SARPcheck Programme Manual (SCPM)







Edition 2, Revision 02

20th November 2026

SARPcheck
Trust through compliance

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1 Administration of the SCPM

1.1 Statement from the NFP Board

We, the NFP Board, empowered by Safety Audit Review Partnership (SARP) are pleased to provide you with the SARPcheck Programme and its documentation, including this SCPM.

The SCP was created on an important list of Key Principles (outlined in this document) which we believe provide an Audit programme which is safety-led, efficient, cutting edge and fair. This SCPM shall reflect those Key Principles, along with other important procedural matters.

We hereby endorse the latest revision, outlined in the section below, of this SCPM.

The NFP Board

Safety Audit Review Partnership (SARP) Limited

12 Old Bond Street, Mayfair, London, W1S 4PW, UK

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1.2 Revision Status

The following is a list of revisions made to this SCPM:

Table 1: Revisions Log

Rev / Ed	Date of Revision	Revisions Made
Ed1 R00	12 December 2023	Issue Edition 1 Rev 00
Ed1 R01	27 March 2024	Edition 1 Rev 01
Ed1 R02	04 April 2024	Edition 1 Rev 02
Ed1 R03	10 May 2024	Included NFP Governance
Ed1 R04	15 May 2024	Stakeholder governance; Finding definition
Ed1 R05	04 January 2025	Various changes Reflection of new Applicability Matrix and its use Addition of Quality Assurance provisions
Ed1 R06	28 July 2025	Added clarification on: - requirement to raise individual Findings for each non-compliant SARP - connected assessment of documentation and implementation Re-named SQO to Audit Company and CAMO to Airworthiness
Ed1 R07	02 October 2025	Added clarification on: - Impact of renewal Audit Findings on Registry Part allocation - Auditing of 6P1 4.2.1.3 and similar - Audit company obligations regarding Audit report verifications - Multiple Findings per one SARP Cluster
Ed2 R00	26 April 2026	- Changed Phase I to Part A - Changed Phase II to Part C - Introduced Part W - Provides shareholder rules update - Transferred “Keyword Guidance” into

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		"Misc" as last chapter - Introduced marketing initiative joint AC audits.
Ed2 R01	22 May 2026	- Enhanced SOG governance and revision-control provisions. - Introduced Affiliate Audit framework. - Enhanced remote audit restrictions and transparency requirements. - Expanded and clarified Part W / Wider Scope provisions. - Added Registry and programme transparency clarifications.
Ed2 R02	20 November 2026	- Enhanced audit methodology, standardisation, sampling and applicability assessments; - strengthened Auditor and Audit Company quality assurance, NFPB oversight, recurrent training and Part C verification; - clarified audit independence, findings management, iQSMS requirements and Registry procedures; - consolidated and incorporated AC-specific Part C closure procedures.

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1.3 Acronyms

The following is a list of Acronyms used throughout this SCPM:

AC	Audit Company
ACMI	Aircraft Crew Maintenance and Insurance (Aircraft Lease)
AOC	Air Operator Certificate
APU	Auxiliary Power Unit
AVN 5E	Aviation Insurance Group 5E
CAMO	Continuing Airworthiness Management Organisation
CV	Curriculum Vitae
DG	Dangerous Goods
DSP	Dispatch
EASA	European Union Aviation Safety Agency
EU GDPR	European Union general data protection regulation
FAA	Federal Aviation Administration (USA)
GRH	Ground Handling
HQ	Headquarters
ICAO	International Civil Aviation Organisation
ICAO SARPs	Standards and Recommended Practices laid down by ICAO
IP	Intellectual Property
ISO	International Standards Organisation
JV	Joint Venture
KPI	Key Performance Indicator
LU	Load Unit
MAL	Master Auditor List
MRO	Maintenance Repair Overhaul
N / A	Not applicable
NC	Non-Compliance
NFP	Not-For-Profit
NFPB	Not-For-Profit Board
NRCAA	National or Regional Civil Aviation Authority

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ORG	Organisation (Checklist Criteria Section)
RCA	Root Cause Analysis
SARP	Safety Audit Review Partnership (the SARPcheck NFP Governance Body)
SC	SARPcheck
SCA	SARPcheck Audit, including Core Scope Audits and Modified Scope Audits
SCB	SARPcheck Board
SCP	SARPcheck Programme
SCPF	SARPcheck Preparation File
SCPM	SARPcheck Programme Manual
SCSG	SARPcheck Steering Group
SEC	Security
SMS	Safety Management System
SOG	Stakeholders Oversight Group
SOP	Standard Operating Procedures
SPO	Sponsor Organisation
SQO	SQO Safety and Quality Organisation (legacy term for Audit Company)
USP	Unique Selling Point

*Acronyms are not always used in lieu of the full term.

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1.4 Definitions

The following definitions are used in this SCPM:

ACMI Operators	means an Operator who provides ACMI operations to third parties
Ad-hoc / Charter Flights	means non-scheduled flights
Additional Insured	means a party who is named on an insurance policy as additionally insured
Affiliated Operators	means linked or group of Operators that have shared functions
Applicability Matrix	means a proprietary SARPcheck cross-reference matrix defining which ICAO SARPs from the ICAO Annexes fall within the scope of a SARPcheck audit.
Audit Information Form	means a form provided by the Audit Company to its Auditors, giving details of an audit
Audit Software	means the software used to conduct the SARPcheck Audit
Auditee	means an Operator who is undergoing a SARPcheck Audit
Auditor	means a SARPcheck Auditor, as defined in this SCPM
Auditors Cloud Server	means a server, hosted by a third party to an Audit Company, to which the Auditors have access
Business Aviation Operators	means an aircraft Operator of business aircraft (e.g. business jets)
Checklist	means an alternate term for the Applicability Matrix as well as a reference to the result of the translation of the SARPcheck Applicability Matrix into the Audit software Checklist
Closing Meeting	means the meeting conducted at the end of an Audit
Closing Manager	means a person designated by the Audit Company who reviews Findings and Observations Corrective Action Plans and evidence and decides whether or not Findings can be closed
Confidential Information	means any information, technical data or know-how, including, but not limited to, information relating to business and product or service plans, financial projections, customer lists, business forecasts, sales and merchandising, human resources, patents,

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	patent applications, computer object or source code, research, inventions, processes, designs, drawings, engineering, marketing or finance to be confidential or proprietary or which information would, under the circumstances, appear to a reasonable person to be confidential or proprietary.
Contracting States	means a state (country) which is contracted to ICAO
Core Scope Audit	means a regular SARPcheck Audit with applicability criteria as per its original design. A Core Scope Audit will result in a Part A Registry entry. Unless stated otherwise, the terms "SCA" and "SARPcheck Audit" represent a Core Scope SCA.
Corrective Action	means the action taken by an Auditee to correct a Non-Compliance
Corrective Action Plan	means a plan, delivered by the auditee, for correcting Findings and / or Observations
FLY OPS SUPPORT	means a section of the Checklist
Finding	means a Non-Compliance with an Operator's documentation and / or implementation against an applicable ICAO SARP
ICAO Annexes	means the Annexes, published by ICAO, containing the ICAO SARPs
ICAO SARPs	means aviation Standards and Recommended Practices, provided by ICAO
ICAO Standards	means ICAO SARPs
Intellectual Property	means intangible property, as a result of creativity
Invalid Deviation	means a deviation, from the procedures set out herein, request by an Audit Company which is invalid for the reasons set out in this SCPM
Key Principles	means the Key Principles of this SCP and are the principles by which the SCP is administered, as outlined in 2.3 below
Load Unit	means a unit of work in terms of the Checklist items
Modified Scope Audit	an adjusted scope SCA to accommodate light aircraft, single engine operations, single pilot operations, rotary wing

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	operations, seaplanes and / or other aircraft operations. A Modified Scope Audit will result in a Part W Registry entry.
Non-Compliances	means a Non-Compliance with a Checklist Item
Observational Assessment	means the Observations done as part of an Audit, which are mandatory to the programme
Observers	means a party who is not directly involved in an Audit, but is present to observe it
Offsite Auditing	means any scope of an SCA that is conducted remotely
Opening Meeting	means the meeting conducted at the start of an Audit
Operator	means an aircraft Operator
OPS Auditor	means an Auditor who is qualified to conduct Ground Handling, Cargo and Security Audit areas
Part A	means the Audit stage of a SARPcheck Core Scope audit
Part C	means the SARPcheck Corrective Action process for a Part A
Part C Agreement	means the agreement between the Audit Company and the Operator to perform Part C services, based on the standard template provided by the NFPB
Part W	means the Audit stage of a SARPcheck Modified Scope audit.
Part C(W)	means the SARPcheck Corrective Action process for a Part W
Phase I	a now replaced legacy term, now replaced by “Part A” (means the SARPcheck Audit)
Phase II	a now replaced legacy term, now replaced by “Part C” (means the SARPcheck Corrective Action process)
Pre-Audit Documents	means documents to be supplied by the Operator, prior to the audit
Pre-Audit Meeting	means a meeting prior to the Audit, to discuss logistics etc.
Pre-Audit Questionnaire	means a questionnaire provided to the Operator, for information, prior to the Audit
Preliminary Audit Report	means a short report giving details of the Audit and the Preliminary Audit Results

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Preliminary Audit Results	means the number of Findings and / or Observations following the Audit
Product	means the Product of the Audit (Audit report, Registry entry etc.)
Programme Evaluator	means an Auditor, who has qualified as a Programme Evaluator in accordance with the relevant sections of this SCPM, who is qualified to evaluate and assess another Auditors' performance
Quality Assurance	means the implementation of internal Quality related procedures provided by a Quality Management System
Registry	means the publicly available database Registry containing the Operators who have undergone a SARPcheck Audit
Root Cause	means the root cause of the reason a Finding exists
SARP Cluster	means a set of ICAO SARPs which refer to a common topic and being bundled as such in the SARPcheck Applicability Matrix
SARPcheck Audit	means an Audit completed within the SCP
SARPcheck Audit Agreement	means the agreement between the Audit Company and the Operator to perform the Audit, based on the standard template provided by NFPB
SARPcheck Audit Criteria	means the Checklist items' criteria
SARPcheck Auditor	means an Auditor, (without the FLY or AIRWORTHINESS designation) that is qualified to conduct a SCA and is qualified under the general requirements but not qualified to Audit Flight, Maintenance or AIRWORTHINESS SARPs.
SARPcheck Auditor AIRWORTHINESS	means an Auditor who is qualified to conduct AIRWORTHINESS and maintenance Audit areas
SARPcheck Auditor FLY	means an Auditor who is qualified to conduct flight Audit areas
SARPcheck Lead Auditor	means an Auditor, who has qualified as a Lead Auditor in accordance with the relevant sections of this SCPM and who is the team leader of the Audit team with the responsibilities set out herein
SARPcheck Programme	mean the aviation Audit programme known as SARPcheck

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SARPcheck Safety Assessment	means an assessment done by an Audit Company, following a specified event, to check limited details of an Operator
SARPcheck Website	The Website at the address www.sarp.org
SARP Limited	means the Not-For-Profit company, Safety Audit Review Partnership Limited, the administrator of the SARPcheck
Stakeholders	means any party that has an interest in the SCP or any particular Audit
Standard	means a requirement that is given by an authority

*Note: where the relevant sections of this SCPM define a definition in sufficient detail, they have not been included in this section.

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1.5 Control & Revisions

This SCPM is under the control of the SOG. A master copy of the controlled document shall be kept on a secured and shareable Google Drive space. Any copies that are made of this document shall become uncontrolled once distributed. A copy of this document shall also be made available on the SARPcheck Website.

The SOG shall delegate the drafting of SCPM revisions to a committee or taskforce which shall discuss and prepare revision proposals. As a standard cycle, a full review of this SCPM should be conducted once per calendar year.

Temporary revisions may be made at any time by the programme governance where operationally required in the interest of programme integrity, continuity or clarity. Any such temporary revision must be formally presented to the next SOG session for review and approval.

The NFPB is the formal approval body for SCPM revisions. Any proposed revision, whether scheduled or temporary, shall be notified to the SOG and tabled for review at the next SOG session or remotely within ten working days following the submission. Any SOG comment on proposed changes shall be reviewed and decided upon by the NFPB and the results of such review shall be presented by the NFPB during the following SOG.

Any new revisions shall be notified to all relevant stakeholders by official programme communication and the new version shall be uploaded to the SARPcheck Website.

Any new revisions of the SCPM shall be published in track changes mode and clearly identify the changes as compared with the previously published revision.

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1.6 General & Disclaimer

Although there are chapters of this SCPM which are titled specifically for the intended stakeholder (for example “the Operator” or “the Auditor”), there may also be requirements / obligations / relevant sections outlined elsewhere within this document which affects that stakeholder and therefore each stakeholder is advised to read / take into account the entire SCPM and not just those sections which they believe are relevant to them.

This SCPM is written solely with the intention of providing information on the governance, structure and execution of the SCP and assisting persons / companies / bodies who are or have the intention of participating in the SCP. The NFPB and the SARP Limited expressly disclaims any and all liability to any person / company / body in respect of anything done or not done by a reader in reliance of this SCPM. To that effect this SCPM, the Applicability Matrix and the SCP are not intended to be taken as advice / consultancy on any matter, including the operating of commercial aircraft.

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2 INTRODUCTION

2.1 The SARPcheck Programme

SARPcheck is a complete compliance Audit against all applicable ICAO Standards with a special focus on reliability and easy accessibility for participating Operators. SARPcheck is risk-based without down-sampling of the number of audited SARPs, conducted by some of the most highly reputed global Safety and Quality Organisations (Audit Companies; Audit organisations). All applicable ICAO SARPs for commercial airline Operators of the ICAO Annexes 1, 2, 6 (Part 1), 8, 17, 18 and 19 are audited every 24 months, transparently governed by airlines, regulators and other industry partners using a public Registry, a Not-For-Profit governance structure and an honest Progressive-Label-Approach (instead of White-Label). All types of applicable standards from these Annexes are considered within the scope of an SCA as well as all applicable Recommended Practices (ICAO SARPs using the word "should") and Recommendations from these Annexes, which have been translated into mandatory legal requirements of state laws applicable to the audited Operator.

The Product comprises four highly experienced, trained and standardised aviation Auditors conducting a full four-day on-site Audit of all safety-relevant operations, including flight, flight support, dispatch, AIRWORTHINESS, ground operations, dangerous goods and security. The Audit Company will then, valid for 24 months, certify the conduct stating the number of Non-Compliances (NCs), expose identified safety hazards and / or risks to the Operators and add the Operator to the public Registry. In an optional and progressive stage, the Audit Company will certify the closing of NCs identified and confirm that the Risk Mitigation actions and / or Risk Controls as specified by the Operator as a response to the identified risks are capable to reduce such risks as low as reasonably practicable. Auditees can share the SARPcheck report including Non-Compliances with industry peers at their own discretion.

For audited Operators ("Auditees") the programme defines USPs as follows:

- Accelerating commercial agreements for ACMI, wet lease, charters, codeshares
- Affordable fee, pragmatic programme

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- Third party Audit report including relevant feedback on operations and safety management
- Enhances regulatory acceptance of oversight over operational areas within the scope of SCAs

For Audit report users such as codeshare partners, charter customers, wet-lease customers, tour Operators and similar, the programme defines USPs as follows:

- Every applicable ICAO SARP checked every 24 months
- Effective and pragmatic risk-based Audit methodology
- Industry Not-For-Profit governance including Operators and regulators
- Honest Safety-Level through Progressive-Label-Approach
- Facilitating data management related to oversight

The programme is available for global airplane Operators and airlines of all sizes, offering the following advantages at a glance:

- All ICAO SARPs checked every 24 months
- Audited by independent Organisations
- Public Registry
- Progressive-Label-Approach
- Risk-based methodology
- Stakeholder Not-For-Profit governance

For eligibility details refer to the dedicated section of this manual about eligibility to participate in the SARPcheck Programme / Scope of a SARPcheck Audit.

2.2 Authority

Legal Foundation: The administrative body of SARPcheck is a Not-For-Profit company, Safety Audit Review Partnership (SARP) Limited. The NFPB and SOG are empowered by SARP Limited.

Jurisdiction: SARP Limited is a Not-For-Profit company, limited by guarantee, under the laws of England and Wales.

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Organisational Mandate, Powers and Limitations: The SARPcheck Programme is universally applicable to any organisation within its scope of applicability, including all sizes, locations and types of operations. The SCA is a tool to assess an Operator's compliance with applicable ICAO SARPs. With that, it remains the Operator's responsibility at all times to ensure its own compliance with any framework the Operator wants to be or has to be in compliance with, including applicable ICAO Annexes. An SCA, as per the nature of an audit, represents a snapshot at the time of the Audit in which completeness and accuracy is subject to a number of factors on the sides of all stakeholders. Whilst the SARPcheck Programme puts best efforts into achieving a high degree of standardisation and utilising the best methods and experts, an SCA outcome can never be considered ultimately exhaustive. As a compliance assessment tool, the SCP provides for two levels of support. As a baseline the Operator will be audited against all applicable SARPs during the SCA. As a voluntary second step, the Operator can select to close any Non-Compliances and have these Non-Compliance closures assessed by an Audit Company.

Accountability: Ensuring and assessing the Operator's compliance with applicable laws and regulations falls under the sole responsibility of the Operator at all times. Amongst other essential elements, the SCA is a tool for the Operator to support such efforts.

Relationship with Other Entities: The SCP strives to keep close relationships with any affected and interested stakeholders such as regulators, authorities and airlines. Such parties are invited and encouraged to actively engage in the governance of the program, which strives to develop the SCP as an industry-driven and industry-accepted program.

2.3 The Key Principles

The following is a list of the Key Principles in which the SARPcheck Programme shall abide by:

- High Level Principles
    - The SARPcheck Programme is created to further enhance quality and safety across the civil aviation industry
    - Each Audit Company shall strive to further the SARPcheck Programme and shall not knowingly harm it

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- Each Audit Company shall put best efforts in being and remaining in the best possible standing and conduct towards the other SCP stakeholders.

- Product & production
  - Audit Companies utilise an onsite Applicability Matrix as a tool for their Auditors to assess an Operator against the applicable ICAO Annexes.
  - The Applicability Matrix is a list defining the applicable ICAO annexes.
  - The Findings are of one level. Observations can be raised for safety improvement / effectiveness criteria.
  - There are two stages to certification and Registry entries, the first being the completion of the audit, the second being verification that Findings are closed.
- The following service stages shall be offered by Audit Companies:
  - Part A: The conduct of the Core Scope audit. Deliverable: Audit report and applicable Registry status, together with the completed Checklist output, executive summary and list of Findings / Observations as applicable.
  - As an alternative to Part A, Part W is the Registry for Modified Scope audits. Deliverable: Audit report and applicable Registry status, together with the completed Checklist output, executive summary and list of Findings / Observations as applicable
  - Consultancy Stage: Consultancy services in relation to closure of Findings performed by an Audit Company that will not be involved in Part C.
  - Part C: The verification of evidence for closure of the finding(s). Deliverable: a written decision as to whether a finding is closed or not by updating the Audit report. If all Findings are closed, the applicable Registry status shall be updated to Part C.
- General:
  - Common product name, branding, product communication guidelines
  - 2-year Audit validity term
  - Risk-based principles
  - Audit Companies and Auditors cannot perform 2 consecutive audits
  - Common process for Audit methodology / programme manual

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- The technical and operational aspects of the programme to be governed, except for matters affecting the Key Principles or the Programme's administration, by a body of representatives, to include third party members (not just Audit Company members).
- Common requirements for Auditor qualification, training and evaluation
- Common requirements for Audit Company Quality Assurance
- Audit data to be accessible (by consent) to third party stakeholders
- Programme to have a technology partner with a software solution for all stages of the programme processes to be administered upon and data processed thereof

- Price:
  - The prices for Part A is fixed.
  - For Part C, there is a fixed price per defined finding-range
  - For Part W the Audit Company has to provide the NFPB with the desired scope and expected on-site man days. The NFPB shall approve or modify the man-days and Audit fee and shall ensure that comparable Audit scopes will always be charged at the same fee.
  - Variable costs shall be paid by the Operators
  - Commercial incentives (training etc.) to be prohibited for programme integrity
  - Pricing to be accessible
- Market:
  - We are addressing companies that are looking for a safety label recognised by some reference Operators (sponsors) and regulators.
- Governance:
  - If multiple Audit Companies have similar shareholders, all involved Audit Companies shall have processes in place (subject to NFPB review and approval) ensuring that each Audit Company safeguards its own full operational independence when conducting audits.
  - An independent joint oversight committee of a non-profit organisation governs, evaluates and improves the programme on a continuous basis based on international quality management principles.

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- Uniformity of audit application:

  Every SARPcheck Audit shall be conducted with the same required depth, diligence, objectivity and accuracy irrespective of the Audit Company, individual auditors, geographical location, Operator size, fleet size, remoteness, resources or commercial circumstances. Such factors may influence the selection of representative samples or logistical arrangements, but shall not justify reducing the substantive assessment of any applicable SARP. Any programme-authorised modification of scope shall be governed exclusively by the applicable SCPM provisions and documented approvals.

Notwithstanding the above, the NFPB may approve structured cooperation between Audit Companies for the purpose of joint market development initiatives. In such cases, specific exemptions from standard rotation and conflict of interest provisions may be granted in accordance with the corresponding chapter of this SCPM.

2.4 SARPcheck Logo Utilisation and public communication Policy for Operators

Operators audited under the SARPcheck Programme are eligible for using a specific SARPcheck logo stamp provided by the SARPcheck Programme management for the duration of time from the beginning until the end of the registration term as displayed on SARPcheck's public Registry:

- Part A stamp confirms that the Operator has undergone the Core Scope Audit stage of SARPcheck in accordance with the applicable programme scope, including the conclusion of required Observational Assessments.
- Part C stamp confirms that the Operator has been assessed by an accredited Audit Company as having closed all Non-Compliances raised under Part A, or that no Non-Compliances were assessed during Part A, within the applicable programme scope.
- Part W stamp confirms that the Operator has undergone the Modified Scope Audit stage of SARPcheck in accordance with the applicable programme scope, including the conclusion of required Observational Assessments. The details of the Modified Scope shall be listed publicly in the SARPcheck Part W Registry.

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Where a Registry entry, Audit output, certificate or equivalent programme confirmation is subject to a scope note, limitation or disclosure requirement under this SCPM, including but not limited to Part W scope limitations or remote / part-remote Audit conduct, such note, limitation or disclosure shall apply equally to the use and interpretation of the corresponding public communication.

Such stamps may be utilised in any type of communication as desired by the Operator provided the use of the SARPcheck logo, stamp and name will never be utilised in a context that could negatively affect or damage the standing or reputation of the SARPcheck Programme or any aspect thereof.

For any other intended use of the SARPcheck logo, brand and / or name than stated above, prior written approval from the NFPB must be obtained before issuing any verbal or written communications intended for commercial or competitive advantage that involve the SARPcheck Programme. This includes, but is not limited to:

- Media releases, both verbal and written.
- Press conferences or public announcements.
- Advertising via television, radio, or print media.
- Business paraphernalia such as business cards, stickers, or letterheads.
- Digital platforms including websites, email signatures.
- Public signage like signs, notices, billboards, and similar displays.
- Aircraft or equipment markings, including decals.
- Customer service materials with branding.
- Published materials like brochures, magazines, and newsletters.

Logo Restrictions:

The use of the SARPcheck logo is strictly controlled. Exceptions may be granted for specific circumstances like press releases, subject to prior approval from the NFPB.

Unauthorised use of the logo, particularly in the context of suggesting endorsement or affiliation beyond the scope of the audit, is prohibited.

