

**AIRCRAFT DEPARTMENT**

**SURVEILLANCE CHECK SHEET FOR MANUFACTURING FACILITIES**

**1. COMPANY DETAILS**

1.1 MPT Number:	Date of inspection:
1.2 Name of Organisation:	
1.3 Name of Accountable Manager:	QA Manager:
1.4 MPT License Displayed:	Expiry date:
1.5 How many personnel:	
1.6 Time spent on inspection	Distance traveled:

**2. QUALITY SYSTEM AND MANUAL OF PROCEDURE**

2.1 Is an updated Manual of Procedure and Quality Manual available: <b>YES / NO</b>
2.2 Date of last CAA audit:
2.3 Were the necessary corrective actions taken on last CAA audit? <b>YES / NO</b>
2.4 Date of last CAA surveillance:
2.5 Were the necessary corrective actions taken on CAA surveillance? <b>YES / NO</b>
2.6 Date of last internal audit:
2.7 Were the necessary corrective actions taken <b>YES / NO</b>
2.8 Does the MPT have an updated publication list <b>YES / NO</b>
2.9 Is the organisation in possession of the latest updated volumes of the Aviation Legislation in South Africa? <b>YES / NO</b>

**3. STORES**

3.1 Are the stores procedures being followed as required MoP? <b>YES / NO</b>
3.2 Is the control of these stores satisfactory? <b>YES / NO</b>

**4. WORKSHOPS**

	NAME	NAME	NAME
4.1 General conditions of workshop/(s)?	YES / NO	YES / NO	YES / NO
4.2 Are the workshop tidy?	YES / NO	YES / NO	YES / NO
4.3 Are the tools and equipment adequate and the control acceptable?	YES / NO	YES / NO	YES / NO
4.4 Trained and adequate personnel available?	YES / NO	YES / NO	YES / NO
4.5 Safety equipment available and current?	YES / NO	YES / NO	YES / NO

5. RATINGS	M	P	T
5.1 Are any of the ratings exercised at the time of the surveillance?	YES / NO	YES / NO	YES / NO
5.2 Has CAA approval been obtained for work being performed?	PRODUCT APPROVAL NO.	YES / NO	YES / NO
5.3 Does the specifications establish realistic acceptance criteria?	YES / NO	YES / NO	YES / NO
5.4 Perform a critical conformance check. Do these dimensions, conditions, etc. to specifications?	YES / NO	YES / NO	YES / NO
5.5 Safety equipment available and current?	YES / NO	YES / NO	YES / NO

6. REMARKS / FINDINGS (Use additional file notes if space not sufficient):-

7. COMMENTS BY AMO REPRESENTATIVE:

DISCREPANCIES (IF ANY) WILL BE RECTIFIED ON OR BEFORE (DATE): \_\_\_\_\_

NAME OF AMO REPRESENTATIVE: \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

8. ANY MAJOR OR SEVERE FINDINGS IDENTIFIED: YES / NO  
RECOMMENDATIONS BY CAA INSPECTOR:

NAME OF CAA INSPECTOR: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

9. HOO: MAN COMMENTS (ONLY APPLICABLE IF SEVERE OR MAJOR FINDINGS WERE IDENTIFIED)

HOO: MAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_