

TOPS AUDIT FORM REGULAR MEMBER – 2020

TOPS Member: _____ **Date of Audit:** _____

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



IN-BRIEFING:	Name/Title:
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AREAS OF INTEREST identified by the operator for the audit:

Key Personnel

Title	Name	How long in position (yrs)?	How long with company (yrs)?
CEO/President:			
Director of Operations:			
Chief Pilot			
Director of Maintenance:			
Dir. Of Safety/ 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Key Personnel Qualification			<i>Area audited?</i> <input type="checkbox"/>
2.	Do the people with operational control of the company meet requirements of Part 119? Are they in the operating manual?			<i>Area audited?</i> <input type="checkbox"/>
3.	Establishment of Clear Operating Standards based on safe and professional procedures			<i>Area audited?</i> <input type="checkbox"/>
4.	Coordination of routes, position reporting and other safety procedures with other operators and appropriate agencies			<i>Area audited?</i> <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.			<i>Area audited?</i> <input type="checkbox"/>
Comments on management sections:				

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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 up to date and drilled regularly.			<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"/>
6.	The Human Factors Training Program covers Fatigue Management.			<i>Area audited?</i> <input type="checkbox"/>

Comments on safety sections:

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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.	The operator in compliance with FAR Part 136.	<i>Area audited?</i>	<input type="checkbox"/>
Comments on flight operations sections:			

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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			<i>Area audited?</i> <input type="checkbox"/>
2.	Pilot training and documentation			<i>Area audited?</i> <input type="checkbox"/>
3.	Pilot professionalism			<i>Area audited?</i> <input type="checkbox"/>
Comments on pilot sections:				

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<i>E.</i>	<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			<i>Area audited?</i> <input type="checkbox"/>
2.	Flight following			<i>Area audited?</i> <input type="checkbox"/>
3.	Emergency Response Plan			<i>Area audited?</i> <input type="checkbox"/>
4.	Flight following personnel training and documentation			<i>Area audited?</i> <input type="checkbox"/>

Comments on flight coordination sections:

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<i>F.</i>	<i>HELIPORT</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.	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 on heliport sections:				

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G.	MAINTENANCE			
	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"/>

Comments on maintenance sections:

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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 on maintenance personnel sections:

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<i>I.</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 on ground support personnel sections:

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J.	<i>AREAS OF SPECIAL INTEREST</i>
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Instructions: Comments are required for each area of special interest.

1.	Review SMS design information checklist for status of safety program implementation and effectiveness from preaudit survey	<i>Area audited?</i>	<input type="checkbox"/>
2.		<i>Area audited?</i>	<input type="checkbox"/>
3.		<i>Area audited?</i>	<input type="checkbox"/>

Comments on all areas of special interest:

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K.	<i>BASE(S) VISITED</i>		
	Location	Manager	Date
1.			
2.			
3.			
4.			

Comments on bases visited:

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<i>L.</i>	<i>FLIGHT OBSERVATION(S)</i>		
	Location	Tour	Date
1.			
2.			
3.			
4.			

Auditor: Review all elements in the guidance for flight observations below.

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 DISCREPANCIES

Instructions: Identify any discrepancies found during the audit. Indicate if it was corrected onsite. If it was not corrected onsite, identify the remedial action and the deadline by which the remedial action will be completed and approved by the auditor. The audit will notify the audit committee when the discrepancy is closed.

Discrepancy	Corrected onsite? Yes or No Describe remedial actions for discrepancies

TOPS AUDIT RECOMMENDATIONS

Instructions: Identify each recommendation identified during the audit.

RECOMMENDATION	RECOMMENDATION EXPLANATION

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TOPS AUDIT BEST PRACTICES

Instructions: Identify best practices found during the audit. NOTE: You must provide at least two Best Practices.

BEST PRACTICE	EXPLAIN/DISCUSS BEST PRACTICE

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