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Correction of Misstatements:

In line with the SARPcheck Audit Agreement, the NFPB reserves the right to address and correct any public statements made by an audited Operator that are found to be incorrect or misleading.

Any costs incurred in making these corrections may be charged to the Operator responsible for the misstatement.

This policy aims to ensure that the SARPcheck brand is used appropriately, reflecting the integrity and standards of the Audit process, while preventing any misuse that could undermine the program's credibility or objectives. Compliance with these guidelines is mandatory for all participating Operators.

2.5 SARPcheck Logo Utilisation Policy for Audit Companies

Audit Companies may utilise the SARPcheck logo, trademark and brand in any type of communication at their discretion provided the use of the SARPcheck logo, stamp and name will never be utilised in a context that could negatively affect or damage the standing or reputation of the SARPcheck Programme or any aspect thereof.

2.6 SARPcheck Logo Utilisation Policy for Auditors

SARPcheck Auditors may not use the SARPcheck logo except the following exemption: The programme considers such Auditors SARPcheck Auditors who have successfully undergone mandatory SARPcheck training courses, have an Auditor agreement with an Audit Company and are actively engaged in auditing throughout the previous 24 months. Only such Auditors may consider themselves as SARPcheck Auditors and communicate this fact publicly without logo use, provided the mentioning of the SARPcheck name will never be utilised in a context that could negatively affect or damage the standing or reputation of the SARPcheck Programme or any aspect thereof. SARPcheck Auditors in line with the aforementioned definition will be provided with a SARPcheck Auditor stamp which they may use in their e-mail signature.

2.7 SARPcheck IP

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This chapter is dedicated to ensuring the SARPcheck Programme's intellectual property, comprising proprietary methodologies, documentation, and procedures, is comprehensively safeguarded. This protection is vital for maintaining the program's integrity.

a) Definitions

Intellectual Property (IP): Refers to unique, original creations of the SARPcheck Programme, including but not limited to Audit methodologies, software, documentation, training materials, and any other form of knowledge or expression created for and used by the program.

Confidential Information: This encompasses all non-public, sensitive information related to SARPcheck's operational strategies, Audit techniques, data analytics, software codes, and internal communications.

SARPcheck Materials: Constitutes all tangible and intangible outputs of the program, including digital files, Applicability Matrix, process guidelines, software applications, and training videos.

b) Protection Measures

Confidentiality Agreements: All individuals involved with SARPcheck, including Auditors, Audit Companies and third-party collaborators, must sign agreements that include confidentiality clauses to sufficiently protect SARPcheck. These legally binding documents shall clearly articulate the non-disclosure requirements, emphasising the consequences of unauthorised sharing of confidential information.

Access Controls: All programme stakeholders including Audit Companies, Operators and freelancers are required to implement strict digital and physical access controls to SARPcheck materials. Use encrypted databases for storing sensitive information, with access restricted to authorised personnel through secure authentication methods. Regularly update access rights to ensure only current team members have entry.

SARPcheck materials are exclusively for conducting and supporting compliance audits with ICAO SARPs. Any use outside this scope, such as for personal gain, unauthorised training or unauthorised consulting is strictly prohibited.

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2.8 Use of Auditee logos

Auditee authorises SARPcheck Programme and Audit Companies to display the respective auditee name and logo on the SARPcheck Registry for the duration of the registration of the respective Operator.

Auditee authorises the Audit Company who audited an Operator to display the auditee's logo and name in the context of served customers for an indefinite time following the initiation of an Audit and / or Audit closure process.

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3 GOVERNANCE

3.1 Governance Introduction

This section defines the SCP Governance procedures in order to maintain an effective and independent aviation Audit program. The governance is regulated through a Not-For-Profit association.

3.2 NFP Board (NFPB)

The NFPB is composed of representatives of each Audit Companies which is a member of the governing Not-For-Profit organisation Safety Audit Review Partnership Limited (SARP Ltd.). Its purpose is to decide on matters relevant to the Key Principles and the administration of the Programme. Decisions shall be made through a simple majority vote whereby each member Audit Company of the Not-For-Profit governance organisation SARP shall have one voting right per organisation. For any vote to be passed, at least 51% of the total number of votes shall be in favour.

The NFPB shall meet regularly, at their bequest, however in a manner that enables timely consideration on matters.

The matters under the control of the NFPB are the following:

1. Matters relevant to the Key Principles;
2. Administrative matters of the SCP;
3. Matters related to the initiation and termination of Audit Company accreditations; and
4. Audit Company's Compliances with the Key Principles and furthering thereof.

Any matters before the NFPB shall be decided by vote and anything that directly affects a third-party stakeholder, who shall hold a significant interest in the outcome thereof, the NFPB shall inform them of the decision by email.

Any matters before the NFPB, which any member of the NFPB has a conflict of interest in (a conflict of interest shall be determined by the remaining NFPB members) shall be barred from any vote and the remaining members shall have an equal vote.

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Audit Companies other than member organisation of the Not-For-Profit governance organisation can be invited to NFPB meetings as observers without voting rights.

Every Audit Company is free to request approval for any deviations from SCPM procedures from the NFPB before any such deviation would occur. The NFPB has the authority to decide upon such requests at its own discretion in the best interest of the program's integrity and development.

3.3 SARPcheck Board

The SCB is composed of one representative of each of the Audit Companies. Its purpose is to constantly oversee the implementation of all aspects of the programme by the Audit Companies and advise the NFPB on matters relevant to the Key Principles, operational aspects and the administration of the Programme only. Decisions on whether an advice shall be formally submitted to the NFPB or not shall be made through a simple majority vote whereby each Audit Company shall have one voting right per organisation. For any vote to be passed, at least 51% of the total number of votes shall be in favour.

The SCB shall meet at their bequest however in a manner that enables timely consideration on matters.

The matters under the oversight of the SCB are the following:

1. Certain administrative matters of the SCP that are delegated by the NFPB; and
2. Operational matters of the SCP

SCB shall decide by vote as to whether the SCB will issue an advice to the NFPB or not.

Any matters before the SCB, which any member of the SCB has a conflict of interest in, shall be barred from any vote and the remaining members shall have an equal vote.

3.4 Complaints to the NFPB

The NFPB shall only consider genuine conduct complaints about any Audit Company. In the event that a complaint is received by the NFPB and the complaint has either not been through the procedural requirements set out in this SCPM or is not a genuine Audit Company conduct matter,

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the NFPB may choose to reject the complaint, without full consideration and shall inform all relevant parties of their decision.

In the event that any complaints about Audit Companies from Operators remain unresolved, in accordance with the procedures set out in this SCPM, the complaint shall be referred to the NFPB, who shall consider the complaint, responses and additional information and make a vote as to the recommendations to give.

Upon deciding on the recommendations as to the complaint, the NFPB shall inform all relevant parties as to their recommendations in writing. The powers of the NFPB in respect of the complaint are limited and are only recommendations on how to resolve it.

Upon receipt and considerations of the NFPB's recommendations, the Operator and Audit Company may choose to accept or reject the recommendations contained therein. In the event there is no agreement on the recommendations, there shall be no further referral to the NFPB.

3.5 SARPcheck Steering Group (SCSG)

The SCSG is enacted by the NFPB to further the tasks under its remit and is comprised of representatives of each Audit Company (no limits). Regular SCSG Meetings shall be held in order to discuss updates to assigned SCSG project tasks.

3.6 SCSG Meetings

The SCSG shall meet remotely or by other telecommunication means at intervals of 2 weeks to conduct SCSG meetings.

SCSG meetings shall be composed of representatives of the Audit Companies. Invites to SCSG meetings shall be made by one Audit Company representative and in the event further invitees than the previous meeting is required by an Audit Company, a request for a further representative shall be made during the previous meeting and agreed by the Audit Companies.

In the event that little progress on tasks has been made in the preceding 2 weeks or multiple Audit Company representatives are unavailable when a SCSG meeting is due, that SCSG meeting can be cancelled upon agreement between the Audit Companies.

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Notes of SCSG Meetings shall be made by one volunteer Audit Company representative.

3.7 SCSG Workshops

An SCSG Workshop is an in-person meeting of Audit Companies to dedicate time for discussion of the agreed tasks and any additional tasks assigned to the SCSG.

SCSG Workshops shall be organised regularly, whereby once every approximately 3 months is the desired interval. Best endeavours shall be made to organise the SCSG Workshops in this time interval, however upon the Audit Company representatives being unavailable, an SCSG Workshop may be delayed. SCSG will make best efforts to reduce joint costs associated with such meetings, and if some joint costs have to be paid, the budget shall be agreed before the SCSG Workshops is confirmed. As a general principle, travel and accommodation costs will be covered by each Audit Company for their respective representatives and the provision of a meeting room and meeting equipment will be covered by each one Audit Company on a rotating basis.

SCSG Workshops shall be composed of a minimum of each one senior representative of each Audit Company. Invites to SCSG Workshops shall be made by one Audit Company representative and in the event further invitees than the previous Workshop is required by an Audit Company, a request for a further representative shall be made during the previous Workshop and agreed by the NFPB.

The venue and dates of the Workshops is to be agreed by the Audit Companies in SCSG Meetings.

Notes of SCSG Meetings shall be made by one volunteer Audit Company representative who will take in charge the local facilities (conference room and associated services).

3.8 Stakeholders Oversight Group (SOG) Overview

This section defines the SOG meeting procedures. The SOG is a group of programme Stakeholders. The SOG shall meet to discuss and vote on SCP matters, delegated to them by the NFPB. The meetings shall be held preferably at least once per year in-person, in order for Stakeholders of the SC programme to discuss administrative issues or improvements of the programme with the NFPB and SCB and to have input and voting rights. The date and venue of the first SOG shall be decided by the NFPB.

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The date and venue of the second SOG and any future SOGs shall be recommended by the SOG and decided by the NFPB.

Membership in the SOG offers key advantages, including representation in a growing global aviation safety programme, privileged access to Audit insights and trends, enhanced networking opportunities with leading aviation organisations, and reputational benefits through active contribution to a recognized safety governance body.

Regulators (National/Regional CAAs) and other interested parties may be invited to SOG meetings as Observers. Observers attend without voting rights and are not required to sign a formal MoU.

The standard SOG cadence shall be two sessions per calendar year, comprising one hybrid meeting in Europe and one fully remote meeting. The SOG acts as the programme's decision and improvement engine and shall exercise governance influence without imposing unnecessary operational workload on its members.

3.9 Membership to SOG

The SOG should include representatives of the following Stakeholders:

- The NFPB;
- The Audit Companies;
- Any Operator who has undergone an Audit;
- Any NRCAA;
- Any SPO;
- Any aircraft manufacturers; and
- Any aviation insurers and underwriters

Each group of stakeholders should be composed of members representing global diversity of the industry.

The Stakeholders shall be invited to become a member of the SOG by representatives of the NFPB, which shall be accepted by the Stakeholder. By accepting the invitation, the SOG member acknowledges the provisions of this SCPM. The NFPB shall publicise the SOG members. Membership in the SOG is non-binding and does not confer regulatory authority or commercial

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obligations within the SARPcheck Audit framework. SOG members must declare any potential conflicts of interest that could affect impartiality. In such cases, the member must recuse themselves from related discussions or decisions.

No limits on the number of representatives per Stakeholder are set but names of representatives shall be submitted to the SOG not more than 30 days prior to the SOG. In the event an unreasonable number of representatives are requested for one Stakeholder, the NFPB reserves the right to limit that stakeholder to a certain number of representatives.

Prospective SOG members must demonstrate a strong commitment to aviation safety, substantial experience in the aviation industry, proven compliance with ICAO SARPs, and adherence to high ethical standards. These criteria ensure that SOG members uphold the integrity and purpose of the SARPcheck Programme.

All SOG members are expected to: actively participate in meetings, contribute to programme development through feedback and proposals, promote the SARPcheck Programme within the industry, and uphold the highest standards of compliance and ethical conduct.

The SOG shall meet at least annually, but preferably twice per year. The group will strive to reach decisions by consensus. Where voting is required, each Stakeholder shall have one vote. Simple or qualified majority voting may apply depending on the decision type.

SOG members may be granted access to review SARPcheck Audit templates, Checklists, and methodology documents, to provide feedback for ongoing programme improvement. There is no fee to participate in the SOG. Members are responsible for covering their own costs related to participation in SOG activities, including travel, unless using remote options.

The NFPB and the SOG member have the right to terminate the SOG membership.

3.10 SOG Contribution

The NFPB shall administer the SOGs, including the agenda, however, in the event that another Stakeholder wishes an agenda item to be raised, a representative of the Stakeholder shall submit the agenda item to the NFPB not less than 14 days prior to the SOG. Any agenda items raised by

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non NFPB Stakeholders shall be first voted into the agenda, according to the procedures on SOG voting, by the Stakeholders at the beginning of the SOG for it to be discussed.

The Stakeholders shall:

- Give updates to other SOG stakeholders on the SCP;
- Discuss and vote on any changes to SC Applicability Matrix;
- Establish any other groups in order to provide technical advisory on ICAO SARPs and related SC Applicability Matrix changes;
- Commission reports;
- Consider any NFPB, SOG or third-party reports;
- Transact any other business as may properly come before the SOG;
- Discuss any issues or improvements to the SCP and suggest any changes to the NFPB; and
- Elect a chairman, a vice chairman and a secretary for two years in order to ensure a timely and effective meeting.

The SOG shall not consider any of the matters for which the NFPB is responsible.

The NFPB has the right to veto any action voted on by the SOG.

The NFPB shall prepare or coordinate an annual programme report for presentation to the SOG. The report shall be issued at least once per calendar year and shall cover, as a minimum:

- programme activity and development trends;
- Registry development and forecast;
- oversight status of the programme;
- relevant quality assurance themes;
- anonymised or aggregated Audit trend information where available;
- status of material SCPM, Applicability Matrix or programme documentation changes;
- status of open SOG action items;

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- any material programme integrity, governance or stakeholder transparency matters.

The annual programme report shall not disclose confidential Operator-specific Audit content unless the affected Operator has expressly authorised such disclosure or the information is already publicly available through the Registry

The NFPB shall maintain an official SOG communication channel, normally using a dedicated e-mail group or any successor communication channel designated by the NFPB. The channel shall be used for SOG meeting invitations, agenda coordination, circulation of programme governance material, Applicability Matrix comment processes, temporary revision notifications, annual programme reporting and other SOG-related communication.

SOG members are responsible for keeping their nominated representatives and contact details current. Unless otherwise agreed by the NFPB, notices sent to the official SOG communication channel or to the last nominated representative contact details shall be considered valid programme governance communication.

3.11 SOG Voting

For any of the items properly before the SOG, for any changes to be enacted to the SCP the SOG stakeholders shall have a vote.

Each Stakeholder shall have one equal vote each. For the avoidance of doubt one Stakeholder shall have one vote and not per each individual representatives of the Stakeholder.

For any vote to be passed, at least 51% of the total number of votes shall be in favour.

No vote or vote on a reasonably similar item can be properly considered at more than 2 (two) SOG meetings in a row.

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3.12 Deviations from the SCPM

No request for deviation shall be sought by an Audit Company which is made for any of the following circumstances ("Invalid Deviation"):

1. deviation which conflicts with the Key Principles; or
2. A deviation which is made for commercial reasons, or which the other Audit Companies believe is for commercial reasons.

In the event a deviation from the SCPM is required by one Audit Company, a deviation request shall be made to the NFPB, detailing:

- Which procedure or rule is required to be deviated from;
- The reason why a deviation is required;
- For how long the deviation is sought;
- An alternative mean of compliance if any; and
- Any other pertinent information, such as a time scale when a decision is required.

The NFPB shall then consider the deviation. The NFPB may meet to discuss the deviation request and decide the following:

1. Whether the circumstances constitute an Invalid Deviation;
2. Whether the reasons are detailed enough to decide if there is no Invalid Deviation;
3. Whether any potential risk to the SCP would be created, which is deemed to be too high given the circumstances.

In the event that the NFPB deems there is a potential risk to the SCP that would be too high given the circumstances, the NFPB shall conduct a risk assessment according to industry standards.

In the event that the NFPB deems the reasons are not detailed enough to decide if there is an Invalid Deviation, then they shall ask the requesting Audit Company to re-submit the deviation request.

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In the event that the NFPB decides:

1. There is an Invalid Deviation; or
2. That following any risk assessment conducted, there were no reasonable control measures which mitigated the risk enough and that by allowing the deviation a potential risk existed to the SCP that was deemed too high;

The request shall be refused. In the event that it was not decided either of the above, the request shall be approved.

All approved decisions shall be recorded and referenced in a deviation file for all Audit Companies.

All approved deviations shall be presented to SOG.

For the avoidance of doubt, exemptions granted under Chapter „Conflicts of Interest & Rotation“ of this SCPM shall not be considered “Invalid Deviations” under this section, provided that such exemptions are pre-approved by the NFPB in accordance with the procedures defined therein.

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4 DOCUMENTATION

4.1 Introduction to Documentation

The documentation system of the SARPcheck Programme is kept very lean, with only a few essential documents:

- The SARPcheck Programme Manual (public)
- The Master Applicability Matrix (non-public)
- Other non-public documentation (Audit agreements, etc.).

4.2 Master Applicability Matrix

Master Applicability Matrix is an electronic document with a restricted circulation containing a list of references to all ICAO SARPs of Annex 1, 2, 6 Part 1, 8, 17, 18, and 19 and corresponding applicability criteria. Its main purpose is to track changes to ICAO Annexes and reflect these during each SARPcheck audit.

The document also includes SARPclusters with links to individual SARPs to develop and export the SARPcheck Software Checklist. Each SARPcluster has a unique identifier for ease of navigation and communication between Auditors, ACs, and Operators.

4.3 Master Applicability Matrix Revisions

The Master Applicability Matrix is reviewed and, if required, revised once a year, or more often in case of applicable ICAO Annexes changes or for correction based on operational feedback from Auditors.

For an annual (scheduled) review purpose, the SOG and/or NFPB will form a taskforce of industry experts. Among those experts, a lead is assigned the task to ensure the finalisation of the revision within the expected timeframe. The experts shall be experienced operational Auditors for more than 10 years in the aviation industry. The experts shall be skilled for the purpose of drafting and the taskforce minded work. This revision process shall be completed every year latest in August to deliver the new revision by 1st of September.

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Also, for a scheduled review, every year in May, a SARPcheck Feedback Questionnaire is sent to all ACs' Auditors, Operators on the Registry. By 1st of July each year each AC must collate completed Questionnaires submit results to a taskforce as an input for Master Applicability Matrix revision.

For an unscheduled review, the SOG and/or NFPB will form a taskforce the same way as for an annual review as soon as a need for Master Applicability Matrix revision has been identified.

A revised Master Applicability Matrix is circulated to the SOG and the NFPB members for review and comment. Following any re-drafts, as a result of the SOG and NFPB comments, the Master Applicability Matrix shall be again sent to the SOG who shall vote to accept a new revision and there shall be no further re-drafting until the next scheduled revision.

Changes to the Applicability Matrix are expected to be rare and mainly be triggered by updates to ICAO Annexes or the SARPcheck Programme. Where such changes are required outside the normal review cycle, they shall be communicated to the SOG members and made subject to member comment before implementation, unless immediate temporary action is required for programme integrity or legal correctness.

Where an immediate temporary Applicability Matrix change is implemented for programme integrity, operational continuity or legal correctness before completion of the normal SOG comment process, the change shall be notified to the SOG as soon as practicable. The temporary change shall then be tabled for formal SOG review and comment at the next SOG session or through a remote review process designated by the NFPB.

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4.4 Other documentation

SARPcheck Software Checklist:

An MS Excel based document generated from Master Applicability Matrix to import SARPclusters with all SARP references into the SARPcheck Software and link to Load Units (LU).

Each LU represents a part of work completed by an Auditor in his area of expertise. The Checklist is generated after each (scheduled and unscheduled) revision of Master Applicability Matrix.

The structure of SARPcheck Software Checklist with Load Units' Name and the number of SARPclusters:

LU1 - Organisational Management and Control (28)

LU2 - Dangerous Goods (30)

LU3 - Ground Operations (9)

LU4 - AIRWORTHINESS (82)

LU5 - Dispatch (46)

LU6 - FLY-Documentation and Data (17)

LU7 - FLY-PIC/FC/Training/Ops (89)

LU8 - FDA (3)

LU9 - Crew Scheduling (8)

LU10 - Cabin Crew-Training/Ops (5)

LU11 - FLY-Security (6)

LU12 - Security Management (36)

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SARPcheck Feedback Questionnaire:

ACs will develop questionnaires to ensure feedback on the use of SARPcheck Software Checklist during the audits. These feedback questionnaires shall be sent to the Auditors and to the Operators having received a SARPcheck audit. It should help to steer the work of the taskforce.

SARPcheck Audit Agreement templates:

MS Word based documents, separate for Part A and Part C SARPcheck services, together with any additional template wording required for Part W and any other approved scope notes.

SARPcheck Audit Planning Tool:

An MS Excel based document used by each AC for SARPcheck Audit Planning to ensure an equal amount of work for each Auditor, based on his/her operational experience and the number of SARPclusters in each Load Unit.

4.5 Document control & storage

Documentation control and storage are ensured in a secure Google Drive space with limited access. The Google Drive space shall be controlled by delegated members of the SOG. Official copies of the documentation shall be published on the SARPcheck Website.

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5 THE REGISTRY

5.1 Registry Introduction

The SARPcheck Registry is the official public record of organisations that have undergone a SARPcheck Audit within the scope of the programme. The Registry shall transparently show the applicable Registry status and scope of each listed organisation.

The Registry shall remain a single and clean Registry structure. Scope differences shall be made transparent through the relevant Registry category and, where applicable, through notes in the Registry entry rather than through separate certificate types for light aircraft scope.

The Registry may contain, as applicable, Part A entries, Part C entries and Part W entries.

For each listed organisation, the Registry shall contain the relevant identifying details and the applicable Registry status, together with any scope notes required for transparency, including any note relating to light aircraft scope and any note that a material part of the Audit was conducted remotely or partly remotely.

5.2 SARPcheck Part A

Part A signifies that an eligible organisation has undergone the Audit stage of a SARPcheck Audit within the applicable programme scope. For a core airline Operator this is finalised by the Closing Meeting, subject to completion of all required Audit activities.

The auditee has the right to request not to be publicly listed at Part A stage where such option is permitted by the programme rules in force.

5.3 SARPcheck Part C

Part C signifies that either no Non-Compliances were assessed during Part A or that all Non-Compliances raised during Part A have been closed and the closure of each has been verified by a current, accredited Audit Company.

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5.4 SARPcheck Part W

Part W signifies a Wider Scope Registry category for organisations outside the core Part A airline scope, including approved light aircraft Operators and certain aviation service providers.

For mixed fleets, the Registry shall remain under Part A where that is the applicable core category, with a formal note in the Registry entry confirming the light aircraft coverage where applicable.

5.5 SARPcheck Part C(W)

Part C(W) signifies that either no Non-Compliances were assessed during Part W or that all Non-Compliances raised during Part W have been closed and the closure of each has been verified by a current, accredited Audit Company.

5.6 Registry Hosting

The official SARPcheck Registry will be hosted on the central SARPcheck Website.

Data governance will adhere to GDPR rules and the technology solution will be selected based on whether they incorporate GDPR to industry best practices. No Audit Company will separately hold SARPcheck Registry data individually.

The technology solution selected to host the SARPcheck Registry will be assessed for security features to industry best-practices to prevent any unauthorised changes to the Registry.

