



REMOTE/DESKTOP AUDIT FEEDBACK FORM

ATTACHMENT C

AANSOO Remote/Desktop Audit Feedback Form

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:	▪ Audit	▪ Audit Follow-up
Reference No:		

The purpose of this feedback form is to provide for continuous improvement of the AANSOO Safety Oversight Audit by gathering feedback from audited party on the conduct of safety oversight activities during events when 'face-to-face' methods are not possible due to pandemic, high security risks or inaccessibility to the inspectors due to lack of available means of transport.

FORM C of the questionnaire covers the entire activities beginning with the official notification of the audit dates and remote surveillance activities, until the submission of the Final Audit Report. This portion should be completed as soon as possible after receipt of the Final Audit Report.

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

PRE-AUDIT ACTIVITIES – Audit Notification to Entry Meeting

1. Communications

1.1 Was the letter in which your Organization was officially notified of the schedule for the remote surveillance activity received in time to enable the Organization to plan and prepare for the audit prior to the entry meeting?

▪ Yes ▪ No	Remarks (if any):
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1.2 Were other communications and correspondence relating to the safety oversight activity, which were sent by AANSOO prior to the conduct of the remote surveillance activity, clear and timely?

▪ Yes ▪ No	Remarks (if any):
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1.3 Did you, at any time, encounter any difficulties in communicating with AANSOO during the pre-audit phase of the process?

- | | |
|--|-------------------|
| <ul style="list-style-type: none">• 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?

- | | |
|--|-------------------|
| <ul style="list-style-type: none">• 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 remote surveillance activity?

- | | |
|--|--|
| <ul style="list-style-type: none">• Yes• No | If "Yes", please explain briefly the difficulties encountered. |
|--|--|

1.6 Was information relating to the remote surveillance 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 remote surveillance activity?

- | | |
|--|-------------------|
| <ul style="list-style-type: none">• Yes• No | Remarks (if any): |
|--|-------------------|

REMOTE/DESKTOP AUDIT ACTIVITIES – Entry Meeting to Exit Meeting

2. BRIEFINGS



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2.1 Was the briefing provided to the Organization during the entry meeting clear to understand and useful for the conduct of the remote surveillance activity?

- Yes
- No

Remarks (if any):

2.2 Were the objectives of the remote surveillance activity and the impending activities of the audit 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 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

If "yes", please list them below.

2.6 In your opinion, was the remote surveillance activity conducted in accordance with the specific safety oversight audit plan agreed upon?

- Yes
- No

Remarks (if any):



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2.7 In your opinion, was the remote surveillance 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 remote surveillance 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

If yes, kindly describe the incident briefly and explain how it was handled.

POST AUDIT ACTIVITIES - Exit Meeting to Receipt of Final Audit Report

3. Report production process

3.1 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)?

- Yes
- No

Remarks (if any):

3.2 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?

- Yes
- No

Remarks (if any):



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

- Yes
- No

Remarks (if any):

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

- Yes
- No

Remarks (if any):

3.5 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):

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

- Yes
- No

Remarks (if any):

GENERAL COMMENTS

4. GENERAL

4.1 What is your overall impression on the preparation, planning and conduct of the safety oversight remote audit just completed?



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4.2 Are there any areas or elements on which you would like to comment or to provide suggestions in order to improve the overall remote 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