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| Affiliate: | |
| Auditor’s name: | |
| Date of audit: | |
| Affiliate Representatives in attendance:Name: Position in affiliate: | |
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| Report Code: IC Complies with relevant requirements  F Finding of non-compliance with the Manual of Approved Procedures (MOAP), Instructors’ Manual, or Glider Tow Pilot Training Manual.  *Corrective action required – the report documents details.*  C Concern, which if not attended to in a timely fashion, could subsequently become a Finding.  *Preventive action(s) that the affiliate is urged to implement in the interests of good quality management practices.* R Changes that the auditor recommends be introduced. | |
| The Audit: The intention is to improve the operations of the affiliate by co-operation and not being critical of things highlighted in the Audit.  The auditor shall pay special attention to ensuring that the audit is conducted in an open and non-threatening manner.  *Note: If any non-compliance is unable to be rectified immediately, a corrective action form is to be attached.*  At the completion of the audit, this report form, including any corrective action forms for findings, must be presented to the ROO or NOO for discussion and review.  Final copies of this report form, including any corrective action forms, are to be distributed to (may be electronic):   * Affiliate representative * ROO * NOO * Quality Manager   ***Reference GNZ Advisory Circular AC 1-01 Quality Management*** | |

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| Item | Code | Comments *(Attach extra pages for comments when necessary)* |
| A. Audits and Review  1. *Date of last audit* |  |  |
| 1. *List any outstanding remedial action resulting from previous audits* |  |  |
| 1. *Comment on the effectiveness of the previous audit report in terms of improvements to operations* |  |  |
| B. Operations  1. *Note any observed instances of operational non-compliance with the MOAP or associated manuals* |  |  |
| 1. *Broadly describe maintenance practices for gliders and launching equipment* |  |  |
| 1. *Record date of last amendment to local rules and comment on their continuing adequacy to facilitate safe operation* |  |  |
| C. Records  1. *Ascertain member general awareness of the MOAP and ACs and where to find them* |  |  |
| 1. *Check that any hard-copy versions of the MOAP, ACs or Forms available to members on site are up to date* |  |  |
| 1. *Comment on the adequacy of daily flight records and flight following* |  |  |
| 1. *Examine CFI’s records of pilot training, BFRs and Medical Declarations.* |  |  |
| **D. Instructors**   1. *Check competency reviews  OPS 08 & OPS 09* |  |  |
| 1. *Comment on observed instructor attitude to safe flying practices* |  |  |
| *Note any observed instances of flight instruction not in accordance with the MOAP* |  |  |
| 1. *Comment on the adequacy of instructor resources and the frequency of Panel meetings* |  |  |
| E. Launching  1. *Comment on observed aero-tow practices, including ropes and weak links* |  |  |
| 1. *Comment on observed winch launching practices* |  |  |
| F. Environment and facilities  1. *Detail any concerns about suitability of the site* |  |  |
| 1. *Detail any concerns about suitability of facilities* |  |  |
| 1. *Detail any concerns about the way visitors are greeted and looked after on site* |  |  |
| G. Health and Safety  1. *Comment on the Emergency Plan with regard to AC 1-05* |  |  |
| 1. *Comment on the adequacy of safety signage, particularly for visitors* |  |  |

## Notes:

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## Name of Auditor: Signature:

## Report accepted by affiliate representative:

## Name: Signature:

**Date:**

## Affiliate: Date of audit:

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| Corrective Actions | | | | |
| Item Code | Action Requested | By Whom | Planned Completion  Date | **Closing Signature & date of Closure** |
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