Where an Audit has been conducted partly remotely or under an approved remote Audit arrangement, the Audit Company shall ensure that the Registry update request expressly identifies this fact so that the corresponding Registry note can be shown.

Where a Part A core scope Audit includes Part W Modified Scope fleets such as light aircraft or rotary wing fleets, the Audit Company shall ensure that the Part A Registry update includes a note

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containing the details oft he Part W elements additionally covered under such Part A Core Scope audit.

5.7 Responsibility to update the Registry

The Audit Company conducting the SCA has the responsibility to submit a request for updating the Registry to the NFPB including all required information for the Registry entry on the day of the conclusion of the last auditing activities, so that the NFPB can immediately update the SARPcheck Register of an airline completing SARPcheck Part A or Part W audit. Should the Operator wish not to be listed on the Part A or Part W Registry the auditing Audit Company shall immediately inform the NFPB about this wish, along with email evidence.

Once the Closing Meeting has concluded and provided that all required auditing including the conduct of all Observational Assessments has been accomplished, the Operator will be visible on the SARPcheck Register within three business days at the location of the auditing Audit Company as having completed SARPcheck Part A or Part W audit.

The Audit Company that is verifying closure of the Non-Compliances has the responsibility to request any update to the SARPcheck Register of an Operator completing SARPcheck Part C from the NFPB, along with email evidence.

Once the final Non-Compliance has been verified and the Audit declared closed, the Operator will be shown on the SARPcheck Register within 5 working days as having completed SARPcheck Part C.

Audit Company who conducted the Part A or Part W Audit shall also have the responsibility to timely request from the NFPB the removal of the Operator from the Registry, within 7 days after the Operator's expiry date, if they have not been informed by another Audit Company they have not undergone a Part A or Part W Audit before the expiry date. In any other situation where the Operator shall be removed from the Registry, other than because of the expiry date, this shall also be the responsibility of the Audit Company who conducted the Part A or Part W Audit of the Operator to timely request such removal from the NFPB.

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Upcoming Audit Pipeline. Immediately upon execution of a SARPcheck Audit Agreement, the Operator shall be included in the Upcoming Audit Pipeline section of the public SARPcheck Registry. The Audit Company shall ensure that the executed agreement and the required operator and audit information are correctly recorded in the programme registry without delay. Pipeline listing does not signify completion, compliance, certification or eligibility for Part A, Part W or Part C registration.

5.8 Period on the Registry and falling off the Registry

Each Operator entered onto the Registry after completing the Part A or Part W SARPcheck Audit will be eligible to be included on the Registry for a maximum period of 24 months.

The period on the Registry (24 months) begins on the date of the closing meeting.

An Operator undergoing Part C shall do so at any time within the 24-month Registry period. However, completion of Part C will not affect the Registry expiry date. This will always be dependent on completion of the Part A or Part W audit.

For an Operator wishing to renew their SARPcheck Registry entry, they can elect to undergo a renewal Audit no earlier than 150 days prior to the SARPcheck Registration expiry date.

If so registered, in order to maintain an Operator's Part C registration, any Non-Compliances identified by the renewal Audit must be verified as closed by an Audit Company soonest possible through a Part C closure process. As a minimum, an agreement for a Part C closure process must have been executed prior to the previous audit's expiration date. In such case, the Operator will remain on the Part C Registry and until all Findings have been verified as closed as per the Part C process, such Registry entry shall bear the note „The Operator has Findings from a renewal Audit pending closure verification from a contracted Part C Audit Company". If the afore mentioned conditions are not met, the Operator's Registry entry shall be changed from Part C to Part A or Part W as applicable at the day of the Operator's previous audit's expiry date. The Operator shall be moved from the Part C to the Part A Registry only if the most recent Audit included a full Core Scope Part A Audit and shall be moved to Part W otherwise. Should an Operator be moved from Part C to Part A or Part W Registry as per the above, the Operator will still be eligible for initiating

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a Part C verification at any time during its new registration term and will be reinstated on the Part C following the successful verification of the closure of all Findings.

An Operator will only be removed from having a Part A or Part W SARPcheck Registry entry in the event of:

- Failure to complete a renewal Audit in the prescribed Audit window;
- Failure to comply with the payment terms as set out in the individual SARPcheck Audit Agreement for Part A or Part W.

Reinstatement of a Part A or Part W entry requires:

- A SARPcheck Audit to be completed; or
- rectification of the payment issues between the Operator and the Audit Company.

An Operator will only be removed from having a Part C SARPcheck Registry entry in the event of:

- Failure to complete a renewal Audit **and** closure of all Non-Compliances as described above.
- Failure to comply with the payment terms as set out in the individual SARPcheck Part C Agreement for Part C.

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6 THE OPERATOR

6.1 Operator Introduction

In the SARPcheck Programme, the role of the Operator is central to the successful implementation and ongoing management of compliance with the International Civil Aviation Organisation (ICAO) Standards and Recommended Practices (SARPs). Operators are ultimately responsible for initiating, preparing for, and actively participating in the SARPcheck audits, ensuring ongoing compliance, and, at their discretion, for closing Non-Compliances and addressing risks within a formal SARPcheck Programme follow-up process.

6.2 Eligibility to participate in the SARPcheck Programme / Scope of a SARPcheck Audit

To be eligible for the SARPcheck Programme, Operators must either hold or have officially applied for an Air Operator Certificate (AOC). The Operator must demonstrate a commitment to maintaining high safety standards and be willing to undergo the comprehensive Audit by an Audit Company.

The programme has the flexibly to include different commercial air Operator types, sizes and categories, in accordance with the following scope:

- Business Aviation Operators
- ACMI Operators
- Ad-Hoc / - and Charter Operators
- Operators of scheduled flights

The programme differentiates between a Core Scope Audit and a Modified Scope Audit:

A Core Scope Audit is considered a regular SARPcheck Audit with applicability criteria as per its original design, to include the following eligibility criteria:

- Only aircraft with an MTOW more than 5.7 tons are within the scope of a Core Scope SCA
- Only multi engine aircraft are within the scope of a Core Scope SCA
- Only multi pilot operations are within the scope of a Core Scope

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The following table lists ICAO Annex references that are Out-of-Scope of a Core Scope Audit, this does not preclude a potential Auditee from undertaking a Core Scope Audit, however certain aspects of their operation may not be audited if it includes any of the following aspects, however in some situations, instead the SARPcheck Audit will be of a higher-level / standard to those categories listed below:

Table 2: ICAO Annex categories out of scope of SCA

Scope Keywords	Remarks	ICAO Reference
Single Pilot Operations		A6part1: 6.23, 4.9 ;
Single Engine Aeroplanes		A6 Ch.5.1.2, 5.4, App. 3
Domestic commercial operations	Recommendation to apply International Standards to domestic commercial operations (e.g. Security, Dangerous Goods)	A6 Ch.13, Ch.14
Aircraft weight consideration	Only Aircraft with a maximum take-off mass over 5700 Kg are included in scope of a Core Scope Audit.	A8 Part IIIA & IIIB
State related	ICAO SARPs related to Contracting States only are not included in the Checklist	

Unless stated otherwise, the terms “SARPcheck” and “SARPcheck Audit” as used in this manual, Audit reports, the SARPcheck Registry or any other documentation and records stands for a Core Scope SCA.

A Modified Scope Audit is a newly added Audit function which also makes Operators eligible to receive an SCA which do not meet the eligibility criteria of a Core Scope SCA, to include light aircraft, single engine operations, single pilot operations, rotary wing operations, seaplanes and potentially further options. Every Modified Scope Audit will require a prior customization of the Applicability Matrix and every such customisation will require an individual written approval by the NFPB. The term “Modified Scope Audit” and the differences of the scope of each such Audit as compared to the Core Scope Audit must be detailed in the respective SARPcheck Audit Agreement, in the Audit Report and in the SARPcheck Registry entry.

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6.3 Affiliated Operators

The concept of Affiliated Operators applies where 2 or more Operators share substantial operational functions, manuals and / or services, such that duplication of on-site Audit activity would otherwise arise. Affiliate audits are permitted only where the commonality of manuals and services is demonstrably established.

Any affiliate Audit arrangement shall be conducted by the same Audit team across the affiliated Operators concerned.

The proposed affiliate Audit structure, including the scope allocation for each affiliated Operator, shall require prior written governance approval before the Audit is conducted.

The Audit Team shall retain the right to expand the on-site Audit scope at any affiliated Operator where the circumstances observed on site show that additional verification is necessary.

Each Operator shall disclose any intended affiliate Audit arrangement at the earliest stage of Audit initiation.

Each affiliated Operator shall remain individually responsible for its own compliance with the applicable SARPcheck Audit Criteria. An affiliate Audit arrangement may reduce unnecessary duplication of Audit activity where common manuals, systems, personnel or services are demonstrably shared, but it shall not dilute the requirement to assess each Operator against its applicable scope. The Audit report, Findings, Observations, Registry entry and any Part C closure verification shall remain traceable to the individual Operator concerned.

Where a shared manual, shared process or shared service creates the same Non-Compliance for more than one affiliated Operator, the Audit Team may use aligned wording for the related Findings, provided that the Finding remains separately recorded against each affected Operator.

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6.4 Offsite Auditing

Offsite Auditing or part-remote auditing is permitted only in exceptional circumstances and shall not be used as a cost-saving substitute for normal on-site Audit conduct.

Approval for remote or part-remote Audit conduct requires one of the following circumstances to exist:

- war zone conditions; or
- an official nationwide lockdown; or
- another exceptional threat or travel inhibition, supported by a risk assessment validated in line with internationally recognised risk assessment practices.

A first-time SARPcheck Audit shall not be conducted 100% remotely. At least a material on-site component must be retained unless the NFPB determines, based on a documented and exceptional safety, security or legal constraint, that no reasonable on-site component can be conducted. Any such exceptional approval shall be reported to the SOG.

Any approved remote or part-remote Audit must include all 4 implementation Observations required by the programme.

Any proposal for Offsite Auditing shall be submitted to the governance body for approval together with the supporting risk assessment and proposed control measures. The SOG shall be informed of any such approval and retains the right to object or veto.

Where an Audit or any material part of it has been conducted remotely or partly remotely, this fact must be clearly stated in the relevant Audit output, any certificate, or equivalent programme confirmation issued in relation to the Audit, and on the corresponding Registry entry. The wording shall be sufficiently clear to allow any Registry user or recipient of the Audit output to understand that the Audit or parts thereof not conducted entirely on site.

Operators without a valid AOC / Part W Organisations

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Participation in the SARPcheck Programme is not limited only to holders of a valid AOC. Under Part W, organisations without a valid AOC may also be eligible where they fall within an approved Wider Scope category of the programme.

Part W is intended to enable transparent Registry recognition of organisations outside the core Part A airline scope, including in particular light aircraft Operators and certain aviation service providers.

The exact scope, applicability and Audit criteria for any Part W Audit shall be defined by the applicable customised scope and approved programme criteria in force at the time of the audit.

Where an organisation is pursuing an AOC but does not yet hold one, this does not in itself create an entitlement to a core Part A audit. The applicable Audit category shall be determined by the programme scope and eligibility criteria in force at the time.

All organisations audited under Part W remain solely responsible for their own regulatory approvals, certificates, licences and legal compliance at all times.

6.5 Intended Operators without a valid AOC

An intended aircraft Operator that has not yet obtained a valid AOC may be eligible to participate in the SARPcheck Programme where the intended Operator is demonstrably in the process of obtaining an AOC and is sufficiently mature to be meaningfully assessed against the applicable SARPcheck Audit Criteria.

This provision is intended for start-up airlines or other intended aircraft Operators preparing for commercial air operations and lined up for a future Part A Audit scope. It does not address non-AOC aviation service providers, which may only be considered separately under an approved Part W Wider Scope category.

Eligibility under this section requires prior NFPB approval. The intended Operator must demonstrate that it has formally initiated the relevant certification process with its competent authority and that sufficient documentation, management system elements, operational arrangements and implementation evidence exist to allow a meaningful SARPcheck assessment.

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Where an Audit is conducted before the AOC has been issued, the Audit report, Audit output and any Registry entry shall clearly state that the Operator was assessed as an intended Operator without a valid AOC at the time of the Audit. Such Audit shall not constitute, imply or replace the issuance of an AOC, operating licence or any other regulatory approval by the competent authority.

The NFPB may define additional conditions, limitations or follow-up requirements before accepting such an intended Operator into the SARPcheck Programme or before allowing any Registry entry to be made.

6.6 Initiating an audit

The Operator must sign a SARPcheck Programme Audit Agreement with an accredited Audit Company as listed on the official SARPcheck Website.

Once the agreement is signed, the Operator must agree with the Audit Company on:

- Audit dates
- Audit on-site locations (Headquarter, Maintenance facilities, Operational Offices).
- feasibility of the audit, including the on-site phase
- Air transport and on-site logistics.

6.7 Operator's responsibilities & disclosures prior to an audit

Prior to a SARPcheck Audit, the Operator must ensure:

- To provide suitable facilities and reliable infrastructure to accommodate a SARPcheck Audit (e.g. offices with internet access (Wi-Fi);
- To arrange for Visa and / or invitation letters for the Auditors (if required)
- To grant and arrange Auditor`s access to all relevant facilities and service providers, including security restricted areas (Security Pass, Airport pass, ramp access pass)
- Organise SARPcheck Auditor's access to all relevant operational documents and records

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- To organise a safe and secure transport from and to the hotel to the Audit location and airport;
- Provide to Audit Company a list of all relevant Audit documentation, including revision / issue number and effective date and;
- Provide to Audit Company all relevant documentation for the Audit and / or provide the Audit Company and its Auditors access to the Operator`s documentation library, - if possible - at least 2 weeks prior to the opening meeting of the SARPcheck audit.
- Provide to Audit Company the current Air Operator Certificate (AOC), Operations Specifications (ops specs) or the application submitted to the relevant competent authority with an updated project plan of the current status of the AOC application process, a document cross-reference list linking all applicable ICAO SARPs with the corresponding company documentation and filled-out Operational Profile Sheet.
- Assign responsible managers and subject matter experts to facilitate the Audit as Auditees for the Operator for all applicable scopes to ensure the feasibility of the audit.
- As English is the official SARPcheck Audit language, provide translators for the interview partners (if necessary) to limit the risk of language barriers.
- Provide an English translated version of a Manual if the original and / or approved manual is in another language than English.
- Complete the pre-Audit questionnaire

Prior to a SARPcheck Audit, it is highly recommended that the Operator should:

- Familiarise all auditees with ISO 19011:2018 Auditing principles or provide an Internal Auditor course and guidelines for ensuring a good understanding of all auditees about Audit objectives and a smooth audit.
- Conduct internal audits to demonstrate compliance against all relevant regulatory requirements;
- Demonstrate that the Operator`s management system manages to achieve compliance whenever an internal Non-Compliance has been identified.
- Demonstrate that threats and hazards have been identified, their risks assessed and accepted at an acceptable level as low as reasonably practicable.

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- Conduct an internal gap analysis against SARPcheck Audit Criteria and close (if possible) all Non-Compliances (Findings) identified prior to the start of the SARPcheck audit.

6.8 Operator's responsibilities during the registration period

During the 24-month period between two SARPcheck audits, but not before the calendar year anniversary after the closing meeting, the Audit Company who performed the Part A or Part W Audit shall invite the Operator to answer a questionnaire about significant changes for the Operator. The Operator shall report the significant changes as per the questionnaire that shall cover:

- Cessation of operations;
- Changes within the Air Operator Certificate (AOC) and / or Operations Specifications (ops specs), such as (but not limited to):
    - Suspensions;
    - revocation; or
    - Restrictions; or
    - Other limitations.
- changes to fleets and / or operations within the SARPcheck scope as listed below (but not limited to):
    - the introduction of a new aircraft type not being previously operated by the Operator;
    - new approvals within the ops specs (e.g. DG, Low Visibility, PBN, …);
- measures imposed by a regulatory authority, such as;
- refused authorisations or approvals by the relevant competent civil aviation authority.
- Serious Safety / Security related Incidents, Occurrences and / or Accidents.
- Any significant change to the Operator`s management system as defined by the national civil aviation regulations, including the operating structure of the organisation;
- any takeover, merger or consolidation of the Operator`s organisation.
- Serious financial difficulties (e.g. such as major and repeated deferrals of financial obligations to industry stakeholders, lessors, service providers and / or (but not limited to) airport authorities and air navigation charges).

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- applications for protection from creditors or any insolvency / bankruptcy proceedings.

6.9 Operator's responsibilities upon falling off the Registry

If the Operator has been removed from the SARPcheck Registry, the Operator must without undue delay:

- remove all SARPcheck related logos and previous releases from its Website and all user locations;
- Shall not imply through action and / or omissions to industry stakeholders, competent authorities and / or other Operators that they are a SARPcheck certified Operator;
- Communicate clearly in written form to Audit Company if the desire to achieve SARPcheck compliance and being reinstated to the SARPcheck Registry.

6.10 Audit Agreement

The SARPcheck Audit Agreement between the Operator and the Audit Company is standardized and provided by the NFPB and outlines the scope and methodology of the audit. It also details the responsibilities of both parties and the expectations regarding cooperation and access to information and facilities during the audit. Audit Companies are not entitled to apply any changes to Audit Agreements other than customizing it with customer names and details as required for the execution of the agreement. Audit Companies may request deviations of the Audit agreement from the NFPB and the NFPB will at its own discretion decide about the approval of such changes in the program's best interest.

When an Audit Agreement is prepared for a Modified Scope Audit, such Audit Agreements must reflect the exact differences of the individual audit's ICAO SARPs in scope as compared to the scope of a Core Scope Audit. Audit Company must request a prior written approval of the scope of every Modified Scope Audit from the NFPB.

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6.11 Part C Verification Agreement

Following Part A and Part W audit, if Non-Compliances are identified, the Operator has the free choice as whether to enter into a Part C Agreement with an Audit Company or to close the Non-Compliances on its own or with other external help or not to close anything. This agreement outlines the specific actions the Operator will take to address the Non-Compliances, along with timelines and methods for verifying the effectiveness of these actions.

6.12 Payment of Fees

Operators are responsible for paying the fees associated with the SARPcheck Audit and within the timeframes of both the SARPcheck Audit Agreement and the Part C Agreement. These fees cover the costs of the Audit process, including the preparation, execution, and follow-up activities conducted by the Audit Company.

6.13 Umbrella Audit Fees

Airline groups with one leading Operator and further Operator(s) utilizing shared functions and/ or operating on the entirely or partially same manual suite may be eligible for receiving affiliated-Operator Audit structures and corresponding Part A and/or Part W Audit fee discounts subject to Audit Company assessment and NFPB approval. The Audit Company must provide the NFPB with Audit scope reduction concept and await NFPBs decision regarding an approval of scope and fee reductions of the affiliated (but never the leading) Operator. NFPB to determine corresponding agreement adjustments.

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7 THE AUDIT COMPANY

7.1 Introduction to the Audit Company

Audit Companies are organisations accredited to conduct SARPcheck Audits on behalf of the SCP Not-For-Profit governance organisation. The provisions governing Audit Companies establish their operational, administrative and quality assurance responsibilities within the SARPcheck Programme.

Deleted: The Audit Companies are the companies accredited to undertake the SCAs, on behalf of the SCP Not-For-Profit governance organisation. This section 8 contains the procedures pertaining to the Audit Companies conduct of the audits and any other administrative procedures in respect of the SCP

7.2 General Requirements

The following is a list of the general requirements that the Audit Company s shall maintain or agree to:

- The Audit Company shall maintain an authority, given by the NFPB, to conduct audits under the SCP.
- The Audit Company shall hold and maintain any insurance requirements as mandated by the NFPB.
- The Audit Company shall comply with the Key Principles, as set out in this SCPM.
- The Audit Company shall comply with the procedures set out in this SCPM and any other obligations that they are legally bound to.
- The Audit Company agrees to conduct their business within the SCP in a manner that does not bring the SCP into disrepute.
- Audit Companies seeking SARPcheck accreditation shall pay a non-refundable accreditation fee, as determined by the NFPB, for initial accreditation and periodic renewal. Payment of the accreditation fee is required before the Audit Company's accreditation is granted.

An accredited Audit Company remains accountable for every SARPcheck activity performed on its behalf, including activities performed by affiliates, other group entities, subcontractors and individual contractors. Before any such activity is performed, the Audit Company shall establish documented arrangements binding the performing entity or person to the current SCPM, applicable Accreditation Agreement obligations, controlled programme procedures, confidentiality and data requirements, and the Audit Company's and NFPB's applicable oversight

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and access rights. The Audit Company shall retain effective operational and quality oversight and shall be able to demonstrate the allocation of responsibilities and the implementation of these arrangements. This requirement applies to existing as well as newly established arrangements. Existing arrangements shall be reviewed and, where necessary, amended before further SARPcheck work is assigned under them.

Any additional service provided by an Audit Company in connection with a SARPcheck Audit, including mapping or reporting against other audit requirements, shall be separately identified and shall not modify the approved SARPcheck scope, methodology, evidence threshold, audit conclusions or required deliverables. SARPcheck assessments and deliverables shall take precedence. The Audit Company shall ensure that supplementary services do not compromise auditor independence, the available time for the SARPcheck Audit or the integrity of programme records. Any requirements outside the SARPcheck scope shall be assessed separately and shall not be represented as having been verified by the SARPcheck Audit.

7.3 Conflicts of Interest & Rotation

An Audit Company shall not conduct Part A, Part W and / or Part C under the following circumstances:

1. Where the Audit Company has provided any Consultancy Services to the Operator in relation to the SCP, including consultancy in relation to Part C of the SCP, in the past 2 (two) years. For the avoidance of doubt, verification of closure of Non-Compliances under a Part C agreement, does not constitute consultancy.
2. No GAP Analysis can be undertaken by an Audit Company of the SCP and also conduct the Part A or Part C Audit within 2 (two) years, unless that GAP Analysis does not contain any consultancy in relation to Corrective Actions, the Corrective Action process or closure of Findings.
3. Where the Audit Company has provided Consultancy Services in the past 2 (two) years to the Operator, in relation to any subject matter that is the subject of any of the Applicability Matrix items of the SCP.

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4. Where the Audit Company conducted the Operator's last Part A or Part W SCA.
5. Where the Audit Company is owned fully or partially by a company, which also fully or partially owns the Operator or there is some other ownership nexus that could infer that the Audit Company could have some interest in the outcome of the audit.
6. Audit Company shall not conduct Part C for an Operator, if they have conducted the most recent Part A or Part W audit, except where the other accredited Audit Companies cannot conduct it through their own conflict of interest restrictions (above), or because the other accredited Audit Companies have declined to conduct the Part C for an Operator.

Any matters of conflict of interest shall be referred to the NFPB to make a decision on.

In the event of an Audit that has already been conducted and the NFPB declares a conflict of interest in relation to the Audit Company, the Audit shall be declared null & void and the Operator shall be removed from the Registry until such time that the Audit can be re-conducted by another Audit Company.

In support of the SARPcheck Programme's objective to expand global industry awareness and participation, the NFPB encourages Audit Companies to actively engage in market development initiatives. Such initiatives may be conducted jointly between two or more Audit Companies including but not limited to jointly conducted roadshows, workshops, or coordinated promotional activities.

Where two or more Audit Companies intend to jointly undertake such initiatives, they may submit a prior request for approval to the NFPB. The NFPB may, at its sole discretion, approve such joint initiative either for a defined activity or for a defined period.

Where an Audit engagement (Part A or Part W) can be demonstrably traced as a direct result of such an NFPB-approved joint initiative, the involved Audit Companies may jointly conduct the respective audit, subject to the following conditions:

(a) The involved Audit Companies shall formally agree prior to Audit commencement:

- which Audit Company assumes the lead role for Audit planning;

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- which Audit Company provides the Lead Auditor;
- which Audit Company assumes responsibility for Audit follow-up and report issuance.

