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

|  |  |
| --- | --- |
| IN-BRIEFING: | Name/Title:  |
| 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** |
| --- | --- | --- | --- |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **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 on management sections:  |

|  |  |
| --- | --- |
| **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 up to date and drilled regularly. | *Area audited*? | [ ]  |
| **5.** | Safety Training including Human Factors Training for flight operations and maintenance. | *Area audited*? | [ ]  |
| **6.** | The Human Factors Training Program covers Fatigue Management. | *Area audited*? | [ ]  |
| Comments on safety sections:  |

|  |  |
| --- | --- |
| **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*? | [ ]  |
| **8.** | The operator in compliance with FAR Part 136. | *Area audited*? | [ ]  |
| Comments on flight operations sections:  |

|  |  |
| --- | --- |
| **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 professionalism | *Area audited*? | [ ]  |
| Comments on pilot sections:  |

|  |  |
| --- | --- |
| **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 on flight coordination sections:  |

|  |  |
| --- | --- |
| **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 on heliport sections:  |

|  |  |
| --- | --- |
| **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 on maintenance sections:  |

|  |  |
| --- | --- |
| **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 on maintenance personnel sections:  |

|  |  |
| --- | --- |
| **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 on ground support personnel sections:  |

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

| **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 | *Area audited*? | [ ]  |
| **2.** |  | *Area audited*? | [ ]  |
| **3.** |  | *Area audited*? | [ ]  |
| Comments on all areas of special interest:  |

|  |  |
| --- | --- |
| **K.** | **BASE(S) VISITED** |

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

|  |  |
| --- | --- |
| **L.** | **FLIGHT OBSERVATION(S)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location** | **Tour** | **Date** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| Auditor: Review all elements in the guidance for flight observations below.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 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** |
|  |  |
|  |  |
|  |  |
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| **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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Print list of all Operator personnel present* |

|  |
| --- |
| **TOPS AUDIT RESULTS** |
|  | [ ]  | Recommended for TOPS membership |
| **AUDIT RESULTS** | [ ]  | Recommended for TOPS membership (After items listed above have beencorrected 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.