



SOUTH AFRICAN CIVIL AVIATION AUTHORITY

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CERTIFICATION DIVISION Manufacturing Section

MODULAR SURVEILLANCE CHECK SHEET C				
COMPANY DETAILS	Name of Organisation:			
MPT Number:	Date of inspection:			
Name of Accountable Manager:	QA Manager:			
Time Spent on Inspection	Distance traveled:			
	N/A	Y	N	Note #
Have corrective action been taken on previous CAA audits/ surveillance conducted?				
MODULE 3.1 TOOLS AND EQUIPMENT				
Is the tools and equipment list current?				
Does the organisation have the equipment necessary to perform adequately all functions appropriate to the ratings held?				
Does the organisation follow operational procedures for special tools and equipments are used?				
Are the procedures for the control and, where necessary, calibration of tools and other equipment, jigs and fixtures followed?				
Are calibration records and verification standards kept for at least five years?				

	N/A	Y	N	Note #
MODULE 3.2 ACCOMMODATION AND FACILITY				
Does the manual contain a description of the current facilities at each address intended to be approved?				
Does the organisation have adequate accommodation and facilities?				
Does the organization have suitable accommodation for the proper storage, segregation and protection of the products, parts or appliances concerned and for the materials and supplies to be used and is this documented in the manual of procedures?				
Are the general condition(s) of the workshops satisfactory? (Environmental control, etc)				
Are the safety equipments available and current?				

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

Cat
(*)

* Category of non-compliance SF-Sever Findings, MF- Major Finding, F- Minor Findings, O-Observation

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:

DATE:

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

HOO: MAN SIGNATURE:

DATE: