

**Affiliate:**

**Auditor's name:**

**Date of audit:**

**Affiliate Representatives in attendance:**

**Name:**

**Position in affiliate:**

- 1.
- 2.
- 3.
- 4.

**Report Code:**

**IC** Complies with relevant requirements

**F** Finding of non-conformance with the Manual of Approved Procedures (MOAP), Instructors' Handbook, 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 (page 4) is to be completed.*

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**

**Affiliate:**

**Date of audit:**

Item	Code	Comments <i>(Attach extra pages for comments when necessary)</i>
<p><b>A. Audits and Review</b></p> <p>1. Date of last audit.</p> <p>2. Has remedial action resulting from the previous audit been recorded and actioned?</p> <p>3. Has the previous audit report been effective in the light of the findings of the audit?</p>		
<p><b>B. Operations</b></p> <p>1. Are operations being run in accordance with the MOAP and associated manuals?</p> <p>2. Are operations being run in accordance with local procedures?</p> <p>3. Are local rules current and do they facilitate safe operation?</p>		
<p><b>C. Records</b></p> <p>1. Is the affiliate's copy of the MOAP easily accessible to members?</p> <p>2. Is the affiliate's copy of the MOAP up to date?</p> <p>3. Are flight records being kept accurately?</p> <p>4. Are flying training records for members kept?</p> <p>5. Are Medical Declarations kept by the CFI and available for inspection?</p>		
<p><b>D. Instructors</b></p> <p>1. Are all instructors approved and current?</p> <p>2. Do all instructors observed demonstrate a commitment to safe flying practices?</p> <p>3. Is flight instruction carried out in accordance with the MOAP?</p> <p>4. Are all instructors aware of the training resources available to them?</p>		

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Item	Code	Comments <i>(Attach extra pages for comments when necessary)</i>
<b>E. Launching</b> 1. Is aero-tow launching carried out in accordance with the MOAP? 2. Is winch launching carried out in accordance with the MOAP?		
<b>F. Environment and facilities</b> 1. Is the location conducive to safe flying operations? 2. Are facilities suitable for the operation? 3. Does the affiliate have a system to ensure visitors are greeted and looked after satisfactorily?		
<b>G. Health and Safety</b> 1. Does the affiliate have and display an emergency plan? 2. Is safety signage adequate?		

**Notes:**

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**Name of Auditor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Report accepted by affiliate representative:**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Affiliate:**

**Date of audit:**

<b>Corrective Actions</b>				
<b>Finding Nr</b>	<b>Action Requested</b>	<b>By Whom</b>	<b>Planned Completion Date</b>	<b>Closing Signature &amp; date of Closure</b>