(b) The involved Audit Companies shall further agree and document:

- which Audit Company shall be eligible for the performance of the Part C closure verification; and
- which Audit Company shall be eligible to perform the subsequent renewal Part A or Part W audit.

(c) For the avoidance of doubt, and as an explicit exemption from standard rotation and conflict of interest provisions defined in this SCPM, the following shall apply:

One of the involved Audit Companies may be designated to perform both:

- the Part C closure verification; and
- the subsequent renewal Part A or Part W Audit

for the same Operator, irrespective of:

- which Audit Company held the lead role during the jointly conducted audit; or
- any other role distribution during such audit.

(d) Such exemption shall apply strictly and exclusively to audits demonstrably resulting from an NFPB-approved joint market development initiative and shall not be extended to any other Audit engagements.

(e) Following completion of the first renewal Part A or Part W Audit conducted under this exemption, all standard rotation, conflict of interest, and independence provisions of this SCPM shall fully re-apply without limitation.

(f) All arrangements under this provision shall be fully documented and made available to the NFPB upon request to ensure transparency, traceability, and continued programme integrity.

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7.4 Oversight from the NFPB

The Audit Company shall conduct their business and their audits within the SCP autonomously, within the bounds of the procedures laid down in this SCPM and any other document or agreement, properly executed, that contains any obligations on the Audit Company. However, in relation to any matter that has been set-forth in this SCPM that is under the responsibility of the NFPB, shall not be under the control of the Audit Company. This includes situations where there is some disagreement on a procedural matter between one or more of the Audit Companies or a third party, in which case the NFPB shall have the power to interpret and vote on that disagreement. This power does also extend to conduct complaints of third parties regarding one of the Audit Companies does not extend to disagreements about any Findings or interpretations of ICAO SARPs or Applicability Matrix items except where a genuine conduct complaint about the Audit Company exists.

However, Audit Company shall have the means to ensure a reliable management of its data and a swift communication with its Auditors and the Operator it has been contracted with. Audit Company shall update its documentation and implement the actions according to the decisions taken by NFPB. The NFPB shall have the right to exercise quality oversight over the Audit Companies for ensuring ongoing Audit Company compliance with all applicable SCP requirements, to include audits and other means as appropriate.

7.5 Quality Assurance

The Audit Company shall maintain a Quality Assurance programme that is consummate to the size and scale of its operation, however, it shall, as a minimum:

1. Have a person within their operation who is designated Quality Manager, with suitable experience, in order to oversee the Audit Company's Quality Assurance program.
2. Maintain internal Audit procedures in order to conform to the procedures of the SCP and perform those audits at intervals suitable to the size and scale of the Audit Company.

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3. In accordance with the aforementioned timeline, in (2) above, maintain and implement procedures in regard to identification of Non-Compliances (in relation to the SCP), Corrective Actions and implementation of Corrective Actions.

7.6 Auditor management & administration

The Audit Company shall introduce procedures for the management and administration of its Auditor cadre. This shall include:

- A MAL containing the following:
  - Name;
  - Contact details;
  - Disciplines qualified;
  - Lead Auditor status;
  - SCAs completed;
  - Auditor qualification information;
  - Initial training information;
  - Recurrent training information;
  - Auditor evaluation information;
  - A process within the MAL that indicates if an Auditor has lapsed on any requirement (for example an indication that the Auditor has not completed the recurrent training or Auditor evaluation within the timescales indicated within this SCPM).
- A library of Auditor qualification and operational (passports, photos, CVs etc) documents.
- New Auditor procedures including interview, Auditor agreements, professional references, qualification check, initial training and, if separate to initial training, familiarisation training.
- Official communication with Auditors (e.g. notices / bulletins to Auditors / emails when considered binding under existing contractual agreements with the Auditors) on both SC updates / information and Audit Company information.
- Procedures on how the Auditor can / shall communicate with Operators.

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Audit Company shall introduce procedures on Auditor's records management including:

- How data is stored;
- The purpose it is processed;
- How long the data is processed / stored;
- How it is disposed of / deleted.

Audit Company shall have a cloud server accessible to its Auditors ("Auditors Cloud Server") in order for them to receive documents and information about an Audit and for them and, if required, to upload any other documentation.

7.7 Audit Company's responsibilities prior to an audit:

In the event an Audit Company agrees to do a SCA with an Operator, the below outlines the steps it shall take prior to an audit:

- Execute and check the Operator's execution of a SCA Agreement;
- Ensure receipt of payment prior to an Audit and in line with the time scales of the SCA Agreement;
- Agree on dates and locations for the Audit and associated activities, considering relevant outsourced functions and their locations and bases, as applicable
- Specify Audit location(s), including remote auditing, if applicable;
- Check Auditor visa requirements and consulate processing times;
- Specify Audit scope and objectives;
- Identify the SCPM edition to be used during the audit;
- Check the status of the SARPcheck registration of the Operator;
- Identify Audit Company and Auditor conflicts of interest;
- Specify roles and responsibilities of the Audit team;
- Identify trainees and / or observers that may accompany the Audit team;
- Specify resource and location requirements;
- Specify logistical requirements and arrangements;
- Identify cultural issues, cultural environment(s) and language(s) spoken;

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- Identify any need for translators or interpreters (language issues);
- Identify Operations with the potential for being excluded from the registration of the Operator;
- Identification of sections that are “out of scope”;
- Capture the previous Audit history of the organisation to be audited, if known;
- Send and ensure completion of a pre-Audit questionnaire at least 45 days prior to the planned Opening Meeting date (except where the Audit has been planned with less notice than 45 days) to the Operator which shall contain at least the following information:
    - Request for local travel assistance
    - Observational Assessment planning information
    - Visa Letter of Invitation requests (if applicable)
    - Request for local airside pass information
    - Operator’s Legal Name
    - Trading As
    - Official Address
    - Main Operating Bases
    - HQ / Main office location
    - Locations of other Audit scopes and MOs
    - Office hours
    - Dress code preferred for Auditors (opening & closing meeting / auditing)
    - Primary Contact Name
    - Primary Contact Designation
    - Primary Contact Phone Number
    - Primary Contact Email
    - Secondary Contact Name
    - Secondary Contact Designation
    - Secondary Contact Phone Number
    - Secondary Contact Email
    - Is the Operator an Independent Entity or part of an airline group?
    - If the Operator is a member of an airline alliance, please name it.
    - List prominent codeshare partners

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- Type of operation
- Outsourced operational functions
- Current fleet in SCA scope
- Communication language
- Auditor logistics (i.e. ground transport, hotel and flight info)

- Check the status of the latest relevant ICAO Annex revisions from the ICAO store at the time exactly four weeks ahead of the SARPcheck Audit (or at a later time as mutually agreed between the Audit Company and the Operator) and ensure that that status will be used during the upcoming SCA and all Auditors are equipped with these revisions as well as the SARPcheck Applicability Matrix is updated accordingly.
- Assign an Audit team with the following requirements:
  - An Audit team whose discipline qualifications cover all of the disciplines of a SCA, all qualified in accordance with this SCPM;
  - A Lead Auditor as qualified in accordance with the Lead Auditor pre- requisites and training section of this SCPM;
  - Available to travel in time to attend the Opening Meeting; and
  - Do not have any conflicts of interest with the Operator, as defined in this SCPM.
- Upon receipt of the pre-Audit questionnaire, provide to the Operator, in good time, any information / documentation to the Operator as is required in order to arrange the visas, airside passes, local travel etc.
- Request for Pre-Audit Documentation to be received from the Operator, not before 14 days prior to the planned Opening Meeting date.
- Arrange a remote Pre-Audit Meeting between the Lead Auditor and the Operator to occur at least 30 days prior to the Opening Meeting.
- Send to the Operator at least 14 days prior to the planned Opening Meeting date, a planning information sheet containing the following:
  - Audit team details including identification and contact information of the Lead Auditor;
  - Audit team accommodation information;
  - Local travel information (confirming the Operator's arrangements made following the information given in the Pre-Audit Questionnaire);

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- Information as to exclusions from the Audit Checklist (if applicable);
- Observational Assessment information;
- Opening Meeting information;
- Visa information;
- Airside pass information;

- Provide the Auditor with the following information:
  - Operator Information;
  - Scope of the Audit and exclusions;
  - Visa information;
  - Observational Assessment information;
  - Airside pass information;
  - Flights;
  - Accommodation;
  - Local travel arrangements;
  - Opening Meeting planned date and start time;
  - Operator's facilities addresses.
- Populate the Auditor's Cloud Server with the following as soon as they are available:
  - Audit Information Form;
  - Any documents in annex to Audit information Form (e.g. flight tickets);
  - Pre-Audit Documentation.

Audit Company should book Audit team travel and accommodation at least 8 weeks prior to the planned Opening Meeting date, unless payment for the SCA has not yet been received or unless it has been agreed that it is the auditees responsibility to book travel and accommodation.

Where the SCA has been planned (first contact between the Operator and the Audit Company) at short notice and the timelines mentioned in the above section are not achievable, the milestones should occur as soon as operationally possible for the Audit Company and Operator. The onus shall be on the Operator to plan the SCA in good time and in the event that confirmation of the Audit from the Operator occurs at a time which gives little notice for the Audit Company to achieve the milestones above and for the Operator to prepare for the SCA, the Audit Company

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should not be held responsible for any failings in both organisation of the SCA or in the actual conduct thereof.

For the sake of a standardised application of the programme the SARPcheck Preparation File (SCPF) has been created as a possible future addition to the SCPM as an annex and it is mandatory for Audit Companies to use this file in the planning and preparation phases of SCAs. Green columns are to be filled out by the Audit Companies and grey columns are to be filled out by the auditee. All Audit planning and preparation information to be exchanged between Audit Company and the Operator, including the elements listed in this chapter, shall be centrally embedded in the SCPF.

The Audit Company shall ensure that it pre-populates an SCPF for every upcoming SCA with all initially available information and sends it to the auditee for further processing as early as necessary for keeping all timelines required by the SCPM and for ensuring a smooth initiation of the SCA. In multiple steps, the Audit Company and the auditee will then send this document back and forth and update it, whereby it is the Audit Companies responsibility to keep track of the latest version and its current editor.

7.8 Audit Company's responsibilities following an audit

Audit Company shall ensure the following post-Audit requirements are done in a timely manner or within the time limits set out in this SCPM:

- Checking all fees due and owing from the Operator have been paid;
- Updating of the Registry in accordance with the procedures contained in this SCPM;
- Notifying the Operator of their entry on the Registry;
- Quality control of the Audit Report in accordance with the procedures contained in this SCPM;
- Sending any SCA product to the Operator;
- If the Operator chooses not to participate in Part C activities, to notify the Operator of the closure of the SCA;
- If the Operator has participated in the Part C activities and that Part A or Part W has been closed in accordance with the procedures contained in this SCPM, to update the Registry

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in accordance with the procedures contained in this SCPM and inform the Operator of the closure of the entire SCA; and

- Keeping records of the SCA and checking any records are in accordance with the procedures contained in this SCPM.

7.9 Post-Audit quality control

Audit Company shall have Quality Control procedures that ensure the Audit Report and any other data that is provided to the Operator ("SCA Product"), following an audit, is checked for errors.

At a minimum, Audit Company shall ensure the following:

- Audit Company shall have a SCA Product control check.
- SCA Product shall be checked for:
  - Findings raised correctly and not in error;
  - Inaccurate Compliances interpretation;
  - All questions answered and notes provided that are sufficiently detailed;
  - Risk based elements are correctly assessed;
  - Originality of writing, insofar that the Auditors have not copied and pasted from another audit;
  - Executive summaries are original, relevant to the subject matter and are without error;
  - Spelling and grammar; and
  - General error checking.

The Audit Company's post-audit quality control shall additionally include verification of the integrity and completeness of the final Audit Report against the applicable standard. This verification shall ensure that required sections, tables, annexes, checklist cover pages, pagination, signatures and other mandatory report elements are present, correctly formatted and suitable for distribution. The Audit Company shall verify the accuracy of the report identification, applicable SCPM edition and revision, Operator and Auditor details, and document version. A final visual inspection of the complete report in its intended distribution format shall be performed

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before release. Any identified deficiencies shall be corrected before the report is issued to the Operator.

Audit Company shall have a performance review process of its Auditor to evaluate their operational, technical and managerial skills. Auditors that would not meet the required standards shall be informed, trained or discharged of future SCA.

Feedback and prevention of recurring quality-control deficiencies

The Audit Company shall identify, evaluate and address material or recurring deficiencies detected through post-audit quality control, auditor observations, NFPB oversight or feedback from Operators.

Such deficiencies shall be evaluated to determine whether they represent an isolated error, a recurring individual performance issue or a wider weakness in the Audit Company's audit management, training or quality-control processes.

Where corrective measures are necessary, the Audit Company shall determine appropriate actions, assign responsibility and verify their effectiveness. Measures may include individual auditor feedback, targeted training, reassessment of auditor competence, improvements to audit instructions or additional quality-control measures.

Recurring deficiencies and relevant lessons learned shall be considered when preparing the Audit Company's annual recurrent training.

In the event that errors in the SCA Product are detected following delivery of the SCA Product to the Operator, discovered either by the Operator or the Audit Company, the Audit Company shall have a procedure by which to revise the SCA Product in order to correct the errors, issue the revised SCA Product and distribute the revised SCA Product.

7.10 Notifications

All official notifications by an Audit Company to either of the following parties shall be done in writing by email or letter:

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- Operators;
- Other Audit Companies;
- NFPB;
- SCB; or
- SOG members.

Any notifications made that are relevant to the SCP's administration shall be copied to the NFPB.

7.11 Complaints

Any official complaint by an Operator, shall first be notified to the Audit Company in writing in an attempt to resolve that complaint.

The Audit Company shall submit an initial response to any Formal Complaints from Operators within 30 days. A Formal Complaint can be identified by making explicit reference to this SCPM chapter. Upon receipt of said response the Operator should send a follow up letter informing them of their acceptance, refusal or any follow up communication to the Audit Company and should give the Audit Company reasonable time and opportunity to respond to that follow-up communication, unless it is an outright refusal to the Audit Company's original response.

In the event that the Operator is not satisfied with the Audit Company's response to a Formal Complaint, the Operator shall send their complaint, the Audit Company's response and any follow up communication to the NFPB. The NFPB shall then consider any response and give their recommendations in accordance with the provisions set out in this SCPM.

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8 THE AUDITOR

8.1 Introduction to the Auditor

The SARPcheck Auditor shall understand the purpose of the SARPcheck Programme and for this they shall acknowledge, get acquainted and be able to perform the peer to peer review of safety standards on the basis of ICAO references. He or she shall be ethically fit for duty and shall value:

- Priority on factual analysis
- Openness to understand the operational context and the management system of the Operator
- Ability to make, on the basis of his or her independent assessment, a determination that engage his or her responsibility

8.2 Requirements for new Auditors

The following table sums up the requirements to qualify as a new Auditor in the SARPcheck Programme. Additionally, successfully passing an official SARPcheck Auditor Training (SCAT) is a hard requirement for every SARPcheck Auditor's initial qualification:

Table 3: Auditor Qualification Requirements

	Basic requirement	**Means of compliance**
Knowledge	*Education* *Aviation Industry* *ICAO Annexes*	*- Bachelor or higher Diploma* *- CV* *- Test*
	Quality management (5 pts)	3 points: Job positions (Quality manager / expert and / or Production / Project manager) 2 points: Job position with Quality related responsibilities in an ISO certified entity
	Safety management (5 pts)	4 points: SMS training certificate 1 point: Job position with Safety related responsibilities in a certified entity running an SMS

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Experience	*Airline / MRO / ground handling operational experience* *Discipline related airline / MRO / ground handling operational experience* Airline / MRO / ground handling managerial experience (4 pts) For flight control related SARPs For maintenance SARPs Discipline specific expertise (3 pts) Auditing experience (3 pts)	*4 years* *2 years in the related discipline* 1 to 4 points as per the number of years of managerial experience. Commercial Pilot licence, flying experience 1000 hours Licensed maintenance staff or relevant maintenance job position such as AIRWORTHINESS manager, engineering, aircraft modification project management (3 years at least) 1 point per year of expert experience on a relevant job positions (max 3) 1 point per year as active internal Auditor with at least 2 audits and 3 days of auditing period per year demonstrated with Audit reports (max 3).
Skills	*Hard skills: documentation check, process audit, risk evaluation* Soft skills: listening, time management, decision making (10 pts)	*Confirmation through evaluation (on-job training)* 1 to 5 points evaluation according to selection interview + 1 to 5 points evaluation according to one Audit on-job training
Training	*Auditor Training Course (e.g., ISO9001:2015 & ISO 19001:2018 or Aviation Auditor Training Course)*	*Certificates*

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	Discipline specific training (10 pts)	1 to 10 points according to the quality and number of training course certificates.

Known Auditors to the Audit Companies will be selected for the initial Auditor pool (first year of operations) and be automatically eligible as a SARPcheck Auditor, if added onto the Audit Company's SARPcheck MAL within the first year of operations. A SARPcheck Auditor is considered qualified the day of the completion of a first full SC in the capacity of an active Auditor.

8.3 Auditor Qualification Matrix Methodology

Each of the 4 areas of qualification above will be assigned a maximum 10 points per area (grand total of 40 points).

Items with underlined text above are non-negotiable and not included in the points assignment.

Each prospective Auditor should score a minimum of 35 out of the 40 points from a combination of the different areas but with at least 2 points from each area, and also meet the 'non-negotiable' items.

It is the Audit Companies duty and responsibility to match candidates against the scoring system stated in this chapter and to record such assessments accordingly.

8.4 SARPcheck Auditor Training (SCAT)

As a hard requirement for every initial SARPcheck Auditor qualification a SCAT must be successfully passed. Only currently accredited Audit Companies will be entitled to deliver SCATs and only such training certificates can be recognized in the qualification process.

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It is the conducting Audit Company's responsibility to ensure that the complete contents of the current SCPM revision as well as best practice experiences for conducted audits will be reflected in their SCAT.

The NFPB has the authority to review any training-related materials, including syllabus and slides at any time and demand adjustments.

8.5 Lead Auditor requirements

Table 4: Lead Auditor Requirements

Experience	Skills	Knowledge	Training
At least 5 SARPcheck audits	Leadership skills checked during one Audit in the position of lead under supervision by another qualified Lead Auditor	University grade or equivalent	Lead Auditor training course, successfully performed.

Known Lead Auditors of the Audit Companies will be selected for the initial Auditor pool (first year of operations) and be automatically eligible as a SARPcheck Lead Auditor, if added onto the Audit Company's SARPcheck MAL within the first year of operation.

8.6 Auditor recurrency requirements

Each Audit Company shall deliver and document recurrent SARPcheck training for every active auditor at least once in each calendar year after initial qualification. All auditors, regardless of experience or audit frequency, shall complete the annual common programme minimum content prescribed by the NFPB. The Audit Company may add material tailored to its auditor cadre and operational experience.

The common minimum content shall cover changes to the SCPM and Applicability Matrix, SARPcheck audit philosophy and independence, documentation versus implementation, sampling and risk-based assessment, correct use of iQSMS, finding identification and wording, individual SARP traceability, prohibition of inappropriate clustering, Not Applicable assessments,

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Auditors shall attend a recurrent training course and successfully pass the corresponding test based on the following topics:¶
Table 5: Auditor recurrency requirements

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recommendations, Part C processes, lessons from QC and observations, avoidance of both under-reporting and over-reporting, and practical case studies.

The Audit Company shall assess understanding by a documented test or equivalent competency evaluation, maintain attendance and results, and provide remedial training and reassessment where necessary. The NFPB shall communicate common minimum content and programme updates sufficiently in advance to support consistent delivery.

Auditors shall maintain their qualification by demonstrating recurrent auditing experience through Audit report records. Auditing experience should include at least one audit every two calendar years. Auditors holding additional qualifications, including Lead Auditor qualifications, shall also comply with the applicable qualification-specific recurrency requirements.

8.7 Lead Auditor recurrency requirements

Lead Auditors shall perform at least one audit, acting as Lead Auditor, every 2 years.

8.8 Auditor evaluation programme

8.8.1 KPIs (Key Performance Indicators)

To be finalised during the second year of operation of the Audit programme.

8.8.2 Observation programme

Target is to have 5% of the audits observed by a recognised "Programme Evaluator".

This target shall be achieved over a period of 2 years.

Programme Evaluator shall be endorsed by the SOG – Stakeholders Oversight Group. For this purpose, the Audit Company to present a candidate shall make a short presentation of the concerned person.

The Audit Companies shall create and keep updated an Observation Checklist that will be the reference for all its Programme Evaluators. This Checklist shall address the way the Audit is

Deleted: shall maintain their qualification by demonstrating their recurrent auditing experience though Audit report records. Auditing experience should include at least four audits every two calendar years. Scope of the audits shall be covering the disciplines of the Auditor. ¶

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performed, how well standards are evaluated, how relevant is the programme documentation and how much the desired outcome defined in the commercial documentation is reached.

8.9 Conflicts of Interest & Rotation

An Auditor shall not perform two consecutive audits of the same Operator seeking to have his registration renewed for the SARPcheck Programme.

An Auditor having worked for or being contracted by an Operator shall not Audit for two years the said Operator after the end of his work (or service) contract.

An Auditor having a member of his family (including children (biological, adopted, foster or stepchild), parents and legal guardians (or spouse's parents), siblings, grandchildren or grandparents (or spouse's grandparents) being contracted by an Operator shall not Audit the said Operator.

Auditors engaged in a joint Part A or Part W Audit conducted by multiple Audit Companies in accordance with this SCPM's chapter regarding Conflicts of Interest & Rotation may not engage in the Part C Audit closure verification or first following renewal Part A or Part W Audit for the same Operator.

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9 PARTS A and W - THE AUDIT

9.1 Introduction to Parts A and W - the Audit

The Part A Audit stage represents the processes by which an Operator undergoes a SARPcheck Core Scope Audit resulting in the qualification of the Operator to appear on the official SARPcheck Part A Registry. The Part W Audit stage represents the processes by which an Operator undergoes a SARPcheck Modified Scope Audit resulting in the qualification of the Operator to appear on the official SARPcheck Part W Registry

9.2 Audit Agreement

In order to initiate an Audit Company to plan and conduct Part A or Part W audit or Part C closure verification, the Audit Company and Operator shall execute the corresponding standard SARPcheck Audit Agreement.

9.3 Operator Questionnaire

The Audit Company shall provide the Operator with the Pre-Audit Questionnaire. The Operator should return the completed questionnaire no later than two weeks prior to the Audit.

9.4 Pre-Audit briefing

The Audit Company Planning process shall include that prior to the on-site commencement of an Audit, the Lead Auditor or designated central staff member shall conduct a pre-briefing with the Operator's nominated representative. This briefing may be conducted online or in-person.

The content of the Operator pre-briefing shall include but not be confined to confirmation of:

- The Audit timetable and logistics including any last-minute changes;
- Required onsite facilities and resources;
- Confirmation on scope and out-of-scope functions of the Operator;
- Security pass requirements;
- Flight-deck entry requirements;
- The master list of Operator manuals that will be referenced during the Audit;

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Deleted: The Pre-Audit Questionnaire (see *Chapter 7.8*) will be sent to the Operator by Audit Company and should be returned completed no later than 2 weeks prior to the audit

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- Availability of internally completed and cross-referenced Checklists;
- Travel Visas;
- Availability, if required, of translators; and
- Any other queries.

