

TOPS AUDIT FORM REGULAR MEMBER – 2016

TOPS Member:

Date of Audit:

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



IN-BRIEFING:	Name/Title:
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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:			

<i>GENERAL OPERATIONS</i>				
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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B.	<i>SAFETY</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.	Top Management demonstrates a clear and consistent commitment to Safety as the primary standard by which operations are conducted	<i>Area audited?</i>	<input type="checkbox"/>
2.	Safety Manager as part of top management	<i>Area audited?</i>	<input type="checkbox"/>
3.	Effective Safety Management Program including a safety reporting program to identify hazards before an incident or accident happens	<i>Area audited?</i>	<input type="checkbox"/>
4.	Emergency Response Plan	<i>Area audited?</i>	<input type="checkbox"/>
5.	Safety Training including Human Factors Training for flight operations and maintenance.	<i>Area audited?</i>	<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"/>
Comments:				

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D.	PILOTS			
	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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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			<i>Area audited?</i> <input type="checkbox"/>
2.	Properly equipped and maintained			<i>Area audited?</i> <input type="checkbox"/>
3.	Provides a safe and functional area for passenger movement and flight operations			<i>Area audited?</i> <input type="checkbox"/>
Comments:				

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G.	<i>MAINTENANCE</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.	Maintenance areas and shops	<i>Area audited?</i>	<input type="checkbox"/>
2.	Technical publications and manuals	<i>Area audited?</i>	<input type="checkbox"/>
3.	Parts and supplies	<i>Area audited?</i>	<input type="checkbox"/>
4.	The company maintains and follows a published fuel quality program.	<i>Area audited?</i>	<input type="checkbox"/>
5.	The company maintains and follows a written Tool Control Program. Please describe the program in the comments.	<i>Area audited?</i>	<input type="checkbox"/>
6.	The company maintains and follows a written Parts Program. Please describe the program in the comments.	<i>Area audited?</i>	<input type="checkbox"/>
7.	The company maintains and follows a written maintenance QA program.	<i>Area audited?</i>	<input type="checkbox"/>
<p>Comments:</p>			

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H.	<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			<i>Area audited?</i> <input type="checkbox"/>
2.	Mechanic training and documentation			<i>Area audited?</i> <input type="checkbox"/>
3.	Company maintenance technicians meet TOPS experience and training requirements.			<i>Area audited?</i> <input type="checkbox"/>
4.	Maintenance technician to apprentice or assistant is at or below 1:1.			<i>Area audited?</i> <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			<i>Area audited?</i> <input type="checkbox"/>
2.	Passenger briefing			<i>Area audited?</i> <input type="checkbox"/>
3.	Loading and unloading helicopters			<i>Area audited?</i> <input type="checkbox"/>
Comments:				

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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

TOPS AUDIT FORM REGULAR MEMBER – 2016

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OUT-BRIEFING		DATE:
Name		Title
<i>Print list of all Operator personnel present</i>		

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 cyg<		NAME:
		<i>Please Print</i>
		TITLE:
		<i>Please Print</i>
TOPS AUDITOR:		SIGNATURE:
F cyg<		NAME:
		<i>Please Print</i>

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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.