|  |  |  |
| --- | --- | --- |
| Date: | Untitled-32 |  |
| 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** | | | | | | |
| 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** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | |
| **1.** | Key Personnel Qualification | | | | *Area audited*? |  |
| **2.** | Do the people with operational control of the company meet requirements of Part 119? Are they in the operating manual? | | | | *Area audited*? |  |
| **3.** | Establishment of Clear Operating Standards based on safe and professional procedures | | | | *Area audited*? |  |
| **4.** | Coordination of routes, position reporting and other safety procedures with other operators and appropriate agencies | | | | *Area audited*? |  |
| **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*? |  |
| Comments: | | | | | | |

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| **B.** | **SAFETY** |

| **1. Non-compliance with TOPS Standards** | | **2. Areas for  improvement** | **3. Meets TOPS standards** | **4. Exceeds TOPS standards** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | |
| **1.** | Top Management demonstrates a clear and consistent commitment to Safety as the primary standard by which operations are conducted | | | | *Area audited*? |  |
| **2.** | Safety Manager as part of top management | | | | *Area audited*? |  |
| **3.** | Effective Safety Management Program including a safety reporting program to identify hazards before an incident or accident happens | | | | *Area audited*? |  |
| **4.** | Emergency Response Plan | | | | *Area audited*? |  |
| **5.** | Safety Training including Human Factors Training for flight operations and maintenance. | | | | *Area audited*? |  |
| Comments: | | | | | | |

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| **C.** | **FLIGHT OPERATIONS** |

| **1. Non-compliance with TOPS Standards** | | **2. Areas for  improvement** | **3. Meets TOPS standards** | **4. Exceeds TOPS standards** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | | |
| **1.** | Operational Control | | | | *Area audited*? |  | |
| **2.** | Crew and flight procedures standardized to include crew coordination, routes, weather minimums, IMC recovery procedures, and appropriate flight | | | | *Area audited*? |  | |
| **3.** | Passenger briefings and escorting during ramp operations | | | | *Area audited*? |  | |
| **4.** | Aircraft properly equipped for the mission and the area being flown | | | | *Area audited*? |  | |
| **5.** | Emergencies Procedures unique to the mission profile flown | | | | *Area audited*? |  | |
| **6.** | Operator plan for ongoing oversight of tour routes and flight operations | | | | *Area audited*? |  | |
| **7.** | All tour aircraft operated and maintained under Part 135. | | | | *Area audited*? |  | |
| 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** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | |
| **1.** | Pilot qualifications, staffing and crew rest | | | | *Area audited*? |  |
| **2.** | Pilot training and documentation | | | | *Area audited*? |  |
| **3.** | Pilot pofessionalism | | | | *Area audited*? |  |
| Comments: | | | | | | |

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| --- | --- |
| **E.** | **FLIGHT COORDINATION** |

| **1. Non-compliance with TOPS Standards** | | **2. Areas for  improvement** | **3. Meets TOPS standards** | **4. Exceeds TOPS standards** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | |
| **1.** | Manifesting procedures | | | | *Area audited*? |  |
| **2.** | Flight following | | | | *Area audited*? |  |
| **3.** | Emergency Response Plan | | | | *Area audited*? |  |
| **4.** | Flight following personnel training and documentation | | | | *Area audited*? |  |
| 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** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | |
| **1.** | Meets FAA standards | | | | *Area audited*? |  |
| **2.** | Properly equipped and maintained | | | | *Area audited*? |  |
| **3.** | Provides a safe and functional area for passenger movement and flight operations | | | | *Area audited*? |  |
| Comments: | | | | | | |

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| **G.** | **MAINTENANCE** |

| **1. Non-compliance with TOPS Standards** | | **2. Areas for  improvement** | **3. Meets TOPS standards** | **4. Exceeds TOPS standards** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | |
| **1.** | Maintenance areas and shops | | | | *Area audited*? |  |
| **2.** | Technical publications and manuals | | | | *Area audited*? |  |
| **3.** | Parts and supplies | | | | *Area audited*? |  |
| **4.** | The company maintains and follows a published fuel quality program. | | | | *Area audited*? |  |
| **5.** | The company maintains and follows a written Tool Control Program. Please describe the program in the comments. | | | | *Area audited*? |  |
| **6.** | The company maintains and follows a written Parts Program. Please describe the program in the comments. | | | | *Area audited*? |  |
| **7.** | The company maintains and follows a written maintenance QA program. | | | | *Area audited*? |  |
| Comments: | | | | | | |

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| **H.** | **MAINTENANCE PERSONNEL** |

| **1. Non-compliance with TOPS Standards** | | **2. Areas for  improvement** | **3. Meets TOPS standards** | **4. Exceeds TOPS standards** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | |
| **1.** | Mechanic qualifications, staffing and crew rest | | | | *Area audited*? |  |
| **2.** | Mechanic training and documentation | | | | *Area audited*? |  |
| **3.** | Company maintenance technicians meet TOPS experience and training requirements. | | | | *Area audited*? |  |
| **4.** | Maintenance technician to apprentice or assistant is at or below 1:1. | | | | *Area audited*? |  |
| Comments: | | | | | | |

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| **I.** | **GROUND SUPPORT PERSONNEL** |

| **1. Non-compliance with TOPS Standards** | | **2. Areas for  improvement** | **3. Meets TOPS standards** | **4. Exceeds TOPS standards** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | |
| **1.** | Training and documentation | | | | *Area audited*? |  |
| **2.** | Passenger briefing | | | | *Area audited*? |  |
| **3.** | Loading and unloading helicopters | | | | *Area audited*? |  |
| Comments: | | | | | | |

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| **J.** | **AREAS OF SPECIAL INTEREST** |

| **Instructions: Comments are required for each area of special interest.** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **1.** | The Emergency Response Plan is up to date and the the company conducts emergency response drills to determine the effectiveness of the plan. | | *Area audited*? | |  | |
| **2.** | The Human Factors Training Program covers Fatigue Management. | | *Area audited*? | |  | |
| **3.** | The operator in compliance with FAR Part 136. | *Area audited*? | |  | |
| Comments: | | | | | |

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| --- | --- |
| **K.** | **BASES VISITED** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location** | **Manager** | **Date** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| Comments: | | | | |

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| **L.** | **FLIGHT OBSERVATIONS** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location** | **Tour** | **Date** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| Comments: | | | | |

**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

1. Offsite Landing Areas

|  |  |
| --- | --- |
| **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 | |
|  |  | |
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|  |  | |
| *Print list of all Operator personnel present* | | |

|  |  |  |  |  |  |
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| **TOPS AUDIT RESULTS** | | | | | |
|  |  | Recommended for TOPS membership | | | |
| **AUDIT RESULTS** |  | Recommended for TOPS membership (After items listed above have been  corrected to TOPS standards.) | | | |
|  |  | Not Recommended for TOPS membership *(Operator does not meet TOPS Standards. Re-audit recommended.) See attached list of discrepancies* | | | |
| OPERATOR REPRESENTATIVE: | | | SIGNATURE: |  |  |
|  | | | NAME: |  |  |
|  | | |  |  | ***Please Print*** |
|  | | | TITLE: |  |  |
|  | | |  |  | ***Please Print*** |
|  | | |  |  |  |
| TOPS AUDITOR: | | | SIGNATURE: |  |  |
|  | | | NAME: |  |  |
|  | | |  |  | ***Please Print*** |

**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.