9.5 Exemptions

During the pre-Audit process, the Audit Company shall ascertain whether there is any requirement to exempt any aircraft (or fleet, or SARP) from the audit.

Valid reasons for exemptions, include, but are not limited to:

- Individual Aircraft long-term maintenance - where is will not be possible to bring an aircraft into compliance during the Audit process;
- Aircraft fleet not applicable to the scope of the audit. E.g. Rotary Wing;
- Equipment not available within a specific aircraft type which is out of the control of the Operator;

If any such exemptions are identified, then this shall be clearly annotated in the Executive Summary section of the Audit Report.

An exemption can also occur at the SARP level. I.e. a specific SARP can be identified as exempted for a valid reason that is out of the control of the Operator. Again, this will be specifically highlighted in the Executive Summary of the Audit Report and mentioned the SARP as N / A in the Audit software Checklist with a comment clarifying the reason and the associated conditions.

It may not always be possible to identify the exemption requirement prior to the audit. In such cases, the exemption will be recorded by the Auditor in the Executive Summary section of the Audit Report and will be validated and verified by the auditing Audit Company ‘s QC process.

All aircraft fleets recorded on the Operator’s AOC shall be accounted for in the Executive Summary whether exempted or not.

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The Audit Company's representatives shall agree any exemptions with the Operator. The Operator shall, in turn, ensure that the Audit, with the exemption(s) is still fit for their purpose, including any third-party stakeholders' requirements. In order to continue to meet relevant ICAO SARPs, exemptions shall only be applied where the criteria in this section of the SCPM is met.

9.6 Audit composition and duration

The SARPcheck Part A Core Scope Audit process is 20 man-days in total, comprising of the following:

- 16 man-days onsite auditing.
- 4 man-days for report production and planning.

The onsite phase of the Part A Core Scope Audit is split into specific Auditor Load Units (LU). Each Audit team for a single SARPcheck Audit is required to cover all of the defined LU's in 16 man-days.

Load Units are arranged as follows:

- LU 1 Organisational Management and Control
- LU 2 Dangerous Goods
- LU 3 Ground Operations
- LU 4 AIRWORTHINESS
- LU 5 Dispatch
- LU 6 Flight Support
- LU 7 FLY
- LU 8 FDA
- LU 9 Crew Scheduling
- LU 10 Cabin Crew Training / Ops
- LU 11 FLY Security
- LU 12 Security Management

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There is no repetition of provisions across different Load Units. Especially the Auditor auditing LU1 will have to make sure that corporate functions required to be audited in LU1 but applicable to the operational areas of other Load Units too will be audited by that Auditor in LU1 covering all affected operational areas. For instance, if the Operator's documentation requires internal auditing of all its operational areas and an ICAO SARP in LU1 would deal with the conduct of internal oversight, the Auditor would have to check the implementation her / himself for all operational areas in line with the Operator's documented requirement.

LUs will be assigned to qualified Auditors. E.g.:

- 1 x SARPcheck Auditor FLY (Can Audit any LU except LU4)
- 1 x SARPcheck Auditor AIRWORTHINESS (Can Audit any LU except LU7)
- 2 x SARPcheck Auditors (Can Audit any LU except LU4 and LU7)

Of the Auditor team, only Auditor FLY may Audit LU7 and only Auditor AIRWORTHINESS may Audit LU4.

One of the four Auditors is assigned as a lead Auditor, there is no limit as to which Auditor is designated the Lead Auditor.

The Audit process is typically operationalised as 4 x Auditors (as composed above) for 4 days onsite. However, should Operational reasons occur for deviation from this, then changes are permitted providing 20 man-days are achieved in total including Observational Assessments.

The organising Audit Company has the ultimate responsibility to arrange the Audit schedule in conjunction with the Operator's agreement.

As a variation from the above, a Part W Modified Scope Audit will feature adjustments to the above as deemed necessary and decided by the NFPB in each case.

9.7 Observers

Observers to the Audit process are permitted, based on the following guidelines:

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- All Observers must be identified and made known to the Audit Company and / or Operator in good time prior to the Opening Meeting;
- Consent by both the Auditee and the Audit Company is required for Observers to be present. Consent will not unreasonably be withheld by the Operator;
- Observers shall be introduced during the Opening meeting to ensure all participants in the Audit are aware of their presence and purpose of their presence;
- All Observers must not interfere with or interrupt any part of the Audit or assessment process;
- Any concerns or interjections by the Observers should be made to the Lead Auditor outside of the auditing sessions so as not to unduly interrupt or influence the audit.

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9.8 Operator's facilities

It is the Operator's responsibility to provide the necessary facilities and resources to the Audit team during the onsite phase of the audit.

9.9 Opening meeting

The Audit Company will perform an Opening Meeting for each SARPcheck audit.

The Operator will have its management as well as the project team in attendance.

The Lead Auditor will conduct the Opening Meeting.

The contents of the opening meeting should cover the minimum, as follows:

- Introduction of Audit team members;
- Safety and Emergency procedures applicable to the onsite portion of the audit;
- Overall Audit objectives;
- Scope of the audit;
- Administrative Arrangements;
- Audit language / translator guide;
- Observational Assessments - Schedule;
- Compliance standards;
- Auditing methods and procedures;
- Confirmation of Operational Profile & Fleets to be audited;
- Audit Company Audit and HQ Team details.

The possibility to hold remote Opening Meeting in the event that facilities are not in the same location is permitted.

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9.10 Auditor Audit conduct

The Audit Company's Audit team will use the most current version of the SARPcheck Checklist.

Each Auditor shall apply the evidence-gathering and compliance-assessment methods established by the SARPcheck auditing methodology, including the required Observational Assessments, during the on-site phase of the Audit.

The Audit team shall record all relevant assessment information within the Audit Software, which will act as the point of record for each SARPcheck audit.

The Audit Company Audit Team will hold daily meetings at a mutually convenient time, with the Auditee representatives to ensure there are clear lines of communication throughout the Audit to share progress, issues, concerns between teams.

The Audit Company Audit Team will have an internal daily wash-up meeting to provide an information exchange on progress, issues, concerns.

The Auditors under the leadership of the Lead Auditor shall conduct a collective quality-control review of audit entries on each of the first three evenings of the audit and on the fourth day before the closing meeting, or at equivalent points in a programme-approved alternative audit schedule. Reviews shall take place in a private room, never in a lobby, restaurant or other public setting. The Lead Auditor shall direct the review of each auditor's work. The auditor whose entries are being reviewed shall open the audit through the Conduct Audit function; other team members shall use View Audit only to avoid simultaneous editing and possible data loss. All new Finding, Recommendation and Not Applicable narratives shall be read and evaluated by the team against the original applicable ICAO SARP wording, with the relevant Annexes available to all reviewers. The team shall check accuracy, completeness, clarity, SARP designators, correct iQSMS fields, consistency and justification. Every auditor's new narratives shall be covered. The review shall continue for as long as needed to complete the required checks; time pressure shall not justify omitting entries. The Lead Auditor shall ensure identified errors are corrected before the closing meeting.

Deleted: Each Auditor will apply all applicable methods for gathering evidence for assessing compliance during the onsite phase of the Audit as specified in Chapter 12, as well as the Observational Assessments

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Final-day audit completeness and quality-control confirmation

Before the closing meeting, each Auditor shall complete a final individual review of all SARPcheck Audit software entries and Observational Assessments within their assigned scope and confirm to the Lead Auditor that the assigned work is complete and has undergone individual quality control.

This confirmation shall include verification that all applicable SARPs have been assessed, all N/A assessments are adequately justified, all Findings and Recommendations have been reviewed for technical accuracy and clarity, required documentation references have been entered, risk-based assessments have been completed, and Observational Assessment results are consistent with the corresponding Checklist assessments.

The Lead Auditor shall verify that confirmations have been received from all Auditors and shall conduct a final overall completeness and consistency review of the audit product, including potential duplicate Findings, contradictory assessments between audit disciplines, incorrect SARP references and unresolved issues identified during the daily quality-control reviews.

Any remaining deficiencies shall be assigned for resolution. An unresolved issue affecting the accuracy of an assessment or the validity of an audit conclusion shall be resolved before the corresponding conclusion is presented as final.

9.11 Risk based process

Whilst *the corresponding chapter of this manual* details the application of the concept and elaborates deeper on the Auditor's possibilities to declare additional ICAO SARPs as risk-based, this chapter strives to explain the overall concept as well as the process for the Audit Company to specify risk-based questions during the planning phase.

The SARPcheck Checklist includes a selection of standards that are identified as Risk-related. This selection is based on a methodology that shall be applied by the Audit Company while preparing the audit. The Auditors are requested to Audit those standards in more detail (see the corresponding chapter of this manual.

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The process by which the Audit Company will ascertain which questions will be subject to a more thorough review is as follows:

I. Audit Company will score the Operator based on publicly available information: ICAO USOAP scores relating to the Authority under which the Operator is regulated; The FAA Fleet Certification and Age; EU Banned list.

II. Audit Company will issue a questionnaire to the Operator during the planning phase in order to ascertain the following:

A. Whether new fleets have been introduced within the last Audit cycle (or 2 years if initial audit) and if so what and when;

B. Whether the Operator conducts international operations;

C. Number of accidents per year;

D. Number of flights per year

E. Fatality accidents in the last 5 years and details of such;

F. Notable management of change events;

9.12 Observational Assessments

During a SARPcheck audit, there will be Observational Assessments conducted in specified sections / operational scopes covered by the SARPcheck Programme. The objective of conducting Observational Assessments is to provide implementation proof to the Auditor's assessment from an Observation of the Operator's actual conduct of operations.

I. Types of Observational Assessments

Observing the actual implementation is an integral part of the actual day-to-day auditing activity. Observational Assessments are a function for certain areas of the Audit where the actual conduct of the implementation cannot be observed in the same setting where interviews and document reviews are conducted. These areas are:

OA1 Flight deck: SC Auditor Fly to join a minimum of one regular flight, representative for the operations of the Operator and operated by a normal randomly selected crew, on the jump seat.

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OA2 Flight simulator training: SC Auditor Fly to join a minimum of one regular line sim session, representative for the normal training of the Operator and conducted by a normal randomly selected crew and instructor. Applicable only if the Operator has its own personnel conducting its sim training, otherwise OA2 will be replaced by assessing the Operator's oversight over its outsourced service provider's activity.

OA3 Maintenance: SC Auditor AIRWORTHINESS to observe line maintenance operations, aircraft part installation, SB Management and parts / components handling, representative for the normal maintenance operations of the Operator and conducted by normal randomly selected personnel. Applicable only to those portions of this OA where the Operator has its own personnel conducting these functions, otherwise OA3 will observe the Operator's own conduct of oversight over its outsourced service provider's activity, preferably by observing an Audit of the Operator on the service provider.

OA4 Ground, Dangerous Goods and Security: SC Auditor to operations relevant to the scope of the related SARPs, representative for the normal operations of the Operator and conducted by normal randomly selected personnel. Applicable only to those portions of this OA where the Operator has its own personnel conducting these functions, otherwise OA4 will observe the Operator's own conduct of oversight over its outsourced service provider's activity, preferably by observing an Audit of the Operator on the service provider.

II. Scheduling and Duration of Observational Assessments

Timing Parameters: Observational Assessments are conducted during the on-site Audit phase or within a 30-day window surrounding that on-site Audit phase. This timing ensures that the Observational Assessments are contemporaneous with the Audit activities and reflective of the Operator's standard operations.

Duration: The length of each Observation session is carefully calculated to provide a thorough assessment without unduly disrupting the Operator's operations. Sessions typically range from several hours to a full day, depending on the complexity and number of operations to be observed, and will be detailed by the Audit Company during the planning process of the audit.

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III. Auditor Assignment

Observational Assessments will usually be conducted by the same Auditor auditing the same discipline(s) during the same audit. Especially in cases where the Observational Assessment cannot be conducted during the on-site phase of the SARPcheck Audit and for other reasons at the discretion of the Audit Company, another Auditor qualified for the same scope may be assigned to conduct Observational Assessments.

IV. Audit Planning and Coordination

Engagement with Operators: Audit Company HQ shall coordinate throughout the Audit planning process with the Operator to ensure that the Operator fulfils its obligations to arrange for an unhindered access of the Auditor to operations and to minimise disruptions.

Flexibility in Scheduling: Observational Assessments are pre-planned but retain flexibility to adapt to the Operator's operational realities.

V. Operator obligations

Operators shall ensure that every Observational Assessment oversees a representative sample representative for the average operation of the Operator. Tasks must be real-world tasks that are not just performed for the sake of the Observational Assessment. The Operator at all times shall ensure that the Auditor gets unrestricted access to all areas needed for conducting the Assessment, including access to Operator's staff and subcontractors for interviews.

9.13 Non-Compliances

The assessment of any Non-Compliance of the Operator's documentation and / or implementation with an applicable ICAO SARP will require the issuance of a finding.

The Audit Company shall ensure that any Non-Compliances are:

- Generated against the original narrative of a specific ICAO SARP as linked in the SARPcheck Applicability Matrix, where this is possible based on a specific requirement addressed by a SARP;

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- Based on objective evidence as uncovered during the audit;
- Attempted to be agreed by the Operator during the audit;
- Documented in the Audit software Checklist in a concise and descriptive way to allow the Operator to begin to identify a Corrective Action plan.

While in most cases ICAO SARPs are specifying detailed requirements against Findings can be raised as per the above, there are a few cases where that is not possible due to an ICAO SARP addressing a high-level system without providing detailed requirements for it and where no additional ICAO SARPs would further detail such requirements. An example for such circumstance is ICAO SARP Annex 6 Part 1 4.2.1.3 which requires "the Operator demonstrating an adequate organisation, method of control and supervision of flight operations, training programme as well as ground handling and maintenance arrangements consistent with the nature and extent of the operations specified." In this case, should be a quality system including an Audit programme be the Operator's selected method of control and supervision in the defined areas, any finding related to such quality system and/ or Audit programme should then be raised under ICAO SARP Annex 6 Part 1 4.2.1.3, as no further ICAO SARPs deal with quality systems and/ or Audit programs. Any finding narrative shall then be generated against the original narrative of a specific ICAO SARP and additionally against any specific non-alignment with industry best practices or documentation, implementation or documentation-implementation inconsistency as per the Auditor's discretion.

For Annex 6, Part I, 4.2.1.3, where the Operator relies on a quality system and internal audit programme as its means of demonstrating adequate control and supervision, the Auditor shall assess the design, documentation, actual implementation and effectiveness of that system in relation to the nature and extent of the Operator's activities. The assessment shall consider whether internal oversight is suitably planned, performed, reported and followed up; whether identified deficiencies are addressed; and whether the system provides effective supervision of the relevant operational areas. Findings may be based on absent or insufficient documentation, ineffective implementation, inconsistency between documented arrangements and actual practice, or objectively substantiated deficiencies against established industry practice relevant to the SARP's high-level requirement. The Auditor shall explain the factual deficiency and its relationship to the SARP, rather than treating a preferred industry practice alone as an

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independent binding ICAO requirement. Findings under this provision shall be coordinated with the Lead Auditor; unresolved interpretation disputes shall be escalated to the Audit Company and, where the SCPM assigns competence, to the NFPB.

As Findings are raised against the original narrative of a specific ICAO SARP and the linked SARPcheck Applicability Matrix is merely a programme aid for a better Audit flow, individual Findings must be raised for each ICAO SARP if assessed so, potentially necessitating multiple Findings per SARPcheck Applicability Matrix item. However, per individual ICAO SARP only a maximum of one finding can be raised, which shall then detail the entirety of all assessed Non-Compliances related to such SARP.

On-site corrections are not permitted as a means of avoiding or withdrawing a Finding. Where the Auditor establishes that an applicable SARP was not complied with at the time of assessment, a Finding shall be raised and retained even if the Operator can immediately rectify the deficiency, including deficiencies limited to documentation. Any subsequent correction shall be addressed through the formal Part C corrective-action and closure-verification process. The Auditor may verify additional information to establish whether an apparent deficiency actually existed; this shall not be used to retrospectively treat a confirmed non-compliance as compliant.

A common underlying root cause does not permit distinct non-compliances against separate applicable SARPs to be merged into one Finding. Each non-compliant SARP shall remain individually identifiable and traceable in accordance with the existing one-Finding-per-SARP rules. Auditors shall raise every objectively justified Finding and shall not suppress a genuine non-compliance because its immediate safety significance appears limited. Conversely, auditors shall not manufacture Findings.

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9.14 Closing meeting

The on-site phase of an Audit shall end with a formal Closing Meeting with the Operator's representatives and the Audit Team.

The Lead Auditor shall conduct the Closing Meeting.

The contents of the Closing Meeting should cover the minimum, as follows:

- Overview of the Preliminary Audit Results;
- Overview of Findings in each discipline;
- Next steps for Part A or Part C Audit and entry onto the SARPcheck Registry, unless the Operator wishes not to be listed;
- Process for Part C (if applicable and selected by the Operator).

The possibility to hold remote Closing Meeting in the event that facilities are not in the same location is permitted.

Should all auditing activities be accomplished with the exemption of still pending Observational Assessments, the closing meeting can already be conducted, but the preliminary nature of the Audit results pending the open Observational Assessments must be emphasized during the meeting.

9.15 Preliminary Audit result and preliminary Audit report

The Audit results presented at the Closing Meeting are to be viewed as preliminary until the final Audit report is issued. The Audit reports and Findings undergo extensive Quality Control before release and finalisation, the preliminary results are subject to change.

Within five working days after the last day of Audit activities during an SCA a preliminary SAR (PSAR) will be provided to the Operator. The PSAR will not yet have undergone the final QC and does not yet include the results from all Observational Assessments and may hence feature results and contents which differ from the final SCA.

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9.16 Audit report

The SARPcheck Audit Report (SAR) is the official record of each SARPcheck Audit. The SAR and the PSAR will comprise of the following elements:

- Executive Summary - A complete Summary of the Part A or Part W Audit to give the reader a clear and concise snapshot of the Audit and Audit results, to include what information will be contained on the SARPcheck Registry unless the Operator elects not to be publicly listed in the corresponding Part A or Part W Registry.
- SARPcheck Checklist
- List of all Findings and Observations along with Auditor Narratives

Executive Summary responsibility and consistency

The Lead Auditor shall be responsible for ensuring that the Executive Summary provides a complete, accurate, coherent and Operator-specific account of the audit scope, the Operator's activities and the principal audit results.

The Executive Summary shall accurately reflect the Operator's operational profile, including relevant fleet and AOC information, operational arrangements, outsourced functions, applicable audit scope limitations and the Observational Assessments conducted.

The Lead Auditor shall ensure consistency between the Executive Summary, the SARPcheck Checklist, Observational Assessments, Findings and the factual information established during the audit.

Where operational arrangements such as ACMI, wet leasing, outsourced operational control or other material dependencies are relevant to understanding the Operator or the audit scope, these shall be described sufficiently to allow an informed third-party reader to understand the activities assessed.

Conclusions shall be supported by the evidence obtained and shall not imply a broader level of compliance or operational assurance than the audit results substantiate.

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Contributions prepared by individual Auditors shall be reviewed and consolidated by the Lead Auditor into a coherent final Executive Summary.

The SAR shall be submitted to the Operator soonest feasible after the conclusion of all Audit activities, but no later than one month thereafter. The SAR will then become the property of the Operator and only the Operator is authorized to submit it to any third party with the exemption of the following: The Audit Company is required to retain and archive each Audit report. Upon request of another accredited SARPcheck Audit Company for the purpose of allowing it to pursue the Part C closure process, the Audit Company is authorized to submit the SAR to such requesting Audit Company. Furthermore, the Audit Company may at any time receive the SAR from a third-party seeking validation of whether the report submitted by the third party is genuine. The Audit Company is authorized to provide such third party with its assessment result as to whether it deems the report handed-in by the third party as genuine or not.

9.17 Confidentiality of Audit reports

The SARPcheck Audit Reports and data contained within are the property of the Auditee.

The Audit Company shall have a process by which they keep all Audit results and data confidential from any party other than the Auditee.

The Audit results and Audit data can only be released by the Audit Company to the contracting Auditee. Requests should be made directly to the Auditee in order to obtain their data for commercial and / or safety reasons.

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10 PART C – NON-COMPLIANCE CLOSURE VERIFICATION

10.1 Introduction to Part C

Part C of the SARPcheck Programme consists in the assessment of the adequacy of the Operator's closing of the Audit Findings. It is an optional service; however, the completion of Part C shall be reflected in the Registry. It is a service provided by any of the Audit Companies except of those Audit Companies which have conducted Part A or Part W of the same Audit or have a conflict of interest, e.g. by having provided consultancy to that Operator throughout the previous two years. For the Audit to be closed, all Findings shall be individually closed. No action is requested concerning recommendations.

10.2 Part C Agreement

Audit Companies are allowed to contact potential Part C customers for offering their Part C services no earlier than the day of the related Part A/ Part W Registry entry of that Operator. In order to initiate an Audit Company to plan and conduct Part C, the Audit Company and Operator shall execute the Part C Agreement.

10.3 Corrective Action Process

The inputs of the Corrective Action process are any finding raised by an Auditor and recorded as such at the closing meeting of the audit. A finding is considered to be defined as a gap between how things should be in accordance with a referenced standard and how they are and / or have been demonstrated to be (or not to be).

The activities of the Corrective Action process are the following:

- Analysis of Root Cause
  - The Operator defines root causes for each and all Findings
- Definition and acceptance of a Corrective Action Plan
  - The Operator defines an owner and a due date for each finding
  - The Operator sends his Corrective Action Plan to the Audit Company in charge of the Part C service.

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- The Audit Company shall assign a Closing Manager to check the Corrective Action Plan and accept or reject it.
- The Operator amends the Corrective Action Plan until it is accepted by the Audit Company.
- All actions and decisions shall be documented in accordance with the recordkeeping and iQSMS requirements. The Audit Company may use an approved external tracking record during the verification process, provided that the required information is subsequently entered into iQSMS before final Part C completion.

- Completion and validation of the Corrective Action Plan
  - The Operator shall send the evidence of Corrective Actions taken for each finding.
  - The Closing Manager shall check the evidence and accept or reject them.
  - The Operator shall send new evidence of Corrective Actions taken if some evidence was not accepted to close the corresponding finding.
  - All actions and decisions shall be documented in accordance with the recordkeeping and iQSMS requirements. The Audit Company may use an approved external tracking record during the verification process, provided that the required information is subsequently entered into iQSMS before final Part C completion.
  -

The outputs are the list of finding closed and the acceptance steps declared by the Closing Manager. Finally, the Registry is updated with the Audit closed.

The expected outcome of this process is the successful closing of the audit.

The Operator shall designate a coordinator for the closing of the SARPcheck audit. The process will be controlled by the Closing Manager.

While the Operator is solely and ultimately responsible for the actual closing of the Findings, the Audit Company delivering the service will be the owner of the process and shall ensure the SARPcheck rules are applied.

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It is strongly recommended that the Operator declares its intent to accomplish Part C to its Part C-Audit Company of choice even before the Operator undertakes the first steps towards the closure of Non-Compliances. A successful closure process will build up step by step on the adequacy of all closure elements. Therefore, it is of utmost important to already engage the Audit Company in the first steps to ensure, that already to root cause analysis is deemed appropriate by the Audit Company. If the Operator contacts the Part C-Audit Company at a later stage, the Operator subjects itself to the risk of having to re-do the entire closure process from scratch.

Whenever an Operator successfully concludes a Part C Corrective Action verification as a result of a Part W Modified Scope audit, the Registry entry shall bear a note detailing the exact scope of the related Part W Modified Scope Audit.

