

TOPS AUDIT FORM REGULAR MEMBER – 2016

TOPS Member:

Date of Audit:

Date:	
Company:	
Address:	
City, State, Zip	
Telephone:	
FAX:	



IN-BRIEFING:	Name/Title:

AREAS OF INTEREST:

Key Personnel			
Title	Name	How long in position (yrs)?	How long with company (yrs)?
CEO/President:			
Director of Operations:			
Director of Maintenance:			
Safety Manager:			

GENERAL OPERATIONS				
<ol style="list-style-type: none"> 1. Regional areas of operation: 2. Who has operational control? 3. List air tour bases include name of Base Manager and Field Elevation 				
Base	Elevation	Manager	Aircraft Make/Model Assigned	Number

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Audit Areas

Bullet points under the audit categories summarize TOPS Program requirements and indicate areas required to be reviewed during the audit. Refer to the TOPS Program of Safety for specific requirements.

For each section, use the 1-4 scale. 1 Non-compliance with TOPS Standards, 2 Meets TOPS Standards with areas for improvement, 3 Meets TOPS standards, 4 Meets TOPS standards with areas that exceed. Comments are required for each audit category.

A. MANAGEMENT			
1. Non-compliance with TOPS Standards	2. Areas for improvement	3. Meets TOPS standards	4. Exceeds TOPS standards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Key Personnel Qualification	Area audited?	<input type="checkbox"/>
2.	Do the people with operational control of the company meet requirements of Part 119? Are they in the operating manual?	Area audited?	<input type="checkbox"/>
3.	Establishment of Clear Operating Standards based on safe and professional procedures	Area audited?	<input type="checkbox"/>
4.	Coordination of routes, position reporting and other safety procedures with other operators and appropriate agencies	Area audited?	<input type="checkbox"/>
5.	A process to record and follow up with passenger complaints regarding safety and safety of flight issues is in place and followed.	Area audited?	<input type="checkbox"/>
Comments:			

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C.	<i>FLIGHT OPERATIONS</i>			
	1. Non-compliance with TOPS Standards	2. Areas for improvement	3. Meets TOPS standards	4. Exceeds TOPS standards
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Operational Control			<i>Area audited?</i> <input type="checkbox"/>
2.	Crew and flight procedures standardized to include crew coordination, routes, weather minimums, IMC recovery procedures, and appropriate flight.			<i>Area audited?</i> <input type="checkbox"/>
3.	Passenger briefings and escorting during ramp operations.			<i>Area audited?</i> <input type="checkbox"/>
4.	Aircraft properly equipped for the mission and the area being flown.			<i>Area audited?</i> <input type="checkbox"/>
5.	Emergencies Procedures unique to the mission profile flown.			<i>Area audited?</i> <input type="checkbox"/>
6.	Operator plan for ongoing oversight of tour routes and flight operations.			<i>Area audited?</i> <input type="checkbox"/>
7.	All tour aircraft operated and maintained under Part 135.			<i>Area audited?</i> <input type="checkbox"/>
8.	Operator is in compliance with FAR Part 136.			<i>Area audited?</i> <input type="checkbox"/>
Comments:				

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D.	<i>PILOTS</i>			
	1. Non-compliance with TOPS Standards	2. Areas for improvement	3. Meets TOPS standards	4. Exceeds TOPS standards
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Pilot qualifications, staffing and crew rest			Area audited? <input type="checkbox"/>
2.	Pilot training and documentation			Area audited? <input type="checkbox"/>
3.	Pilot professionalism			Area audited? <input type="checkbox"/>
Comments:				

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E.	<i>FLIGHT COORDINATION</i>			
	1. Non-compliance with TOPS Standards	2. Areas for improvement	3. Meets TOPS standards	4. Exceeds TOPS standards
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Manifesting procedures			Area audited? <input type="checkbox"/>
2.	Flight following			Area audited? <input type="checkbox"/>
3.	Emergency Response Plan			Area audited? <input type="checkbox"/>
4.	Flight following personnel training and documentation			Area audited? <input type="checkbox"/>
Comments:				

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F.	HELIPORT			
1. Non-compliance with TOPS Standards		2. Areas for improvement	3. Meets TOPS standards	4. Exceeds TOPS standards
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Meets FAA standards			Area audited? <input type="checkbox"/>
2.	Properly equipped and maintained			Area audited? <input type="checkbox"/>
3.	Provides a safe and functional area for passenger movement and flight operations			Area audited? <input type="checkbox"/>
Comments:				

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<i>H.</i>	<i>MAINTENANCE PERSONNEL</i>			
	1. Non-compliance with TOPS Standards	2. Areas for improvement	3. Meets TOPS standards	4. Exceeds TOPS standards
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Mechanic qualifications, staffing and crew rest			Area audited? <input type="checkbox"/>
2.	Mechanic training and documentation			Area audited? <input type="checkbox"/>
3.	Company maintenance technicians meet TOPS experience and training requirements.			Area audited? <input type="checkbox"/>
4.	Maintenance technician to apprentice or assistant is at or below 1:1.			Area audited? <input type="checkbox"/>
Comments:				

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I.	<i>GROUND SUPPORT PERSONNEL</i>			
	1. Non-compliance with TOPS Standards	2. Areas for improvement	3. Meets TOPS standards	4. Exceeds TOPS standards
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Training and documentation			Area audited? <input type="checkbox"/>
2.	Passenger briefing			Area audited? <input type="checkbox"/>
3.	Loading and unloading helicopters			Area audited? <input type="checkbox"/>
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K.	<i>BASES VISITED</i>		
	Location	Manager	Date
1.			
2.			
3.			
4.			

Comments:

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<i>L.</i>	<i>FLIGHT OBSERVATIONS</i>		
	Location	Tour	Date
1.			
2.			
3.			

Comments:

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TOPS IN-FLIGHT OBSERVATION GUIDELINES

The following are areas for review and evaluation during In-flight Observations:

1. Manifesting, Briefing and Aircraft Loading
2. Ramp/Airport Operations
3. Takeoff and Landing
4. Cruise Flight
 - Routes
 - Terrain
 - Altitudes
 - Traffic
5. Offsite Landing Areas

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TOPS AUDIT RECOMMENDATIONS, BEST PRACTICES AND DISCREPANCIES

Instructions: Identify each item as a discrepancy (D), recommendation (R) or best practice (B) NOTE: You must provide *at least two Best Practices*.

D, R or B	RECOMMENDATIONS, BEST PRACTICES AND DISCREPANCIES

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OUT-BRIEFING		DATE:
Name	Title	
Print list of all Operator personnel present		

TOPS AUDIT RESULTS		
AUDIT RESULTS	<input type="checkbox"/>	Recommended for TOPS membership
	<input type="checkbox"/>	Recommended for TOPS membership (After items listed above have been corrected to TOPS standards.)
	<input type="checkbox"/>	Not Recommended for TOPS membership (<i>Operator does not meet TOPS Standards. Re-audit recommended.</i>) See attached list of discrepancies
OPERATOR REPRESENTATIVE:	SIGNATURE:	
F cvg<	NAME:	
		<i>Please Print</i>
	TITLE:	
		<i>Please Print</i>
TOPS AUDITOR:	SIGNATURE:	
F cvg<	NAME:	
		<i>Please Print</i>

FOR INTERNAL USE ONLY

Approved by the TOPS Audit Committee			
	Signature		Date
Approved by the TOPS Board of Directors			
	Signature		Date

When submitting to TOPS, please assure findings, comments and narrative, in addition to the Pre-Audit Checklist, are all included with this audit form.