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SPORT AVIATION CORP LTD

## 2. INTERNAL QUALITY ASSURANCE

### 1. *Internal Audit*

#### 1.1 General

Internal audit is an essential element of the Part 149 Exposition as a means of ensuring compliance with, and adequacy of internal procedures required by this Part.

- (a) The Internal Auditor shall carry out scheduled internal audits of the Sport Aviation Corp. and clients during each year in accordance with a published programme. The scope of these audits shall cover all aspects of the operations of the Sport Aviation Corp. and certification of clients during the course of the year.
- (b) Additional full or partial audits shall be carried out to address specific problems or areas of concern when the need arises.
- (c) The Internal Auditor shall have direct access to the CEO at all times on matters affecting internal quality assurance.

#### 1.2 Procedure

Prior to an audit commencing, the purpose and procedure to be used to carry out the audit shall be discussed with the person responsible for the activity being audited or their delegated representative.

- (a) Internal Audits shall ensure that:
  - (i) The Exposition is complete and to the correct amendment status.
  - (ii) All controlled technical publications held are current and to the correct amendment status.
  - (iii) All Procedures in the Exposition are being carried out.
  - (iv) All SAC Documents are current available to all users, and are being used correctly.

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- (v) Adequate correctly trained and certificated personnel are available.
  - (vi) Certificates and authorisations in use, issued by SAC and CAA, are current.
  - (vii) Aircraft operated by SAC are maintained in a serviceable state.
  - (viii) Logbooks of aircraft operated by SAC are properly maintained
  - (ix) SAC support equipment is maintained in a serviceable state.
  - (x) Defects, to aircraft operated by SAC, which affect the airworthiness of the aircraft, are being reported to SAC or to CAA.
  - (xi) SAC ground and flight operations are being carried out in a safe manner.
  - (xii) Flying incidents or accidents are being reported to SAC. or CAA.
  - (xiii) Clients are adhering to SAC Policies and Procedures.

(b) Quality indicators selected to measure the Organisation's performance are:

- (i) Personnel and client feedback on published procedures and standards;
- (ii) Pass/failure rates for examinations and flight tests;
- (iii) Applications/renewals - reaction rate;
- (iv) Customer complaints.

(c) Audit findings shall be presented under the following headings:-

**Non-compliance** - for breaches of the Civil Aviation Act or Rules.

**Non-conformance** - for breaches of the company's own written procedures

**Safety Related Concerns** - for breaches of normal aviation practices or significant matters not covered by legislation or company policy.

**Observations** - comments or suggestions that will be helpful or could improve safety.

**Non-Compliances** - shall be acted on immediately, on receipt of the report.

**Non-Conformances** - shall be acted on within 1 month of the submission of the report.

**Safety Related Concerns** - are strong recommendations for action, and a date for implementation should be mutually agreed.

**Observations** - do not have to be acted on, but should be discussed with the Auditor and the merits of possible action considered.

(d) The SAC. Internal Audit Checklist (Section E) shall be used to conduct the audits and record the findings.

(e) When the audit is completed, the findings raised on the Internal Audit Checklist shall be entered on SAC Problem Report(s).

(f) Copies of Problem Report(s) shall be given to the person responsible for the activity being audited and to the C.E.O. The Board of Directors will consider the report.

(g) Corrective action will be taken as prioritised above, and details submitted to the Board in writing.

(h) All details of audits must be filed, and made available to the CAA if requested.

## **2. Internal Audit Programme**

### 2.1 Purpose

- (a) An Internal Audit Programme is a means of focusing an audit on specified activities, systems, and procedures within SAC. The content of the programme will vary dependant on whether the audit is a routine planned audit or an unplanned audit.
- (b) Routine Planned audits will be carried out six monthly at Head Office.
- (c) All audits will be carried out by the Internal Auditor or, for an independent audit, by a qualified auditor.