The Audit Company may conduct the Part C verification process either directly in iQSMS or through a controlled external tracking record, such as an Excel spreadsheet. Both methods are acceptable, provided that the same substantive verification requirements, independence safeguards and closure criteria are applied.

Where an external tracking record is used, it shall provide a traceable record for each Finding, including its unique identification, the Operator's root cause submissions, the Audit Company's assessment and feedback, revised submissions where applicable, corrective action plans, acceptance decisions, evidence reviewed, verification conclusions, responsible reviewers and relevant dates. Under either verification method used, previous submissions and review comments shall remain identifiable and shall not be overwritten in a manner that compromises the review history.

The Audit Company shall maintain control over the external tracking record, including version identification, access, integrity and retention in accordance with the applicable programme requirements. The Closing Manager remains responsible for the substantive assessment and closure decisions irrespective of the recording method selected.

Where external tracking is used, the Audit Company shall transfer the relevant verified information and closure decisions into iQSMS before declaring Part C completed. The final iQSMS entries shall accurately reflect the final verification status.

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10.3.1 Verification and recording of Findings

The Closing Manager shall verify each Finding individually, irrespective of whether the Audit Company uses direct iQSMS processing or a controlled external tracking record.

The verification process shall include the assessment of the Operator's root cause analysis, the assessment and acceptance of the proposed corrective action plan, and the verification of objective evidence demonstrating completion and effectiveness of the corrective actions, as applicable. Inadequate submissions shall be returned to the Operator for further substantiation. The Closing Manager shall preserve the sequence of submissions, assessments and decisions.

For direct processing in iQSMS, the Closing Manager shall select the Finding and open Handle Finding, confirming the information prompt. The Operator's identified root cause shall be entered in Root Cause Definition. Response to Corrective Action shall contain the prefix “Proposed Corrective Action: ” followed by the Operator's proposed plan. In the Root Cause Definition pane, select “Other” as Root Cause Group and “Other Hazards” as Root Cause Definition, and save. Save Responses; remove any names appearing in the right-hand list using the red removal control, and save. These software classifications are administrative defaults and do not replace the substantive assessment of the root cause.

After acceptance of the root cause and plan, reopen the Finding through Handle Finding and enter exactly “The Root Cause and Corrective Action Plan were accepted.” in Response to Corrective Action. Select Accept Corrective Action Plan and save the response using the same recipient-list procedure.

Upon receipt and review of completed-action evidence, reopen the Finding and enter “The following evidence was reviewed: ” followed by an individually identifiable description of every item of evidence reviewed. Where the original Finding was Implemented, Not Documented, also enter “The updated documentation had no impact on the initial evaluation of implementation as verified during the onsite phase of the audit.” This statement shall be used only where factually correct. Save the response.

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Only when the evidence supports closure, reopen the Finding and enter exactly “Based on the evidence reviewed, this Finding is closed.” in Response to Corrective Action, select Closed in Finding Status, and save using the same recipient-list procedure.

Where the verification has been conducted through an external tracking record, the Closing Manager shall ensure that the required root cause, corrective action plan, acceptance, evidence review and closure information is entered into iQSMS using the corresponding functions described above. The entries may be completed after the external verification process has concluded, provided that the actual sequence and dates of the underlying decisions remain traceable and are not misrepresented as contemporaneous iQSMS actions. No acceptance or closure decision shall be entered unless the corresponding substantive verification has been completed and documented.

The external tracking record and the final iQSMS entries shall be reconciled before Part C completion. All Findings shall be accounted for, and discrepancies shall be resolved.

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10.3.2 Recommendations where the Operator takes no action

Select the Recommendation and open Handle Finding. Enter exactly “No root cause as this is a Recommendation.” in Root Cause Definition. Enter exactly “The Operator has acknowledged the Recommendation, and ‘no action’ is acceptable. This Recommendation is closed.” in Response to Corrective Action. Set the Due Date to the current date and save. Select “Other” as Root Cause Group and “Other Hazards” as Root Cause Definition. Set Finding Status to Closed and save the response using the recipient-list procedure. No-action closure is permissible only for a genuine Recommendation and shall not be used to close a Finding.

Where the Audit Company uses an external tracking record, the Operator's acknowledgement and the Closing Manager's decision concerning the Recommendation may be documented in that record before the corresponding iQSMS entries are completed. The record shall identify the Recommendation, the decision, the responsible reviewer and the relevant date. The required iQSMS entries shall be completed before final Part C completion

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10.3.3 Recommendations where the Operator submits an action plan

Select the Recommendation and open Handle Finding. Enter exactly “No root cause as this is a Recommendation.” in Root Cause Definition. Enter “Proposed Action: ” followed by the Operator's plan in Response to Corrective Action. Select “Other” as Root Cause Group and “Other Hazards” as Root Cause Definition, and save using the recipient-list procedure. Once the plan has been assessed and accepted, reopen the Recommendation, enter exactly “The Action Plan was accepted.”, select Accept Corrective Action Plan and save. Upon receipt of evidence, reopen the Recommendation and enter “The following evidence was reviewed: ” followed by a description of each individual item reviewed, and save. Once the evidence has been verified, reopen the Recommendation and enter exactly “Based on the evidence reviewed, this Recommendation is closed.”, select Closed in Finding Status and save.

For all three workflows, the Closing Manager shall preserve an auditable sequence of root-cause or action-plan submissions, acceptance, evidence review and closure. The programme shall not deem an entry closed solely because the prescribed text has been inserted or a software status changed.

The Audit Company may manage the review and acceptance of Recommendation action plans and supporting evidence through a controlled external tracking record. The record shall identify the Recommendation, the Operator's proposed action, the Audit Company's assessment and acceptance, any subsequent evidence reviewed, the closure decision, the responsible reviewer and relevant dates. Where this method is used, the corresponding information and final status shall subsequently be recorded in iQSMS in accordance with the applicable workflow. Recommendations shall remain distinguishable from Findings, and no action shall be required solely because an item was classified as a Recommendation.

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10.4 Making the Part C data available to the Operator

The Audit Company shall ensure that all mandatory Part C records and closure decisions are accurately reflected in iQSMS before the completion of Part C is declared and the Registry is updated.

Where a controlled external tracking record has been used, the Audit Company shall reconcile that record with the corresponding iQSMS entries, confirming that all Findings and relevant Recommendations have been accounted for, that the recorded decisions correspond to the verified evidence, and that no discrepancies remain unresolved.

It is the responsibility of the Audit Company to ensure that the Registry is updated to reflect the successful completion of Part C in accordance with the SARPcheck Programme requirements.

It is the intention of the SARPcheck Programme to ensure in future that the software used by the Programme will allow for direct upload of data and exchange between the Audit Company and the Operator.

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It is the intention of the SARPcheck programme to ensure in future that the software used by the SARPcheck Programme will allow for direct upload of data and exchange between the Audit Company and the Operator. ¶

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11 AUDITOR GUIDANCE

11.1 Introduction to Auditor Guidance

This chapter standardises the auditing under the SARPcheck Programme to a degree where all involved parties, including Auditors, auditees, authorities and other stakeholders, gain a common understanding on how assessments will be conducted in detail. At the same time the SARPcheck Programme is based on the expertise and experience of the senior aviation experts used as SARPcheck Auditors.

It is the intent to provide clarity and transparency on the methodology and criteria for assessing compliances, N / As and Non-Compliances.

The first sub-chapter defines the process of the utilisation of the SARPcheck Applicability Matrix and Audit software Checklist, its relation to applicable ICAO Annexes and the necessary steps to be taken by the Auditor from starting with a new Checklist item until determining its correct assessment.

11.2 Auditing Methodology

Under the SARPcheck Programme, Auditors directly Audit the original narrative of the SARPs as published in the ICAO Annexes and as defined being applicable under the SARPcheck Programme. The SCP provides a common Applicability Matrix which has been developed to define the applicability of ICAO SARPs to aircraft Operators of different operational scopes and to equip Auditors with additional support by providing a process context and focus for each SARP. The programme is based on highly experienced aviation Auditors striving to provide audited entities with a fair and robust Audit that reflects both their status of compliance against ICAO SARPs and against the present global industry benchmark best practices against each aspect.

This chapter defines the process for auditing the narrative of the SARPs from ICAO Annexes using the SARPcheck Applicability Matrix as being translated into the Audit software Checklist while ensuring that all applicable ICAO SARPs will be covered during the course of a SARPcheck Audit irrespective of which individual Auditor or of which engaged Audit Company is conducting the audit.

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Auditors shall adhere to the following steps of this chapter which describe the technicality of utilising the ICAO Annexes, the Applicability Matrix and the assessment methodologies in a meaningful way in order to ensure both full assessment of compliance with applicable ICAO SARPs and application of industry-leading auditing techniques and resulting value at the same time.

11.2.1 Introduction to Auditing Methodology

Under the SCP, the direct narrative of all SARPs defined as applicable by the SCA Applicability Matrix will be audited by the SARPcheck Auditor against the Operator. All ICAO SARPs within the scope of an SCA have been assessed as being in-scope because they result in a direct obligation of each such requirement against an Operator. It is the Auditor's responsibility to ensure that, although ICAO SARPs are being phrased as directed towards ICAO member states and not against Operators directly, as if they were directed straight to the audited Operator.

Because under the SCP Auditors Audit an Operator directly against ICAO as the global aviation basic law and not against program-created questions, the terminology for assessments is "compliance / Non-Compliance" and not "conformity / non-conformity". The Applicability Matrix and its translation into the Audit software Checklist serve the function of offering additional guidance to SARPcheck Auditors by providing a context for each SARP and by providing more in-depth focus for each specific subject matter.

The Auditor should utilise a dual-screen setup with the SARPcheck Audit software Checklist being displayed on her / his notebook and the customer-provided ICAO Annex being displayed on a second device's screen. The Applicability Matrix as well as its translation into the Audit software Checklist and the ICAO Annexes have been matched for ensuring that a SARPcheck Audit will cover all applicable ICAO SARPs.

11.2.2 Use of SARPcheck Audit software Checklist and ICAO SARPs

Step 1: Ensure that the Audit Company has set up the audit, the Audit software Checklist and the Auditor in the Audit Software and has provided the Auditor with access data. Auditor to verify that all such preparations are in order and fit for purpose.

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Step 2: Log in to the iQSMS software, select “Quality Module”, select “Manage Audits”, select “Switch to List View” on the button in the upper right, click into the line with the Audit assigned to you. From the menu bar that opens directly under the Audit line you selected, click “Conduct Audit” on the left.

Step 3: In the Audit select the ICAO SARP you want to audit. Do so by either selecting the corresponding squared white tiles in the upper left corner or, preferably, open the pulldown menu right under there and select the ICAO SARP.

Step 4: The ICAO SARP Number, SARPcheck identifier, LU and further details will show. Once you identified the SARP to be audited in IQSMS, go directly to the annex and Audit the original narrative of the ICAO SARP. Auditors do only Audit the SARP and can only raise Findings and recommendations against the wording of the SARP itself, its sub-items and notes, if applicable to the Operator, and not against any SARPcheck narrative such as SARP Cluster descriptions or Guidance Material.

Step 5: Conduct the auditing and record your assessment as follows:
In case of compliance without leaving an additional recommendation: Select “Conform Yes”, select “other” from the “Manual” pulldown menu and enter at least one detailed and fully traceable document reference into the column “Chapter” containing the following: Full manual name or Operator-provided manual abbreviation plus chapters and sub-chapters as specific as possible. If this ICAO SARP was audited in dept in line with the risk-based methodology click the click-box “Was this ICAO SARP audited following the risk-based methodology?”. Then click the “Save” button and proceed to the next ICAO SARP.

In case of compliance with leaving an additional recommendation: Select “Conform Yes”, select “Observation” from the “Finding Level” pulldown menu, select “other” from the “Manual” pulldown menu and enter at least one detailed and fully traceable document reference into the column “Chapter” containing the following: Full manual name or Operator-provided manual abbreviation plus chapters and sub-chapters as specific as possible. Into the field “Auditor Comment” enter a detailed description of the recommendation. Try to take the perspective of a reader not present on-site and not knowing the Operator when writing the narrative, trying to give also such readers the full background and context for understanding the recommendation. If

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this ICAO SARP was audited in dept in line with the risk-based methodology click the click-box "Was this ICAO SARP audited following the risk-based methodology?". Then click the "Save" button and proceed to the next ICAO SARP.

In case of Non-Compliance: Select "Conform No", select Level 2 from the "Finding Level" pulldown menu, select "other" from the "Manual" pulldown menu and, unless it is a documentation-finding where no reference is available, enter at least one detailed and fully traceable document reference into the column "Chapter" containing the following: Full manual name or Operator-provided manual abbreviation plus chapters and sub-chapters as specific as possible. Into the field "Finding Comment" enter a detailed description of the Non-Compliance. Specify clearly, whether the requirement is not documented, not implemented or both. Try to take the perspective of a reader not present on-site and not knowing the Operator when writing the narrative, trying to give also such readers the full background and context for understanding the Non-Compliance. If this ICAO SARP was audited in dept in line with the risk-based methodology click the click-box "Was this ICAO SARP audited following the risk-based methodology?". Then click the "Save" button and proceed to the next ICAO SARP.

For any Findings and recommendations raised against only a portion of a SARP with the remainder of the SARP being assessed as in compliance, raise a finding for such SARP and explain in great detail in the finding narrative, which portions of the documentation and/ or implementation are found as being in compliance and which not.

For any Findings and recommendations raised against just one or selected ICAO SARPs summarized in a SARP Cluster and represented in a single question of the Audit software Checklist with the remainder of the SARPs from such SARP Cluster being assessed as in compliance, raise a finding for such Audit software question (SARP Cluster) and explain in great detail in the finding narrative, which SARP(s) from such SARP Cluster and portions of the documentation and/ or implementation of such SARP(s) are found as being in compliance and which not.

For any Findings against multiple ICAO SARPs which have been summarized within one and the same SARP Cluster, individual Findings for each of those ICAO SARPs must be raised. To achieve this requirement using the IQSMS Audit software, the Auditor shall open the specific SARP Cluster ("Audit question") in IQSMS and hit the "edit questionnaire" button in the upper right corner. Add

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a question for the second and each further SARP within that SARP Cluster being in Non-Compliance, describe this fact along with each SARP number in the narrative of each added question and raise the finding against it correspondingly.

The SARPcheck Programme is designed to assess and ensure that these standards are not only documented but are actively implemented and integrated into the daily operations of an Operator. The following sub-chapters outline the process that Auditors shall follow to evaluate an Operator's compliance with these standards.

The Auditor shall adopt a systemic approach in evaluating each SARP. This means assessing the relevance, application, and impact of each standard within the context of the Operator's entire operation. The focus shall be on understanding how each standard interplays with others and contributes to the overall safety and efficiency of the Operator.

The Auditor must adapt their approach (but not the Audit scope) based on the specific operational context of the Operator. This includes taking into account local conditions, cultural factors, and unique operational challenges. Such adaptation shall concern only the practical methods of obtaining and verifying evidence and shall not alter the applicable requirements, the depth and diligence of the assessment, the threshold for identifying Non-Compliances or the obligation to raise Findings.

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11.2.2.1 Recording of Compliance Assessments in iQSMS

For a SARP assessed as compliant, the Auditor shall not attach implementation proofs or other supporting evidence files to the individual SARP assessment in iQSMS and shall not record implementation proofs or positive-evidence narratives in the auditor comment box. The comment box may be used only for a Recommendation permitted under this SCPM, subject to the required narrative format. This prohibition does not remove the obligation to examine sufficient implementation evidence or to enter mandatory documentation references in the designated fields. Findings shall be recorded only in the designated functions under their applicable requirements.

11.2.2.2 Interviews

Step 5: After having assessed the focus of the ICAO SARP, the intent of the SARP and any underlying high-level concept, programme and / or process which frames the SARP, exchange with the auditee. Start by framing the objective of this interview step which may in many cases exceed the pure answering of the ICAO SARP you're at, but rather focus on the Auditor understanding how the Operator manages the entire concept, programme and / or process which frames the SARP.

By applying this methodology, the Auditor shall be enabled to develop a holistic understanding of the Operator's application of the concept, programme and / or process and keep in mind the related specific ICAO SARP. While applying that methodology, it is still required that the Auditor audits every ICAO SARP distinctively for ensuring that every applicable ICAO SARP was actually audited. However, if an entire concept, programme and / or process is being audited, the bundle of audited ICAO SARPs can be assessed and finished in the Audit software Checklist in one go.

The Auditors shall apply best industry practices when interacting with the auditee in a friendly and professional manner on eye-level. Auditors shall create a friendly atmosphere without compromising the professional exchange on the subject-matter topics, following the guiding principle "hard to the facts, soft to the people".

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11.2.2.3 Reviewing documentation

After obtaining a holistic overview through interviewing, the Auditor shall first assess if the SARPs are adequately documented before evaluating their implementation in detail. This sequential approach ensures a structured and systematic assessment.

However, in certain situations, evidence collection might need to be deferred due to various operational circumstances (e.g. if implementation can only be observed during an Observational Assessment scheduled later during the week). In such cases, the Auditor shall adopt a flexible approach, ensuring that no aspect of the assessment is overlooked.

Step 6: After having understood the Operator's SARP-specific answer and underlying concept, the Auditor shall review the Operator's documentation. In order to assess compliance, the Operator must furnish proof deemed sufficient by the Auditor that confirms the Operator fully addresses the intent of the SARP both in its documentation and in its actual operational doing.

Before assessing any of the Operator's documentation, the Auditor shall ensure any presented document fulfils the SARPcheck criteria of a controlled document as defined in the programme rules. Only documentation meeting that definition shall be sufficient for serving as proof of documentation.

Note: It is required to Audit only manuals which at the time of the opening meeting are approved and / or accepted as required. In certain rare cases, like conducting an SCA before obtaining the AOC, the Operator may wish to have manuals audited which are not yet being approved or accepted. In every such case, the Auditor shall address this to the Lead Auditor, the Lead Auditor to the Audit Company and the Audit Company to the NFPB without delay. The NFPB shall review each such case and decide in favour or against the auditing of not-yet approved or accepted manuals in every individual case. The NFPB may request additional information as deemed necessary. In case the NFPB approves such request, the NFPB can mandate any conditions and / or processes related thereto as deemed necessary. As a minimum, the Operator will not receive a Registry entry until it is confirmed that the audited manual has been approved / accepted by the NRCAA without any alterations from the status that was audited. Any SCA SARP Audit responses relating to alterations of such manuals from the time of being audited while not yet

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approved / accepted until their later approval / acceptance are deemed to be not audited and will have to be re-audited prior Registry entry.

11.2.2.4 Sample Selection and Minimum Sample Sizes

Sampling shall be risk-based, representative and sufficient to support a defensible conclusion on documentation and implementation for each applicable SARP. The Auditor shall identify the relevant population, period, locations, aircraft types and functions, and select samples across meaningful variations. Where the SARP concerns personnel competence or actual implementation, the Auditor shall seek evidence from at least three relevant persons or operational instances where available. These are minimum starting points, not statistically representative confidence levels or a ceiling on testing. Any discrepancy, adverse trend, high-consequence activity, weak control or inconsistency shall trigger expansion of the sample as necessary to establish the extent and nature of the condition.

11.2.2.5 Collecting Evidence

The Auditor shall commence the assessment by ensuring that the ICAO SARPs are not merely documented policies but are actively functioning within the operational structure of the Operator. This involves a detailed examination of how these standards are incorporated, maintained, and activated within the Operator's organisational framework or outsourced functions. The Auditor shall observe the operational processes, interview key personnel, and review relevant documentation to confirm the active integration of these standards. It is vital to ascertain that these standards are not only known to the personnel but are also being actively practised in their daily operational activities.

The Auditor shall use a variety of Audit techniques, including Observational Assessments, interviews, and reviews of records to gather evidence. This evidence must substantiate the daily application of the SARPs by the concerned personnel.

The Auditor must ensure that the evidence is robust and clearly demonstrates compliance or highlights areas of Non-Compliance.

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Step 7a: In conducting a SARPcheck audit, Auditors are responsible for gathering and evaluating evidence to ascertain an Operator's compliance with ICAO SARPs as per the evidence definition in this manual. This process involves a thorough and objective assessment, avoiding reliance on subjective judgments or opinions. The assessment must be based on a comprehensive collection of factual evidence.

Auditor shall ensure that for every applicable ICAO SARP implementation evidence is sampled as stipulated in the definitions section of this manual.

11.2.2.6 Conducting Observational Assessments

Step 7b: The auditing of defined Load Units will encompass the conduct of an Observational Assessment in order to corroborate implementation evidence through an Observation of the Operator's actual conduct.

1. Pre-Observation Preparation

   Operational Context Awareness: Auditors are required to familiarise themselves with the Operator's operational context, including specific procedures, fleet types, and regular operational practices.

   Review of SARPs: Auditors must conduct a comprehensive review of relevant SARPs to ensure focused and informed Observational sessions.
2. Execution of Observational Assessments

   Objective and Unbiased Assessment: Auditors are trained to observe operations impartially, focusing on alignment with SARPs and industry standards.

   Non-Intrusive Observational Technique: Auditors maintain a low profile during Observational Assessments to avoid influencing the behaviour of personnel.
3. Interaction with Operator Personnel

   Professional Communication: When necessary, Auditors engage with Operator staff in a professional manner, ensuring clarity of purpose and maintaining the role of an observer.

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Confidentiality and Discretion: Auditors adhere to strict confidentiality protocols regarding their Findings and maintain discretion throughout their interactions.

4. Additional Observational Assessments

   Should the Observational Assessment not allow the Auditor to draw sufficient or final conclusions as desired, the Auditor may at his / her own discretion and after obtaining prior Audit Company consent enlarge the Observational Assessment sample size by requesting one or more additional Assessment, potentially with a specific request to overcome any restrictions that may have prevented the first Operational Assessment from delivering the desired insights.

5. Raising Findings based on Observational Assessments

   Under the SARPcheck program, any Non-Compliance with a SARP applicable to the Operator and Non-Compliance with procedures and / or requirements specified in controlled documents of the Operator shall result in a finding. Such finding shall be detailed in the OA section of the Executive Summary and shall be raised as a finding in the Audit software Checklist under the corresponding SARP.

11.2.2.7 Auditor's role in risk-based concept

The risk-based element of the SARPcheck Audit heavily relies on the vast experience and professionalism of the utilised Auditors with their objective to get the most robust conclusion from the conduct of the audit.

The application of the risk-based element means that more-than-average time gets allocated to auditing ICAO SARPs being marked as risk-based-in the SARPcheck Audit software Checklist.

In the SARPcheck programme setup four Auditors work for four days on-site, each putting in an average of 8-hour working days, they will have a total of 7,680 minutes available for work throughout an audit. Deducting a total of three on-site man-days allocated to the conduct of Observational Assessments during the same time, a total of 6,240 minutes will remain. Assuming a rough number of 620 ICAOS SARPs within the scope of a SARPcheck audit, this would make an average of 10 minutes for answering every ICAO SARP throughout the audit. With such rough

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consideration in mind, the answering of many SARPs will be possible in less than ten minutes, giving the saved amount of time for extended checks of such SARPs being marked as risk-based. A contributing factor in favour of an allocation of more time for auditing ICAO SARPs following the risk-based methodology is the fact that a majority of SARPs will not be marked as risk-based with only a minority marked as such.

As a general principle, the degree by which an Auditor increases its assessment on SARPs marked as risk-based as compared to non-marked SARPs is a duplication size of sampled implementation evidences.

