



Audit Finding and Corrective Action Needed

Organisation : [Operator name]	Audit Date :	Audit Location : [Operator location]	Visit No :
--	--------------	--	------------

Audit Title : [Entry/Compliance, etc.]	Exposition Reference :	CAR Reference :	CAN No : [F/A]/Cert. Nr/Year/1 XXX
--	------------------------	-----------------	--

Part 1	Finding Description

Responsible Manager :							
Finding Type :	Non-compliance	Non-conformance	Observation	Finding Category :	Critical	Major	Minor

Part 2	Tick most appropriate root cause box : (To be completed in consultation with QA)						
<input type="checkbox"/> Task/education mismatch	<input type="checkbox"/> Inadequate checking	<input type="checkbox"/> Lack of discipline	<input type="checkbox"/> Lack of resource / time	<input type="checkbox"/> Poor instruction/procedure	<input type="checkbox"/> Lack of training	<input type="checkbox"/> Poor work environment	<input type="checkbox"/> Lack of top management support
<input type="checkbox"/> Not following procedures	<input type="checkbox"/> Poor planning	<input type="checkbox"/> Poor communications	<input type="checkbox"/> Lack of maintenance	<input type="checkbox"/> Org/structural deficiency	<input type="checkbox"/> Design deficiency	<input type="checkbox"/> Unsuitable equipment	<input type="checkbox"/> Other
Auditor's name and signature : L. Forster							Date :
I acknowledge receipt of this finding and will provide a response by :							Date : / /
Management/Representative signature :							Date :

Part 3	Corrective Action Taken :

Part 4	Preventive Action Taken : (Recipient to complete Parts 3 and 4 then return to ASR)	
Action by (Name) :		
Title :		
Date :		

----- [ASR Auditor to complete] -----

Part 5	Corrective and Preventive Action Follow-up :	
Follow-up required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Auditor :	Date :

----- [Branch Manager(s) to complete] -----

Part 6	Corrective and Preventive Action Acceptance :	
Corrective action is verified as effective. This CAN is :- <input type="checkbox"/> Closed		
<input type="checkbox"/> CAN Register updated	<input type="checkbox"/> Auditee advised	
Manager :		Date :

After completion, please send to :	CAA Aviation Safety Regulation PO Box 684 Boroko Attention : Deputy Director – Aviation Safety Regulation	TEL : +675 324 4525 FAX : +675 325 1789
------------------------------------	---	--