

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.

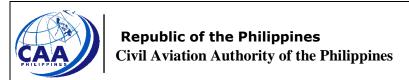
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Audited Facilit				
Date(s) of Act		·	· · · · · · · · · · · · · · · · · · ·	
Type of	☐ Audit	☐ Audit Follow-	☐ Routine	☐ Random
Activity:		up	Inspection	Inspection
Reference No:				
		-		improvement of the
1			athering feedbac	k from audited party
on the conduct	of safety over	sight activities.		
EODM A of the	auostionnaire	addrossos pro aud	lit activities begin	ning with the official
				nning with the official conduct of the audit
			,	as soon as possible
after the closin		r rino porcioni onou	id be completed	as soon as possible
	J J			
The information provided by each audited party will primarily be used to improve the				
safety oversigh	t audit process	5.		
PRE-AUDIT	ACTIVITIE	S		
1. Communica	ations			
	•	5	•	ed of the schedule for
	•			Organization to plan
and prepare for	r the audit/ ins	pection prior to the	arrival of the aud	lit team?
☐ Yes Rem	arks (if any):			
□ No	iarko (ii arry)i			
1.2 Were other	r communicati	ons and correspond	lence 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	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



2 DDIEET				
2. BRIEFI	NGS			
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):			
	he objectives of the on-site audit/inspection and the impending activities of aspection 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):			

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?

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.

Signature over printed name and position/designation Date