There are three possible ways leading to a declaration of ICAO SARPs as subject to risk-based auditing:

1. Audit Company

   During the planning phase of the Audit and with the help of a questionnaire the Audit Company will determine the initial set of ICAO SARPs being subject to the risk-based concept as determined in the corresponding chapter of this manual.
2. Auditor pre-auditing declaration

   During the Auditor's own planning of the audit, the Auditor may determine additional risks specific to that Operator which have not been identified during the Audit Company's risk-based preparation process. The Auditor can add such risk-based ticks to the tick boxes of the corresponding SARPs and has to inform the Audit Company and through the Audit Company the audited Operator about such added items. Should time not allow the Audit Company to prior inform the audited Operator about such update, the Auditor shall inform the Audit Company and in parallel directly the Operator during the opening meeting through the lead Auditor.
3. Auditor on-site declaration

   During the course of the Audit the Auditor can select to add further ICAO SARPs to the list of SARPs to be audited following the risk-based methodology if deemed necessary and possible, subject to prior approval by the Lead Auditor.

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11.2.3 Assessing N / A

SARPcheck Auditors shall evaluate the applicability of ICAO SARPs to the Operator's context and operation based on the following steps on a constant basis throughout the auditing activity and especially, but not only, when the Operator considers an ICAO SARP not applicable which is reflected in the Applicability Matrix and hence generally being considered applicable by the program.

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a) Non-Applicability determined by the Auditor:

As part of each Auditor's pre-Audit preparation, every Auditor shall review the Operator's operational scope, including network-wide activities, to determine the applicability of each SARP within each Auditor's section / s / scope / s. Technically the Auditor shall match the Operator's operational profile including all fleets listed on the AOC with the SARPcheck scope of the Audit as determined in the Audit software Checklist.

The Auditor shall record each N / A decision, providing detailed rationale and context.

b) Non-Applicability determined by the auditee:

Where the Auditee indicates that a function or requirement within the scope of a SARPcheck Audit is not applicable, the Auditor shall independently verify the grounds for non-applicability against the Applicability Matrix, the Operator's approvals, operational specifications, controlled documentation and actual operations.

The absence of a particular operational authorisation, approval, activity or capability shall not, by itself, justify an N/A assessment of all SARPs associated with that subject. The Auditor shall establish the applicability of each individual SARP and, where relevant, each of its constituent provisions.

In particular, an Operator that is not authorised to transport Dangerous Goods, or that voluntarily prohibits their carriage, may nevertheless remain subject to requirements concerning the recognition of undeclared or misdeclared Dangerous Goods, communication of carriage restrictions, occurrence reporting, emergency response, training, handling of Dangerous Goods incidents and other obligations applicable irrespective of carriage authorisation.

The Auditor shall assess documentation and implementation against all such applicable requirements and record Compliance or raise a Finding as appropriate. Only those requirements that are genuinely inapplicable to the Operator's operations and obligations may be assessed as N/A.

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Where a SARP contains both applicable and non-applicable provisions, the overall SARP assessment shall reflect the applicable provisions, while the non-applicable elements shall be addressed as N/A.

An N/A assessment shall not be accepted solely on the basis of an Auditee's declaration, a limitation in the AOC or operations specifications, or the absence of a particular operational activity without verification of the requirements that remain applicable.

c) Risks and Mitigation in N / A Assessment:

Incorrect N / A assessments by Operators during the preparation phase shall be prevented by all means as during the on-site Audit they will lead to an auditing of less prepared items, then considered applicable. The risk of that is the need for more time and a corresponding expansion of the on-site Audit time.

Incorrect N / A assessments shall be prevented by SARPcheck Auditors by all means as they will result in incomplete audits and the need for re-auditing with all associated efforts and costs.

d) Oversight of Outsourced Functions:

Auditors shall clarify the policy on auditing outsourced functions and the inability to mark these as N / A: Operators at their own discretion can select to outsource any aspect of their operation apart from their responsibility to the extent acceptable to their regulator (s). However, such outsourced functions will not be considered N / A in a SARPcheck Audit but included following a different auditing methodology: for every applicable ICAO SARP being covered through an outsourced service provider, the Auditor shall not Audit that external service provider, but shall ensure adequacy of:

- Availability of a valid contract between the Operator and the service provider to both parties
- Availability of latest applicable controlled Operator documents to the service provider
- Availability to the Operator of proof of delivery of such documentation to the provider
- Proof of oversight exercised by the Operator on the service provider within the two years prior to the SARPcheck audit.
- Evaluating the Operator's oversight and management of outsourced operations.

Deleted: the auditee details that a function considered inside the scope of a SARPcheck Audit should be assumed not applicable, the Auditor shall determine whether such function ¶ does in fact not match the scope of the Audit as determined in the Applicability Matrix (e.g. aircraft fleet below minimum defined MTOW) or ¶
is not part of the Operator's approvals e.g. as per AOC and / or (e.g. Operator not being authorised to transport dangerous goods as per operations specifications)¶
operations specifications or if the Operator has de-activated such functions through a statement in one of its controlled documents (e.g. Operator authorised to transport dangerous goods, but its approved Ground Handling Manual .states "although we are authorised to transport DGR, we voluntarily do not make use of this option and herewith prohibit the carriage of any DGR aboard our aircraft")¶

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e) Sub-SARP Assessments:

In order to fulfil the Auditor's responsibility to ensure that each SARPcheck Audit covers the entirety of all applicable ICAO SARPs to the audited Operator, the Auditor shall ensure that every sub-element of every SARP is individually assessed for applicability in each audits. As per the definition in this manual, the meaning of sub-SARP includes both distinctively designated elements (e.g. differentiated by letters) and also different sentences, aspects, views or topics that may be included in the same text element of a SARP.

f) N / A Assessments for equipment exemptions on SARP level:

An exemption due to an equipment not available within a specific aircraft type which is out of the control of the Operator can also occur at the SARP level. If the Auditor identifies a specific SARP as exempted for a valid reason that is out of the control of the Operator, the Auditor shall ensure that such assessment will be specifically highlighted in the Executive Summary of the Audit Report and mentioned the SARP as N / A in the Audit software Checklist with a comment clarifying the reason and the associated conditions.
This option should be used with caution and only in the absence of alternatives. Assessing a SARP as N / A due to an exemption resulting from unavailable equipment is permissible only after prior coordination with the Lead Auditor.

g) Recording Non-Applicability

Each N / A assessment must be backed by a comprehensive narrative detailing the non-applicability of the SARP or SARP-element to the Operator. When writing narratives as responses to questions from the SARPcheck Audit software Checklist, always make sure that the narrative is phrased in a way that a third-party reader who is neither on-site during the Audit nor may know the audited Operator will be able to fully understand the assessment and the underlying condition. Authorised vs. Approved: Clarify the use of terms like "authorised" and "approved" in the context of regulatory compliance.

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h) N/A assessments of sub-provisions within a SARP assessment

If assessing an ICAO SARP as being in overall compliance or Non-Compliance while assessing a portion or sub-provision of such SARP as being not applicable, such sub-requirement not applicable assessment does not change the overall compliance/ Non-Compliance assessment of the SARP. Recording such N/A assessment of a sub-requirement in the Auditor comment field of the Audit software is considered an added value, but not a hard obligation for an Auditor.

11.2.4 Assessments and types of Non-Compliances

A finding of Non-Compliance must be based on a comprehensive view of the Operator's system. The Auditor must identify and document any gaps in the systemic application of the SARPs, providing clear and actionable feedback for improvement. The Auditor shall cross-reference the reviewed documentation with actual practices observed during the Audit to ensure consistency and effectiveness.

Assessment of isolated, recurring and systemic Non-Compliances

Auditors shall consider whether the objective evidence supporting a Non-Compliance indicates an isolated deviation, a recurring deficiency or a systemic weakness in the Operator's management or operational controls.

This consideration shall be based on the nature of the requirement, the evidence obtained, the extent of sampling, the consistency of implementation across relevant functions and the existence of indications that the condition may extend beyond the individual occurrence identified.

An isolated Non-Compliance shall be raised as a Finding whenever an applicable SARP has not been met. Its isolated nature shall not justify disregarding the Non-Compliance or substituting a Recommendation.

Where objective evidence indicates recurrence or a wider systemic weakness, the Auditor shall expand the assessment as appropriate to establish the extent of the condition and ensure that the Finding narrative accurately reflects the evidence established.

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Auditors shall neither describe an isolated deviation as systemic without supporting evidence nor limit a Finding to an individual occurrence where the available evidence is insufficient to proof the absence of a broader deficiency.

The distinction between isolated, recurring and systemic conditions shall be reflected in the factual scope and wording of the Finding narrative where relevant. It shall not constitute a separate Finding category or alter the requirement to raise individual Findings against each non-compliant SARP.

The implementation assessment shall focus on whether the SARPs are implemented effectively in a manner consistent with their documentation. This involves a detailed comparison of the documented procedures against the actual operational practices.

1. Requirement Implemented no / documented yes:

   The documentation fully addresses the requirement, but implementation is not or not fully executed, effective and / or integrated as required by the Operator's documentation. This means that a finding also has to be raised in cases where the implementation would fully address the SARP requirement, but does not align with the Operator's own documentation which might e.g. exceed the SARP requirement(s).
2. Requirement Implemented yes / documented no:

   A very common and natural assessment which can particularly frequently be observed during initial audits: Operators do the right things but have not yet or have insufficiently documented the requirement.
3. Requirement Implemented no / documented no:

   The assessment of choice if both implementation and documentation do not fully meet the required levels addressing the requirement. Recording Non-Compliance

When raising a Finding in iQSMS, the Auditor shall select the applicable finding type in the designated pull-down menu: Documentation, Implementation, or Documentation and Implementation. This selection is mandatory and shall accurately reflect the assessment. The

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Finding narrative shall independently state whether the documentation complies or does not comply and whether implementation complies or does not comply, including the objective basis for both determinations. A software default or a general non-compliance selection shall not replace this requirement. The Audit Company shall configure and verify the availability of the required selection before the audit begins.

Findings must be assessed against the narrative of the audited ICAO SARP. Each Non-Compliance assessment must be backed by a comprehensive narrative detailing the Non-Compliance to the SARP or SARP-element. When writing narratives as responses to questions from the SARPcheck Audit software Checklist, always make sure that the narrative is phrased in a way that a third-party reader who is neither on-site during the Audit nor may know the audited Operator will be able to fully understand the assessment and the underlying condition.

The Checklist in the Audit software combines various SARPs into certain questions, so called SARP Clusters. However, Findings must be raised against each individual SARP not being in compliance. Should an Audit software Checklist question include more than one SARP and should more than one of these SARPs be in Non-Compliance, a separate finding will have to be raised for each and every SARP being in Non-Compliance within the same Checklist question/ SARP Cluster. Technically, the SARPcheck Auditor will manually generate a new additional Checklist question in the software for raising an additional finding, to ensure that every SARP reference is reflected in an individually raised finding.

Every Finding, Not Applicable and Recommendation narrative shall begin with the complete SARPcheck designator consisting of the ICAO Annex and Part identifier followed by the SARP number, for example: 6P1 - 1.2.3.4. This rule applies irrespective of whether one or more SARPs are covered by one SARP Cluster (IQSMS question). The designator shall be the first text in the narrative and shall match the particular SARP assessed. Where a Not Applicable narrative and Recommendation share one field, the applicable SARP designator shall appear at the beginning of the Not Applicable narrative. The Recommendation shall be clearly distinguished from the applicability assessment and introduced using the prescribed Recommendation format. Separate Findings for distinct SARPs shall each carry their own correct designator. Multiple Findings

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addressing different SARPs within the same SARP Cluster must never be raised within the same IQSMS question. In such cases, additional IQSMS questions for the second and each additional finding per SARP Cluster must be raised in IQSMS.

11.2.5 Assessing "should" vs. "shall" and SARPs designated as "Recommendation"

If a requirement in an ICAO SARP addresses a direct or indirect Operator obligation with the word "shall", the Operator must comply with it or otherwise a finding must be raised.

For every such ICAO SARP being within the scope of a SARPcheck Audit containing the keyword "should" or with its entirety or parts of the SARP being designated "recommendation", the Auditor shall first verify whether the Operator is in compliance with the requirement as per the usual auditing methodology. If the Operator is not, the Operator must demonstrate whether or not this requirement is translated into state regulations applicable to the Operator. If yes, that "should" SARP or SARP designated as "Recommendation" must be audited as if it would carry the keyword "shall" and any Non-Compliance must be assessed as a finding. If not mandated by applicable state regulations, no finding will be raised.

In case the auditee confirms during the Audit interview that no state regulation reflects that requirement stated in a SARP declared as "recommendation" or containing "should", such auditee confirmation shall be recorded in the following standard narrative in the Audit software Checklist answer and the SARP shall be assessed as "not applicable":

"N / A: The state is not mandated to translate this Recommended Practice / recommended SARP into a binding law requiring the Operator to comply with the stated requirements. During the audit, the Operator has testified that state laws applicable to the Operator do not reflect the requirements of this SARP. This results in an N / A assessment as per the SARPcheck Programme rules."

11.2.6 Providing Recommendations

An Auditor shall be free to make safety related recommendations based on their experience, at any point. If such an opportunity presents itself, then the recommendation should be phrased in a positive manner and made known to the Operator at the time the intent of the

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recommendation. The purpose is to improve safety, so any recommendations should be proportionate to this. Auditors shall exercise caution of this option and only apply it if they are certain that recommendations are appreciated by the Auditee to make sure the Auditor is perceived as having a top-down attitude.

A Recommendation may accompany a Not Applicable assessment where it provides a legitimate safety improvement opportunity without implying that the SARP is applicable or non-compliant. Where iQSMS provides one shared narrative field, the Auditor shall first enter the full Not Applicable rationale, beginning with the required SARP designator. After the final line of that rationale, the Auditor shall leave one completely blank line and then enter the heading RECOMMENDATION in capital letters, followed by the Recommendation text. The Recommendation shall not alter the Not Applicable assessment. Example:

6P1 - 1.2.3.4 Not Applicable: [complete rationale].

RECOMMENDATION: [recommendation text].

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12 The Audit Software

12.1 Introduction to the SARPcheck Audit Software

SARPcheck has introduced a specialised software (iQSMS) to manage a systematic conduct of the Audit and to collect SARPcheck Audit programme data for supporting the overall aim to maintain a high uniform level of aviation safety and to enhance aviation safety.

The SARPcheck Checklist shall be completed within the Audit Software, where possible. The Audit Software is the primary source for conducting the SARPcheck audit. A backup file of the Applicability Matrix is the secondary source to be used as a back-up method in case the primary source experiences a downtime and / or is not available for whatever reason.

The User Guide of the Audit Software provider is applicable for all Audit Companies, it's SARPcheck Auditors and Operators, including the responsible Managers.

12.2 Administration and responsibilities

The Audit Company is responsible to establish and schedule the SARPcheck Audit in the Audit Software as soon as the SARPcheck Audit Agreement is executed and the dates for the conduct of the Audit are agreed with the Operator.

Each SARPcheck Auditor assigned for the conduct of this Audit will have assigned responsibilities for the relevant Audit software Checklists / scopes within the Audit Software. In case of a software failure, the Auditor shall update the Checklist in the software accordingly as soon as practicable whenever the excel Applicability Matrix file has been utilised for the conduct of the audit.

The Audit Company will assign responsibilities within the SARPcheck Audit Software for Operators and the relevant managers for the Corrective Action process.

It is the responsibility of all parties involved to sign the Audit report once the Audit can be closed within the Audit Software.

Before the audit begins, the Audit Company shall verify that the iQSMS audit configuration permits selection of the three mandatory Finding types: Documentation, Implementation, and

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Documentation and Implementation. Auditors shall use the configured selection when raising Findings and shall comply with the narrative designator, comment-field and attachment rules as required by the corresponding SCPM section.

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12.3 Logins

All relevant parties will receive a Log-in by the system administrator, which is the selected Audit Company for the SARPcheck audit.

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13 DATA

13.1 Introduction to Data

This section defines what data of the Operator is processed and stored by the Audit Company or another party contracted by the Audit Company in performance of the SCP, how it is processed and stored and how it is shared with third parties.

13.2 Data processing & storage

All Audit data is processed through the SCP's contracted software as a service provider ("Audit Software Provider"). The data is then manipulated in order to produce the Audit Report and Non-Compliances Reports (where applicable). Other data and documents may be given to the Audit Companies or the Auditors in the performance of the SCA and stored on either the Audit Company's server or on the Auditor's personal devices.

In any event the Audit Software Provider, Audit Company and Auditor shall only process the Operator's identifiable data for the purpose of the SCP.

Although data derived from the SCA is processed by the parties identified above, any identifiable data is owned by the Operator.

Audit Software Provider

The Audit Software Provider stores and processes the majority of data received as a result of the performance of the SCA. The NFPB ensures that the Audit Software Provider has storage and processing procedures that are secured in line with best practices in the EU and that the processing complies with EU GDPR regulations on processing and storage of Operator's data.

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Audit Company and Auditor

The Audit Company shall ensure security of any of the Operator's data in accordance with EU best practices on processing and data storage and ensure that the process and storage comply with EU GDPR regulations.

In the event that an Auditor receives any data from the Operator directly he / she shall ensure that the data is either, where most appropriate:

- Provided to the Audit Software Provider and then deleted from their personal device;
- Provided to the Audit Company and then deleted from their personal device; or
- Not disclosed to any other party and deleted from their personal device (only where the data received is not required either in completion of the SCA or as evidence).

The Audit Company shall ensure that the Auditor is aware of their responsibilities in regard to data.

13.3 Ownership of non-identified data

The Audit Companies, in their performance of the SCP each own the non-identifiable data derived from the SCAs.

The Audit Companies must ensure that any data that is provided to any third party, whether for consideration or otherwise, is provided to them after being checked for any identifiable data. The Audit Company shall be authorised to "wash" data in order to make it unidentifiable.

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14 QUALITY ASSURANCE

14.1 NFP level quality assurance

The NFPB shall maintain a documented, risk-based oversight programme covering every accredited Audit Company. The programme shall include an initial implementation review following accreditation and thereafter at least one oversight review in each calendar year, unless a documented decision of the NFPB justifies an alternative timing. Reviews may be remote, on-site at Audit Company headquarters, on-site during the conduct of a SARPcheck audit or combined. A common controlled checklist derived from the current SCPM and applicable Accreditation Agreement may be used or the audit can directly be conducted against SCPM provisions.

The NFPB shall appoint a competent reviewer who is sufficiently independent of the activity reviewed. The reviewer shall define the review scope and sample, request necessary records, interview responsible personnel, and record objective evidence and conclusions. The Audit Company shall cooperate and provide access to relevant SARPcheck records and personnel, subject to applicable confidentiality and data-protection requirements.

Each identified non-compliance shall be documented in a numbered oversight finding referencing the applicable requirement, objective evidence and the observed deficiency. Matters that do not constitute non-compliance may be recorded separately as observations or recommendations. The reviewer shall discuss factual accuracy with the Audit Company and issue a written oversight report.

For the closure of any findings, the NFPB shall apply a closure process similar to a SARPcheck Part C audit closure verification. A finding shall be closed only after the NFPB has documented acceptance of the root cause, corrective actions and sufficient verification evidence.

Where a finding presents a material threat to audit integrity or safety assurance, the NFPB may require immediate containment, additional supervision or other interim measures. Failure to cooperate, repeated ineffective actions or overdue high-risk findings shall be escalated to the NFPB for a documented decision on proportionate contractual or programme measures.

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The NFPB shall maintain an oversight register recording oversight details such as audit reports, findings and follow-up.

14.2 Audit Company level quality assurance

The Audit Companies must implement their own quality assurance programme in line with industry practices. Such programme may include, but is not limited to elements such as:

- Audit program
- KPI
- Surveys
- Spot-checks
- Management reviews

Each Audit Company shall maintain documented controls demonstrating compliance with the common recurrent-training minimum requirements, ISO 9001 certification currency and general adherence to SCPM procedures. The Audit Company shall cooperate with NFPB oversight, submit and implement corrective actions for NFPB oversight findings, and retain the evidence needed to verify effective closure. The Audit Company's internal quality assurance programme does not replace NFPB oversight.

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15 MISCELLANEOUS

15.1 Suspend AOC & removal from SARPcheck Registry

In case the AOC of the SARPcheck Operator has been suspended, the Operator must notify the assigned Audit Company immediately and / or as soon as possible, but without undue delay. The Operator must be removed from the SARPcheck Registry without undue delay, but at the latest within 72 hours after the suspension of the AOC or after notification of the Audit Company.

15.2 Incidents and Accidents

In case the Operator is involved in a serious incident or accident, the SARPcheck Operator must notify the assigned Audit Company immediately and / or as soon as possible, but without undue delay.

The Audit Company reserves the right to conduct a SARPcheck Safety Assessment, which focuses on the safety incident and / or accident in accordance with SARPcheck criteria to verify and confirm compliance, identify hazards and associated risks to the operations. In case the Operator refuses to support or facilitate such SARPcheck Safety Assessment, the Operator may be removed from the SARPcheck Registry at the sole discretion of the Audit Company until compliance against SARPcheck criteria can be verified by the relevant Audit Company.

In addition, the affected SARPcheck Operator shall provide all information of safety investigations conducted by Authorities, the Operator and / or other industry stakeholders to the relevant Audit Company, including (but not limited to) the root causes and / or hazards identified and the assessed risks, including mitigation actions / risk controls as well as the conclusions of the investigation. The Audit Company shall review the investigation and reserve the right to conduct a SARPcheck inspection at the Operator to verify the implementation of the safety actions identified though the safety investigation.

All costs of such SARPcheck Safety Assessment shall be borne by the Operator. In case the Operator refuses to support or facilitate such SARPcheck Safety Assessment, the Operator may be removed from the SARPcheck Registry at the sole discretion of the Audit Company until compliance against SARPcheck criteria can be verified by the relevant Audit Company.

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15.3 Black-Listed / banned Operator

In case the SARPcheck Operator has been black-listed by a NRCAA (e.g. EASA or FAA) or competent authority, the Operator must notify the assigned Audit Company immediately and / or as soon as possible, but without undue delay. The Operator must be suspended from the SARPcheck Registry without undue delay, but at the latest within three working days after the suspension of the AOC or after notification to the Audit Company that the Operator has been black-listed by a NRCAA.

The Audit Company may conduct a full SARPcheck Audit and review the Non-Compliances identified, which initiated the black-listing of the Operator. All costs of that SARPcheck Audit shall be borne by the Operator. Such Audit and review may support the Operator to demonstrate compliance against the relevant ICAO Annexes and in the closure of the Findings identified by the competent authorities.

The Operator can be reinstated to the SARPcheck Registry once the Agency or competent Authority confirms compliance and removes the Operator from the blacklist ban.

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15.4 Keyword Guidance

15.4.1 Introduction:

This section provides guidance on keywords which are repeatedly used across the ICAO SARPs in order to support a consistent application of the SARPcheck Programme. Where applicable for each term listed, this section will provide a description of the term from the view of the SARPcheck Programme along with an auditing guideline and high-level general indicators assisting the Auditor in her / his assessments of compliance vs. Non-Compliance.

15.4.2 Concepts:

15.4.2.1 Standard:

Description:

A "Standard" in the context of an ICAO SARP refers to a recognised and accepted measure of quality, performance, or safety, which is often formally defined and documented. This can encompass written procedures, best practices, benchmarks, or specified requirements that are expected to be consistently met by Operators and aviation organisations.

