

APPENDIX B - INTERNAL AUDIT FORM

Auditor Name and Title:	Date:
<p>Audit Items. For each item in the checklist:</p> <ul style="list-style-type: none"> Audit the item, making notes as needed on each item, or on a separate sheet of paper. If on a separate sheet of paper, reference the item letter and number (ex: A1). For each item, place a P for Pass, F for Finding, and NA for not applicable. Mark the <input type="checkbox"/> next to each item with an "X" or "✓" Answer Yes or No for items A through G. Add comments as needed. Use additional paper if needed. 	
A. FLIGHT OPERATIONS	P/F/NA
<input type="checkbox"/> 1. Does the company effectively exercise and maintain operational control over all persons operating aircraft and handling the aircraft on behalf of the company?	
<input type="checkbox"/> 2. Are all company charts current?	
<input type="checkbox"/> 3. Are the names listed in the Organizational Structure portion of the FOM current and accurate?	
<input type="checkbox"/> 4. Does the Duties and Responsibilities section of the FOM accurately reflect the current way the department operates?	
<input type="checkbox"/> 5. Have any new department positions or duties and responsibilities been added, removed, or changed?	
<input type="checkbox"/> 6. Have any operational issues or SMS findings indicated a need to revise the Flight Following Requirements section of the FOM?	
<input type="checkbox"/> 7. Have any operational issues or SMS findings indicated a need to revise the Airport Requirements section of the FOM?	
<input type="checkbox"/> 8. Have any operational issues or SMS findings indicated a need to revise the Aircraft Crew Requirements section of the FOM?	
<input type="checkbox"/> 9. Have any operational issues or SMS findings indicated a need to revise the Contract Pilots section of the FOM?	
<input type="checkbox"/> 10. Has the SMS identified any pilot duty time issues?	

Auditor Name and Title:		Date:
A. FLIGHT OPERATIONS (CONT'D)		P/F/NA
<input type="checkbox"/>	11. Are all pilot training records up to date?	
<input type="checkbox"/>	12. Does every pilot file contain copies of the pilot's certificates, medical, FCC license, passport, or any other required documents?	
<input type="checkbox"/>	13. Have any pilot qualification or training regulations changed, and have those requirements been addressed in the FOM?	
<input type="checkbox"/>	14. Has the department implemented any new technologies that would require additional pilot training?	
<input type="checkbox"/>	15. Has the SMS identified any safety issues related to pilot training?	
<input type="checkbox"/>	16. Has the SMS identified any issues where flight scheduling has conflicted with pilot currency, pilot rest, other regulatory requirements, or safety requirements?	
<input type="checkbox"/>	17. Has the SMS identified any safety issues related to itinerary changes, passenger manifest changes, or payload changes?	
<input type="checkbox"/>	18. Has the SMS identified any safety issues related to extended range flights or reserve fuel issues?	
<input type="checkbox"/>	19. Has the SMS identified any safety or other operational issues related to obtaining maintenance while away from base?	
B. WEATHER		P/F/NA
<input type="checkbox"/>	1. Has the SMS identified any safety issues related to flight planning into airports with weather near or below minimums?	
<input type="checkbox"/>	2. Have any flights been required to divert to an alternate airport due to weather either below minimums or other unsuitable weather conditions?	
<input type="checkbox"/>	3. Have any crews performed a missed approach due to the inability to land?	
<input type="checkbox"/>	4. Has the SMS identified any safety issues related to departing in ground icing conditions?	

Auditor Name and Title:		Date:
B. WEATHER (CONT'D)		P/F/NA
<input type="checkbox"/>	5. Has the SMS identified any safety issues related to flight planning into airports with weather near or below minimums?	
<input type="checkbox"/>	6. Have any flights been required to divert to an alternate airport due to weather either below minimums or other unsuitable weather conditions?	
<input type="checkbox"/>	7. Have any crews performed a missed approach due to the inability to land?	
<input type="checkbox"/>	8. Has the SMS identified any safety issues related to departing in ground icing conditions?	
<input type="checkbox"/>	9. Has the SMS identified any safety issues related to in-flight icing conditions?	
<input type="checkbox"/>	10. Has the SMS identified any events related to runway contamination for either takeoff or landing?	
<input type="checkbox"/>	11. Has the SMS identified any events related to thunderstorms or convective weather on departure, enroute, or arrival?	
<input type="checkbox"/>	12. Has the SMS identified any safety issues related to windshear events?	
C. STANDARD OPERATING PROCEDURES		P/F/NA
<input type="checkbox"/>	1. Has the SMS identified any safety issues related to the design or proper use of aircraft checklists?	
<input type="checkbox"/>	2. Have all in-flight emergencies been properly reviewed and appropriate action taken?	
<input type="checkbox"/>	3. Have any in-flight emergencies occurred that were not reported through the proper SMS method?	
<input type="checkbox"/>	4. Has the SMS identified any reports or pilot altitude deviations or lateral navigation errors?	
<input type="checkbox"/>	5. Has the SMS identified any events related to the design of aircraft standard operating procedures?	

Auditor Name and Title:		Date:
C. STANDARD OPERATING PROCEDURES (CONT'D)		P/F/ NA
<input type="checkbox"/>	6. Has the SMS identified any events related to crew compliance with aircraft standard operating procedures?	
D. AIRCRAFT MAINTENANCE		P/F/ NA
<input type="checkbox"/>	1. Does the company effectively monitor all contact persons performing, supervising, and managing maintenance on all aircraft?	
<input type="checkbox"/>	2. Does the maintenance provider have the applicable ratings necessary to perform the appropriate maintenance functions on the aircraft? (i.e. repair station certificate, qualified A&P/IA mechanics)	
<input type="checkbox"/>	3. Has the SMS identified any safety events related to poor or sub-standard maintenance practices being performed?	
<input type="checkbox"/>	4. Has the SMS identified any safety events related to maintenance being performed by unqualified aircraft mechanics or repair stations?	
<input type="checkbox"/>	5. Does the facility performing maintenance contain adequate safety equipment (first aid, eye wash, fire extinguisher, hazardous materials containment)?	

PAGE INTENTIONALLY LEFT BLANK