



**FEEDBACK FORM A**

**ATTACHMENT A**

**AANSOO Feedback Form A**

**Please return this form duly completed to the Chief, Aerodrome and Air Navigation Safety Oversight Office, CAAP in a sealed envelope marked confidential.**

**Audited Facility/ Office:**

**Date(s) of Activity:**

<b>Type of Activity:</b>	<input type="checkbox"/> Audit	<input type="checkbox"/> Audit Follow-up	<input type="checkbox"/> Routine Inspection	<input type="checkbox"/> Random Inspection
<b>Reference No:</b>				

The purpose of this feedback form is to provide for continuous improvement of the AANSOO Safety Oversight Audit/ Inspection by gathering feedback from audited party on the conduct of safety oversight activities.

**FORM A** of the questionnaire addresses pre-audit activities beginning with the official notification of the audit dates and on-site activities, including the conduct of the audit through the closing meeting. This portion should be completed as soon as possible after the closing meeting.

The information provided by each audited party will primarily be used to improve the safety oversight audit process.

**PRE-AUDIT ACTIVITIES**

**1. Communications**

1.1 Was the letter in which your Organization was officially notified of the schedule for the onsite audit/ routine inspection received in time to enable the Organization to plan and prepare for the audit/ inspection prior to the arrival of the audit team?

- ☐ Yes  
☐ No

Remarks (if any):

1.2 Were other communications and correspondence relating to the safety oversight activity, which were sent by AANSOO prior to the conduct of the on-site activity, clear



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and timely?

- ☐ Yes  
☐ No

Remarks (if any):

1.3 Did you, at any time, encounter any difficulties in communicating with AANSOO during the pre-audit phase of the process?

- ☐ Yes  
☐ No

Remarks (if any):

1.4 Did you request any assistance from AANSOO, and if so, were you able to obtain the required assistance at any time during the pre-audit phase?

- ☐ Yes  
☐ No

Remarks (if any):

1.5 Did you encounter any difficulties in completing the Protocol Questionnaires (PQs) and/or the compliance checklists (CCs) prior to the conduct of the on-site activity?

- ☐ Yes  
☐ No

Remarks (if any):

1.6 Was information relating to the on-site audit, such as the tentative audit plan and activities to be undertaken, the list of auditors/inspectors and other pertinent documentation, clear and received in time to enable the Organization to respond to the information prior to the conduct of the on-site activity?

- ☐ Yes  
☐ No

Remarks (if any):

**ON-SITE AUDIT/INSPECTION ACTIVITIES**



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**2. BRIEFINGS**

2.1 Was the briefing provided to the Organization during the entry meeting clear to understand and useful for the conduct of the on-site audit/ inspection (entry meeting may not be conducted for inspection)?

- ☐ Yes  
☐ No

Remarks (if any):

2.2 Were the objectives of the on-site audit/inspection and the impending activities of the audit/inspection team and the Organization clearly explained?

- ☐ Yes  
☐ No

Remarks (if any):

2.3 During the exit meeting, were you provided with a debriefing of the preliminary findings for each technical area in a clear and concise manner?

- ☐ Yes  
☐ No

Remarks (if any):

2.4 Were the actions to be taken by you and by the audit/inspection team following the safety oversight activity clearly explained during the exit meeting?

- ☐ Yes  
☐ No

Remarks (if any):

2.5 In your opinion, are there any items which you believe should be covered either during the entry meeting or the exit meeting?

- ☐ Yes  
☐ No

Remarks (if any):



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2.6 In your opinion, was the on-site activity conducted in accordance with the specific safety oversight audit/inspection plan agreed upon?

- ☐ Yes  
☐ No

Remarks (if any):

2.7 In your opinion, was the on-site activity conducted in accordance with the auditing policies, principles and guidelines contained in the Inspectors Handbook, and as explained during the entry meeting?

- ☐ Yes  
☐ No

Remarks (if any):

2.8 In your opinion, did the preliminary findings and recommendations provided at the end of the activity, due professional care and independence on the part of the auditors, and were they fully based on the evidence presented?

- ☐ Yes  
☐ No

Remarks (if any):

2.9 Were there any incidents during the conduct of the on-site activity which required your intervention to resolve differences and/or misunderstandings between the members of the audit team and the staff of the Organization?

- ☐ Yes  
☐ No

Remarks (if any):

**GENERAL COMMENTS**

**3. GENERAL**

3.1 What is your overall impression on the preparation, planning and conduct of the safety oversight audit/inspection just completed?



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3.2 Are there any areas or elements on which you would like to comment or to provide suggestions in order to improve the overall audit process? Please be as specific as possible.

We would like to take this opportunity to thank you for your cooperation, and also to express our sincere appreciation to your Organization and to the staff for the continued support of the CAAP Safety Oversight Activities.

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Signature over printed name and position/designation

Date