Part C. Review of the Audits completed as part of the QAP ;*
- Part D. Evaluation of the Quality System (QS) as it relates to other Departments*

**14.3.8. BASE INSPECTION QUALITY ASSURANCE C. L.**

| <b>COMPANY QUALITY ASURANCE</b> |  |          |            |                           |
|---------------------------------|--|----------|------------|---------------------------|
| <b>ARM - AIR OPS Reference</b>  | <b>PART A. EVALUATION of the MANAGEMENT of the QUALITY ASSURANCE PROGRAM</b>   | <b>S</b> | <b>U/S</b> | <b>FINDINGS or REMARK</b> |
| <b>A 1.1.</b>                   | <b>Question</b>  |          |            |                           |
|                                 | a) Is there an audit schedule for the current period ?   |          |            |                           |
|                                 | b) Does the audit schedule cover all required audit topics within a maximum period of 24 months ?  |          |            |                           |
|                                 | c) Does the QAP include verification that departments are carrying out Quality Control checks in accordance with documented procedures ? |          |            |                           |
|                                 | d) Does the QAP include evaluation of the SMS ?  |          |            |                           |
|                                 | e) Does the QAP include a review of the methods used by departments to evaluate suppliers / sub-contractors ?                            |          |            |                           |
|                                 | f) Is the operator in compliance with the audit schedule ?   |          |            |                           |
|                                 | g) Have any completed audits been pooled with other operators / organizations ?  |          |            |                           |
|                                 | h) Are the records for the QAP accessible in an easy to use format ?   |          |            |                           |
|                                 | i) Have those personnel managing the Quality System (QS) received specialized training ?   |          |            |                           |
|                                 | j) Are Certificates of training available ?  |          |            |                           |
|                                 | k) Have all personnel been given briefings as to their role within the Quality System ?  |          |            |                           |

| <b>ARM - AIR OPS Reference</b> | <b>PART B. MANAGEMENT EVALUATION MEETINGS</b>   | <b>S</b> | <b>U/S</b> | <b>FINDINGS or REMARK</b> |
|--------------------------------|---|----------|------------|---------------------------|
| <b>B 1.1.</b>                  | <b>Question</b>   |          |            |                           |
|                                | a) Did this meeting take place in accordance with the timetable and procedures set out in the Q.M.? |          |            |                           |
|                                | b) Did all the key personnel as defined in the Quality Manual attend ?                              |          |            |                           |
|                                | c) Are minutes available ?  |          |            |                           |
|                                | d) Were any recommendations raised as a result of the meeting passed to an appropriate manager ?    |          |            |                           |
|                                | e) Were these recommendations action ?  |          |            |                           |

| <b>ARM - AIR OPS Reference</b> | <b>PART C. AUDITS</b>  | <b>S</b> | <b>U/S</b> | <b>FINDINGS or REMARK</b> |
|--------------------------------|--|----------|------------|---------------------------|
| <b>C 1.1.</b>                  | <b>Question</b>  |          |            |                           |
|                                | a) Was the Audit conducted in accordance with the Schedule?  |          |            |                           |
|                                | b) Did the auditors used have the necessary experience & independence to complete the audit ?          |          |            |                           |
|                                | c) Was the scope of the Audit sufficient ?   |          |            |                           |
|                                | d) Was the report written up in a timely manner, raised in the correct format & on the correct forms ? |          |            |                           |
|                                | e) Has the corrective action taken or proposed been recorded on the form ?                             |          |            |                           |
|                                | f) Would the corrective action taken be likely to prevent a re-occurrence of the non-conformity ?      |          |            |                           |
|                                | g) Did any follow-up / verification action take place prior to closure ?                               |          |            |                           |
|                                | h) Have the audit records been updated ?   |          |            |                           |

| ARM - AIR OPS Reference | PART D. QUALITY CONTROL   | S | U/S | FINDINGS or REMARK |
|-------------------------|---|---|-----|--------------------|
| <b>D 1. 1.</b>          | <b>Question</b>   |   |     |                    |
|                         | a) Has all staff been trained in accordance with published procedures ?   |   |     |                    |
|                         | b) Are records of such training available ?   |   |     |                    |
|                         | c) Does all staff in the department have access to procedures manuals that are applicable to their job ?                  |   |     |                    |
|                         | d) Are quality control checks being carried out by the department in accordance with published procedures ?               |   |     |                    |
|                         | e) Are the results of these checks being documented, including corrective action by management to prevent re-occurrence ? |   |     |                    |
|                         | f) Have all personnel in the department received briefings as to their role within the Quality System ?                   |   |     |                    |

| ARM - AIR OPS Reference | PART E. DOCUMENT & DATA CONTROL  | S | U/S | FINDINGS or REMARK |
|-------------------------|--|---|-----|--------------------|
| <b>E 1. 1.</b>          | <b>Question</b>  |   |     |                    |
|                         | a) Is this person the same as that nominated in the Operations Manual ?            |   |     |                    |
|                         | b) Is there a full listing of manuals, manual holders and manual revision status ? |   |     |                    |
|                         | c) Is there a process to confirm that all amendments have been incorporated ?      |   |     |                    |
|                         | d) Is the nature of any changes clearly identifiable ?                             |   |     |                    |

**Conduct :**

Parts A, B & C would normally be addressed in discussions with the Quality Manager  
Part D would involve discussions with Managers / Staff in appropriate Departments

**The following Notes should be Read before completing the Check List :**

The questions ( all with yes / no answers ) should be used as a guide for discussion with the individuals concerned.

Some questions may not be applicable, and others may raise further questions not on the form.

|                    |               |
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| <b>SECTION C :</b> | <b>RESULT</b> |
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**C. 1. Comments / Remark's :** -----  
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**C. 2. Satisfactory / Unsatisfactory** “ \_ \_ ”  
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**C. 3. Flight Operations Inspector's Name, № & signature**  
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|               |  |                  |  |
|---------------|--|------------------|--|
| <b>Date :</b> |  | <b>Signature</b> |  |
|---------------|--|------------------|--|