



FEEDBACK FORM B

ATTACHMENT B  
AANSOO Feedback Form B

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

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 B** of the questionnaire addresses the audit report production process up to the publication of the Final Safety Oversight Audit Report. This portion should be completed after the Final Report has been received.

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

POST AUDIT ACTIVITIES

1. Report production process

1.1 Did the audit interim report present the findings and recommendations in a clear manner to allow you to develop an effective Corrective Action Plan (CAP)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks (if any):
---	-------------------

1.2 Did the final audit report provide information on the level of your capability as service provider as assessed by the AANSOO audit team based on the audit protocol questionnaires?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks (if any):
---	-------------------



**FEEDBACK FORM B**

1.3 Were the comments you provided satisfactorily incorporated into the final audit report?

- ☐ Yes  
☐ No

Remarks (if any):

1.4 Was the assessment of the Corrective Action Plan (CAP) provided helpful?

- ☐ Yes  
☐ No

Remarks (if any):

1.5 Were you given every opportunity to comment and respond to the Interim Safety Oversight Audit Report and Final Safety Oversight Audit Report within the established timeframes?

- ☐ Yes  
☐ No

Remarks (if any):

1.6 Were the Interim Safety Oversight Audit Report and Final Safety Oversight Audit Report submitted by the AANSOO within the established timelines

- ☐ Yes  
☐ No

Remarks (if any):

**GENERAL COMMENTS**

**2. GENERAL**

2.1 What is your overall impression on the report made by the AANSOO audit/inspection team?



**FEEDBACK FORM B**

2.2 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.

\_\_\_\_\_  
Signature over printed name and position/designation

\_\_\_\_\_  
Date