### 2.2 Procedure

- (a) An internal Audit programme will be drawn up by the Internal Auditor one month prior to a planned audit, or immediately before an unplanned audit.
- (b) The internal audit programme will identify which of the Organisation's activities, systems, or procedures are being audited.
- (c) A routine planned audit programme will rely on the use of SAC Internal Audit Checklists contained in Section 8.12 for guidance.
- (d) An unplanned audit may rely on the use of SAC Problem Reports alone.
- (e) The results of an audit must be reported to the senior person responsible for the activity being audited and the CEO.
- (f) Any corrective or preventative action required by the audit shall be actioned by the senior person responsible for the activity. The senior person will become the (owner) of the problem.
- (g) The management Representative may require a follow-up audit to check the effectiveness of any corrective or preventative action.

### **3. Safety Policy**

#### 3.1 Purpose

- (a) Safety is synonymous with aviation and it is the duty of all persons involved in SAC whether it is staff, instructors, inspectors, or clients, to maintain vigilance on safety matters. Unsafe actions must be acted on otherwise accidents or fatalities will occur.
- (b) All persons acting under this Exposition shall read and understand the following procedures for acting on a safety issue.

#### 3.2 Procedure

- (a) Should an unsafe act, procedure, system or item of equipment come to your notice you shall report it on a SAC Problem Report, to the Secretary/Administrator.
- (b) The Secretary /Administrator shall inform the Management Representative who will prioritise corrective action as to the immediacy and danger of the act.
- (c) The Management Representative shall investigate the unsafe act and determine the preventative action to be taken on its recurrence.
- (d) The recommendations arising from corrective and preventative actions shall be considered for incorporation in the Exposition.

### **4. Corrective and Preventive Actions**

#### 4.1 Purpose

- (a) The intention of this procedure is to define a corrective and preventive action process that will identify, record, correct and follow up problems and potential problems within SAC processes and procedures.
- (b) This procedure also allows for the grammatical amendments of SAC processes and procedures.

#### 4.2 References

ISO standard, 4.14. Corrective and preventive action.

#### 4.3 Definitions

- (a) Corrective action: Corrective actions will fix and eliminate existing problems (reactive).
- (b) Preventive action: Preventive actions will identify and eliminate potential problems (proactive).

#### 4.4 General

- (a) Corrective/Preventive actions or document amendments can arise from many sources:

SAC Staff, Instructors, Inspectors and clients,

- (i) Management representative
- (ii) Project debriefs
- (iii) Internal/external complaints
- (iv) Users of the processes and procedures.
- (v) Customer complaints
- (vi) Internal Audits
- (vii) Environment changes
- (viii) Legislative changes

- (b) The following forms support this procedure:

- (i) SAC Problem Report form (SAC Form #8.13)
- (ii) SAC Internal Audit Checklist (SAC Form #8.12)

#### 4.5 Procedure

- (a) The person who identifies the potential corrective/Preventive action or Amendment (the author) will record the relevant details on a "SAC Problem Report" form (see Para 7) and present it to the Management Representative.
- (b) The Management Representative will register the action in the correct action register.
- (c) The Management Representative will assign an 'owner' to correct the problem.

- (d) The Management Representative will record the action plan and schedule and follow up to ensure the action is effective.
- (e) The recommendations arising from corrective and preventative actions shall be considered for incorporation in the Exposition as amended procedures.
- (f) The progress of the action(s) to resolution will be managed and tested through the 6 monthly Management Review meetings.

#### 4.6 Records and Controls

- (a) The original of all Problem Report forms will be held in the Corrective/Preventive Action or Amendment registers by the Management Representative in the Management Control Book.
- (b) The Problem Report forms will be updated by the Management Representative in conjunction with the author, owner and the CEO, as appropriate.
- (c) The registers will be reviewed as an agenda item at the 6 monthly Management review meeting.
- (d) The completed Problem Report forms will be held in the Completed Problem Report section of the Management Control Book.
- (e) The completed Problem Report forms will be reviewed twice yearly by the Management Representative for trends and recurring issues.

## **5 Management Reviews**

### 5.1 Purpose

The intention of this procedure is to define the management review process, which will:

- (a) test the effectiveness and efficiency of the quality systems and processes;
- (b) plan and review changes;
- (c) manage complaints and corrective actions.



## 5.2 Reference

ISO standard, 4.1.2. Management Review.

## 5.3 Procedure

- (a) The SAC Board will hold a management review meeting every 6 months.
- (b) The Management Representative shall attend and the SAC Board will determine any other attendees.
- (c) The purpose of the meeting will be to:
  - (i) review that the SAC Exposition complements and supports the SAC quality systems and processes;
  - (ii) determine the efficiency and effectiveness of the quality system and the organisation's processes and practises;

## 5.4 Management Review Agenda

- (a) The agenda for the Management Review meeting will include a review of the following:
  - (i) The corrective and preventive actions.
  - (ii) Internal Audits.
  - (iii) Management Representative Review findings.
  - (iv) The organisation's progress and performance.
  - (v) Customer complaints.
  - (vi) Customer Surveys.
  - (vii) Organisation resources.
  - (viii) Training and development.
  - (ix) Contracts and Contractors.
- (b) The minutes, action plans and documents supporting the agenda items will be filed in the Management Review Control Book:

- (c) The Management Review Control Book will be held by the Secretary/Administrator.

## **6. Management Representative**

### 6.1 Purpose

The intention of this procedure is to define the role and responsibilities of the Management Representative. In SAC the Operations Officer acts as the Management Representative.

### 6.2 References

ISO standard, 4.1.2.2. Management representative

### 6.3 Definition

**Management representative:** - The Management Representative will facilitate, maintain, and review the Organisation's quality system.

### 6.4 Responsibilities

- (a) Initiate and record 6 monthly management review meetings.
- (b) Manage the Corrective and Preventive action process
  - (i) Maintain the Corrective and Preventive action registers
  - (ii) Follow up the Corrective and Preventative actions
  - (iii) Review progress with the owners
  - (iv) Review close-off.
- (c) Co-ordinate the implementation of new quality system procedures or changes to current procedures.
- (d) Initiate in-house reviews of processes and procedures.
- (e) Twice yearly review external documents for currency, update where appropriate and record the results.
- (f) Maintain the Management Review Control Book.
- (g) Represent the Organisation for internal/external audits.

- (h) The preparation and distribution to the Organisation, statistical information and survey results that measure and test the current processes, procedures and the Organisation's performance.
- (i) Review "root causes" of all corrective and preventive actions and provide The Board of Directors with a report on trends and recommended actions.
- (j) The preparation and distribution to the Organisation of statistical information and survey results that measure and test: the current processes, the procedures and the Organisation's performance.

## **7. Problem Report**

The simplest method of recording problems and acting on them is by using a Problem report form. This form can be used by anyone in the Organisation and provides the Board of Directors, and the Management Representative, data which can be analysed at set intervals as the core of the Management Review, Internal Audit and Safety Programme.

### 7.1 Procedure

(a) Whenever a problem is found in the company operation, record it on a Problem Report form (SAC Form #.8.13)

(b) File the Problem Report either as:

PENDING – which you check weekly to see which are able to be closed; or CLOSED.

(c) All closed files are grouped together under common headings and stored in the SAC filing system and a record of Problem Reports is kept in the Management Review Control Book

7.2 Problem Report Form.

**SAC PROBLEM REPORT Form # 8.13**

<b>Describe Problem:</b> <i>(What, where, when etc.)</i>	<b>Report No:</b> _____
<i>Person Reporting:</i> _____ <i>Designation:</i> _____ <i>Date:</i> _____	

<b>Suggested Fix:</b>
<i>Who is to fix it (Owner):</i> _____

<b>How the problem was fixed:</b>
<i>Corrective action now closed:</i> _____ <i>Designation:</i> _____ <i>Date:</i> _____

<b>Root Cause of the problem was:</b> <i>(Digging – Why?Why?Why?)</i>
<b>Preventative Action to stop recurrence:</b>
<i>Preventative Action taken:</i> _____ <i>Designation:</i> _____ <i>Date:</i> _____

<b>Should any part of the system be improved?</b>
<b>What improvement was made:</b>
<i>Improvement made by:</i> _____ <i>Designation:</i> _____ <i>Date:</i> _____

**Instructions for use:** Where any checklist reveals an item not done; something unserviceable, even temporarily; an internal QA finding etc. or any problem requiring fixing; a Problem Report of that date is to be raised.

Problem Reports are to be filed as **PENDING** or **CLOSED** the **PENDING** file is to be reviewed weekly and, if possible, signed off and removed into the appropriate **CLOSED** file.

**CLOSED** files are grouped according to the similarity of problems to make subsequent analysis easy.