Auditing Guideline:

- Begin by acquiring a detailed understanding of the specific ICAO SARP related to the keyword "Standard."
- Request and review the Operator's written documentation pertaining to this "Standard."
- Validate that the Operator's interpretation of the "Standard" aligns with the ICAO SARP.
- During interviews, cross-verify the Operator staff's understanding of the standard with what is documented.
- Evaluate if there is sufficient training and resources provided to the staff to maintain and understand this standard.
- Assess the extent to which the Operator monitors and ensures consistent adherence to this standard in its daily operations.

Possible indicators for Compliances:

- Evidence of formalised documentation that outlines the "Standard" in detail.

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- Regular training sessions or refresher courses on the given "Standard" for relevant personnel.
- Documented audits or reviews conducted periodically to confirm compliance.
- Evidence of continuous improvements or updates made to the "Standard" in response to changes in the ICAO SARP or internal operational demands.
- For a document to be acceptable as evidence, it should:
- Be current and updated.
- Be signed or approved by a responsible authority within the Operator.
- Clearly outline the procedures or criteria pertaining to the "Standard."
- Be easily accessible to the relevant personnel.

Possible indicators for Non-Compliances:

- Absence of a well-documented or defined "Standard."
- Discrepancies between the Operator's documented "Standard" and the ICAO SARP.
- Inconsistent understanding or application of the "Standard" across different departments or personnel.
- Outdated standards that have not been reviewed or updated in light of recent changes or updates to the ICAO SARP.
- Lack of regular audits, reviews, or checks to ensure adherence to the "Standard."
- Feedback or complaints from staff or external stakeholders about Non-Compliance or ambiguity related to the "Standard."

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15.4.2.2 Protocol:

Description:

In the context of aviation and ICAO SARPs, a Protocol refers to a detailed, structured procedure or method that an Operator adopts. This can include scientific, operational, or administrative measures designed to ensure safety, efficiency, and compliance with international standards.

Auditing Guideline:

- Documentation Verification: Ascertain that the Operator has comprehensive documents detailing the protocol. These should include the protocol's purpose, scope, methods, and any relevant references to the corresponding ICAO SARP.
- Alignment with SARPs: Cross-reference the Operator's protocols with the relevant ICAO SARPs to ensure they are in harmony. Look for any disparities or deviations.
- Operational Implementation: Beyond documentation, ascertain if the Operator practically implements the protocols in real-world operations. This can be done by observing operations, interviewing relevant personnel, and checking records of protocol application.

Possible indicators for Compliances:

- Presence of well-structured protocol documents that cite the relevant ICAO SARP.
- Records of regular protocol reviews and updates.
- Evidence of ongoing training for personnel about the protocol.
- Positive feedback from Operator staff about understanding and consistently applying the protocol.

Possible indicators for Non-Compliances:

- Absence of protocol documentation or incomplete documentation.
- Protocols that don't align with current ICAO SARPs.
- No evidence of protocol being applied in operations.
- Discrepancies between the documented protocol and its practical implementation.
- Negative feedback or confusion among Operator staff regarding the protocol.

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15.4.2.3 Guideline:

Description:

A guideline in the context of ICAO SARP represents a recommended direction, method, or detailed procedure that has been established based on industry best practices. Such guidelines are designed to provide clarity, uniformity, and efficient execution of tasks within Operator operations.

Auditing Guidance:

1. Examine the Operator's central repository or system to verify the presence and accessibility of all necessary guidelines related to the key-term.
2. Randomly select operational staff and inquire about the specific guidelines to assess their level of awareness and understanding.
3. Review training records to ascertain that employees have been adequately trained on relevant guidelines.
4. During the site visit, observe operational activities to verify if practices align with the Operator's guidelines.
5. Examine the communication channels established by the Operator to ensure that guidelines, when updated or revised, are promptly disseminated to all relevant stakeholders.

Possible indicators for Compliances:

- Existence of a centralised system containing all guidelines.
- Training modules specifically targeting the said guidelines.
- Positive feedback from employees about their understanding and application of the guidelines.
- Evidence of periodic reviews and updates of the guidelines.
- Clear, dated, and signed documentation of the guidelines, outlining their purpose, scope, and application procedures. An acceptable document for an Auditor would be one that is easily traceable, reviewed periodically, and contains evidence of its distribution among relevant staff.

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Possible indicators for Non-Compliances:

- Absence of guidelines in areas where they are crucial.
- Employees demonstrating a lack of knowledge or clarity about the guidelines.
- Discrepancies between documented guidelines and observed practices.
- No evidence of guidelines being reviewed or updated in alignment with industry developments or changes in ICAO SARPs.
- Documentation that lacks clear identification, dates, or signatures, or is inaccessible to staff who require them for their roles.

15.4.2.4 Requirement:

Description:

A requirement is a stipulated condition or criteria that an Operator must fulfil to ensure it is in compliance with ICAO SARPs. It is a compulsory element that mandates specific actions, processes, or documentation within the operational boundaries of an Operator. A requirement may stem from safety standards, operational necessities, or regulatory mandates.

Auditing Guideline:

The Auditor should

- Identify all requirements stipulated in the ICAO SARP being assessed.
- Review the Operator's documented policies and procedures to ensure that these requirements have been explicitly addressed.
- Confirm that the Operator not only has the necessary documentation but has effectively implemented the processes or actions outlined therein.
- Engage with Operator personnel or access pertinent records to validate the implementation of the requirements.
- Assess the traceability and clarity of the documentation. Ensure that the document in question provides clear, unambiguous directives or information pertinent to the requirement.

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Possible indicators for Compliances:

- Comprehensive documentation that explicitly addresses each ICAO SARP requirement.
- Evidence of active implementation, such as relevant training records, operation logs, or system records.
- Positive feedback from Operator staff or stakeholders regarding adherence to Periodic internal reviews or assessments validating the implementation and effectiveness of the requirements.
- Any document provided should be current, easily accessible, clearly labelled, and archived systematically.

Possible indicators for Non-Compliances:

- Absence of documentation or policies pertaining to a specific ICAO SARP requirement.
- Documentation that is outdated, ambiguous, or lacks essential details.
- Discrepancies between documented processes and actual operational practices.
- Negative feedback or reported incidents resulting from Non-Compliance or partial adherence.
- Lack of evidence demonstrating periodic reviews or updates to the requirements in question.

15.4.2.5 Framework:

Description:

The fundamental underlying structure within an Operator's operations and management system, which provides a basis for its planning, procedures, and operational activities according to ICAO SARPs.

Auditing Guideline:

Examine the Operator's documentation to verify the presence and integrity of the operational framework. Review how the Operator establishes, documents, maintains, and ensures the functionality of these frameworks. Ensure that the framework's documentation is comprehensive,

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easily accessible, updated regularly, and is in alignment with the Operator's stated objectives and the ICAO SARPs.

- Documentation Assessment: Check for written policies, procedures, diagrams, and any structural representations which outline the Operator's framework. Cross-reference with the latest ICAO SARPs to ensure up-to-date compliance.
- Operational Implementation: Observe and interview relevant personnel to determine how the documented framework is applied in day-to-day operations.

Possible indicators for Compliances:

- Detailed and organised documentation that accurately depicts the framework structure.
- Clear alignment between the documented framework and the Operator's operational objectives.
- Consistent evidence from employees and management regarding the utilisation and understanding of the framework.
- Regular reviews and updates of the framework to accommodate changes and improvements.
- For "documented" as a term: The document should be official, dated, authorised by appropriate personnel, easily retrievable, and stored in a manner that ensures its condition and readability.

Possible indicators for Non-Compliances:

- Absence or difficulty in accessing relevant documentation.
- Discrepancies between the documented framework and actual operational practices.
- Employee and management feedback suggesting a lack of clarity or understanding of the framework.
- Stagnant or outdated documentation that does not reflect current operations or the latest ICAO SARPs.

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15.4.2.6 Assessment:

Description:

An organised process by which an Operator evaluates or estimates its operations, personnel, or systems' nature, quality, ability, or performance, typically in relation to an established set of standards or criteria.

Auditing Guideline:

- Documentation Review: Auditors should verify that assessment procedures are well-documented, consistent with ICAO SARPs, and capture the full scope of operations relevant to the key-term.
- Methodology: Ensure that assessment methods are standardised, reliable, and validated for accuracy. Consider if the methods are qualitative, quantitative, or a mix of both.
- Frequency: Check that assessments are carried out at regular intervals, consistent with industry best practices or as stipulated by the ICAO SARP pertaining to the specific key-term.
- Outcomes: Review the results of past assessments for trends, insights, and Corrective Actions taken in response to identified gaps.

Possible indicators for Compliances:

- Documentation exists for all assessments, capturing the method, criteria, individuals involved, and outcomes.
- Assessment criteria are aligned with ICAO SARPs and are tailored to the specific needs and contexts of the Operator's operations.
- Findings from assessments are used as a basis for continuous improvement, with evidence of Corrective Actions being taken where necessary.
- A designated team or individual is responsible for conducting and overseeing assessments, ensuring consistency and thoroughness.

Possible indicators for Non-Compliances:

- Absence of, or inconsistent documentation, related to the assessment process and its outcomes.

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- Use of assessment methods that are inappropriate or not validated for the context in which they're applied.
- Gaps in the frequency of assessments, with long periods where no assessments are conducted.
- Failure to act on identified issues from assessments or lack of a clear mechanism to address gaps.

15.4.2.7 Oversight:

Description:

Oversight refers to the structured process of ensuring that organisational activities align with the set standards, objectives, and regulations, particularly in the context of aviation.

Auditing Guideline:

- Examine the design and functionality of oversight mechanisms in place within the Operator.
- Determine whether these mechanisms are comprehensive, objective, and contextually appropriate.
- Assess how the Operator's oversight system integrates with other quality control and assurance mechanisms.
- Validate the currency and relevance of the oversight techniques and methodologies, ensuring they are up-to-date with current ICAO SARPs.
- Review the frequency, thoroughness, and consistency of oversight activities.

Possible indicators for Compliances:

- Robust oversight mechanisms in place that are consistently applied across all departments.
- Availability of a centralised oversight record-keeping system with traceable action points and resolutions.
- Routine monitoring activities are documented with clear objectives, methodologies, and Findings.

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- The presence of a feedback loop where Findings from oversight activities are relayed back to relevant departments for improvement.
- Evidence of periodic reviews and updates to the oversight system based on Findings, industry trends, or changes in ICAO SARPs.
- Clearly articulated Corrective Actions in response to any identified Non-Compliances, with assigned responsibilities and timelines.
- Proactive risk management strategies in place to anticipate and address potential oversight lapses before they occur.

Possible indicators for Non-Compliances:

- Oversight activities are sporadic, irregular, or inconsistent across departments.
- Absence of documented procedures or guidelines on how oversight activities should be conducted.
- Inadequate or outdated tools and techniques used in oversight processes.
- Absence or delays in taking Corrective Actions after identification of Non-Compliances.
- Reliance on generic oversight templates that are not customised or aligned to the Operator's specific needs or challenges.
- Failure to update oversight mechanisms in response to industry changes, feedback, or amendments in ICAO SARPs.
- Lack of transparency or insufficient communication channels to relay oversight Findings to relevant stakeholders.
- Gaps in training or upskilling of personnel involved in oversight activities.

15.4.2.8 Management:

Description:

The organised system of practices, processes, and responsibilities specifically designed to achieve predetermined objectives and aims of an Operator, ensuring both compliance with regulations and efficient operation.

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Auditing Guideline:

The Auditor should examine the management's documentation detailing hierarchical structure, responsibilities, communication channels, and how each division or department contributes to the Operator's overall objectives. The examination should also cover the Operator's strategic goals and the management's plans to achieve them. It's essential to ensure these plans align with the current operational procedures and regulatory requirements.

- Understand the organisational chart and identify key managerial roles.
- Review minutes of management meetings to assess the decision-making processes.
- Examine feedback mechanisms, like employee feedback or customer complaints, to determine the management's responsiveness.
- Evaluate how the management tracks performance metrics and implements Corrective Actions when needed.

Possible indicators for Compliances:

- Documentation is comprehensive, regularly updated, and easily accessible by relevant personnel.
- The organisational structure clearly defines responsibilities and reporting relationships.
- Decision-making processes are formalised, transparent, and involve input from relevant departments.
- Performance metrics are regularly tracked and linked to operational outcomes, with a clear process for addressing any deviations.

Possible indicators for Non-Compliances:

- Lack of a clear organisational structure or a structure that has inconsistencies in reporting lines.
- Decisions made are not aligned with the Operator's strategic objectives or don't consider input from key departments.
- Limited or no mechanisms in place to obtain or respond to feedback from employees or customers.

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- Documentation, where it exists, is outdated, incomplete, or not in alignment with current operations and ICAO SARP requirements.

15.4.3 Activities:

15.4.3.1 Coordinate:

Description:

The process of ensuring that various segments of an activity or departments within an organisation operate synergistically to achieve a unified goal or objective, optimising both resources and time.

Auditing Guideline:

- Evaluate the established mechanisms and protocols for coordination between distinct entities or departments within the Operator.
- Scrutinise documentation which provides evidence of coordination, such as minutes of inter-departmental meetings, communication records, or coordination schedules.
- Check for the existence of a dedicated team or individual responsible for coordinating between departments and evaluate their effectiveness through interviews and Observations.
- Review any tools, software, or platforms used by the Operator to aid in coordination and determine if they are effectively utilised.

Possible indicators for Compliances:

- Evidence of regular inter-departmental meetings with clear agendas and outcomes.
- Well-defined roles and responsibilities related to coordination efforts.
- Positive feedback from departments regarding coordination and collaboration efforts.
- Effective use of coordination tools, yielding in timely and efficient operations.

Possible indicators for Non-Compliances:

- Absence of, or outdated, documentation supporting coordination efforts.
- Overlapping responsibilities leading to redundancy in tasks.
- Instances of tasks falling through cracks due to lack of coordination.

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- Complaints or feedback from staff highlighting areas where coordination is lacking or ineffective.
- Delay in operations or tasks due to waiting on information or actions from another department.

15.4.3.2 Facilitate:

Description:

Refers to the measures taken to simplify, aid, or make a procedure or operation more efficient within the context of the Operator's operations and services.

Auditing Guideline:

Examine the extent and effectiveness of the facilitation measures implemented by the Operator. This includes assessing documentation that provides evidence of strategies and practices, as well as observing real-time operations to determine if these strategies translate to on-ground or in-flight procedures.

Possible indicators for Compliances:

- Documentation showcases plans and strategies that prioritise simplification of tasks.
- Active training programs that educate staff about facilitation measures.
- Positive feedback from staff and passengers about the ease of certain operations.
- Evidence of periodic reviews and updates to facilitation strategies to ensure their effectiveness.
- Systems in place to actively identify potential barriers and measures to mitigate them.

Possible indicators for Non-Compliances:

- Lack of clarity in documentation regarding facilitation measures.
- Absence of continuous improvement plans or strategies for facilitation.
- Negative feedback from staff or passengers indicating complicated or burdensome procedures.
- Delayed processes or services which could be attributed to poor facilitation strategies.

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- Evidence of ignored feedback or suggestions that would have contributed to better facilitation.

15.4.3.3 Establish:

Description:

The term 'establish' in the context of ICAO SARPs refers to the process of formally instituting or putting into place systems, protocols, processes, or entities within an Operator to ensure a secure, consistent, and enduring operational environment.

Auditing Guidance:

Auditors assessing an Operator's adherence to the ICAO SARP related to 'establish' should focus on evaluating the robustness, effectiveness, and longevity of the implemented structures. This involves scrutinising the planning, initiation, execution, and documentation stages of any system or process established within the Operator.

Best Practices and Standards:

Auditors should assess the clarity, completeness, and accessibility of the documentation that delineates the establishment of systems or processes. Additionally, Auditors should observe whether the Operator has put in place a systematic and comprehensive approach to creating, testing, and institutionalising its protocols.

Possible Indicators for Compliances:

- Comprehensive Documentation: The Operator maintains extensive records, inclusive of policies, procedural manuals, and records of implementation.
- Long-Term Sustainability: Evidence that systems and processes have been designed considering scalability and longevity and are adaptable to evolving industry standards.
- Alignment with Objectives: Systems and processes established clearly align with the Operator's strategic goals and operational needs.
- Stakeholder Involvement: Inclusive involvement of relevant stakeholders during the establishment phase to ensure comprehensiveness and practicality.

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Possible Indicators for Non-Compliances:

- Lack of Documentation: Absence or incomplete records of the initiation, planning, and execution phases, leading to potential ambiguities in established processes.
- Temporary Measures: Reliance on provisional or makeshift solutions which do not demonstrate a commitment to permanence or sustainability.
- Misalignment with Objectives: Established processes that do not align or are incongruent with the Operator's strategic vision or operational requirements.
- Exclusivity in Planning: Limited stakeholder consultation and engagement in the establishment phase, leading to potential oversights and impracticalities.

15.4.3.4 Maintain:

Description:

Ensure the persistence of a specific condition, functionality, or standard over time.

Auditing Guideline:

Examine the Operator's continuous and systematic efforts to preserve the functionality, safety, and efficiency of its systems or processes, ensuring they remain in optimum operational condition. The assessment should encompass a deep dive into the documentation, training records, maintenance logs, and other relevant evidence to ascertain the regularity and quality of the maintenance efforts. Collaboration with technical and operational teams is essential to gain a comprehensive understanding of the maintenance practices and schedules.

Possible indicators for Compliances:

- Comprehensive maintenance schedules that are regularly adhered to.
- Detailed logs of maintenance activities carried out, complete with timestamps and technician details.
- Existence of a dedicated team or department focusing on maintaining systems or processes.
- Regular training and workshops for maintenance staff to stay updated with the latest techniques and standards.

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- Investments in tools, equipment, and technologies to assist in maintenance tasks.
- Proactive identification and rectification of potential issues before they escalate.
- Periodic reviews and updates to the maintenance procedures to align with industry best practices.

Possible indicators for Non-Compliances:

- Absence or irregularities in maintenance logs or records.
- Systems or equipment showing visible signs of wear, damage, or obsolescence.
- Reliance on outdated techniques or tools for maintenance.
- Consistent complaints or feedback from operational teams regarding system inefficiencies or breakdowns.
- Lack of a clear policy or procedure addressing regular maintenance needs.
- Inadequate budget allocation or investment in maintenance-related activities.
- Delays in addressing known issues or problems flagged by the maintenance teams.

15.4.3.5 Document:

Description:

The act of capturing, recording, and maintaining information in a structured written or electronic form to provide evidence of activities, decisions, or processes related to aviation operations.

Auditing Guideline:

- Review the organisation's documentation system to ensure there are procedures in place for creating, reviewing, approving, and storing documents.
- Validate that the recorded information is comprehensive, relevant, and mirrors actual practices and procedures in operation.
- Evaluate the ease of retrieval and accessibility of documents to relevant personnel, ensuring that controls are in place to maintain the integrity and confidentiality of the information when necessary.
- Compare the documentation with ICAO SARP standards to ensure they are aligned and compliant.
- Check the periodic review system to ensure documents remain current and relevant.

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Possible indicators for Compliances:

- Clear documentation processes in place with designated responsibilities for creation, review, and approval.
- All relevant information is captured comprehensively and structured in an organised manner.
- Presence of a version control system that tracks changes and updates to the document.
- Documents are easily retrievable by authorised personnel and stored securely to protect against unauthorised access or tampering.
- Evidence of regular reviews, updates, and training on documented procedures to keep them aligned with the Operator's operations and regulatory requirements.

Possible indicators for Non-Compliances:

- Absence of a clear process or procedure for documentation.
- Evidence of documents that don't reflect actual operational practices.
- Difficulty in accessing or retrieving documents by personnel who require them for their roles.
- Lack of version control, resulting in discrepancies or use of outdated documents.
- Absence of training or familiarisation sessions for staff on new or revised documentation.

15.4.3.6 Verify:

Description:

A process through which the authenticity, accuracy, and consistency of specific data, information, or procedure is established. In an aviation context, verification ensures that operational standards and procedures align with set ICAO SARPs.

Auditing Guideline:

- Dive deep into the Operator's documentation that elucidates the verification process.
- Evaluate the methods and tools used by the Operator to establish the authenticity of data or accuracy of procedures.
- Cross-reference the verification processes with ICAO SARP guidelines.

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- Investigate any historical evidence where verification has led to changes or improvements.
- Engage with personnel to understand how they perform verifications and if they are familiar with the standards set.

Possible indicators for Compliances:

- Comprehensive documentation detailing the verification procedures.
- Clear traceability of verified data back to its source.
- Training logs that show employees have been trained on verification processes.
- Records of regular reviews and updates to verification protocols.
- Testimonials or interviews with staff demonstrating a clear understanding of the verification processes.

Possible indicators for Non-Compliances:

- Absence or incomplete verification documentation.
- Discrepancies between claimed verifications and actual practices.
- Absence of a feedback loop to improve verification processes based on identified gaps.
- Inconsistencies in how different departments or teams handle verification.
- Lack of training or outdated training materials related to verification.

15.4.3.7 Validate:

Description:

Ensure the legitimacy, credibility, and accuracy of procedures, processes, or documents to confirm they adhere to established standards and requirements.

Auditing Guideline:

- Assess the comprehensiveness and effectiveness of the validation process utilised by the Operator.
- Examine validation records, methods, tools, and protocols. Determine the extent to which outcomes align with the intended standards or requirements.

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- Interact with relevant personnel to gather insights into the practical application of validation procedures.
- Cross-reference the Operator's validation process with ICAO SARP guidelines and other relevant aviation standards.

Possible indicators for Compliances:

- Comprehensive validation procedures documented and consistently applied.
- Presence of a structured framework for determining validation criteria.
- Validation outcomes are systematically recorded and archived for future reference.
- Personnel are trained and familiar with the validation processes.
- Periodic reviews and updates of validation procedures to ensure their relevance and effectiveness.

Possible indicators for Non-Compliances:

- Absence of a coherent validation procedure or documentation.
- Discrepancies between validation outcomes and established standards.
- Lack of clarity or consistency in how validation criteria are determined or applied.
- Absence of training or awareness programs for personnel about the validation processes.
- Validation records show recurrent issues or discrepancies that are not addressed or rectified.

15.4.3.8 Authorise:

Description:

The act of officially allowing or granting permission for an activity, operation, or process within an Operator.

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Auditing Guideline:

Examine the processes and procedures through which the Operator grants permissions. Evaluate the clarity and comprehensiveness of roles and responsibilities associated with those permissions. Review any relevant documentation or digital permissions settings to determine the extent and appropriateness of authorisation. Consider whether there are clear lines of authority and mechanisms in place for revoking or changing permissions.

Possible indicators for Compliances:

- Documented authorisation policies and procedures.
- Digital records or logs of authorisation approvals and changes.
- Defined roles and responsibilities for granting and revoking permissions.
- Periodic reviews or audits of authorisation levels.
- Clear communication channels for employees to seek and receive authorisation.
- Training records showing that employees are informed about authorisation protocols.

Possible indicators for Non-Compliances:

- Overlapping roles leading to ambiguities in who can authorise certain actions.
- Instances of individuals performing tasks or accessing areas / data without the necessary authorisation.
- Lack of a centralised or clear record of authorisation statuses.
- Missing documentation for some authorisation grants.
- No procedures in place for regular review or update of authorisations.
- Employees reporting confusion about how to obtain necessary authorisations for their roles.

15.4.3.9 Approve:

Description:

The act of granting official endorsement or recognition after ensuring that the set criteria or standards are met. This denotes that the aspect under consideration, be it a process, procedure, or system, has been reviewed and has met the required expectations.

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Auditing Guideline:

- Examine the Operator's formal processes for approval. This should encompass how they evaluate, what criteria they set, who is responsible for granting approvals, and what documentation is necessary.
- Scrutinise the validity of the approval stamps, signatures, or digital endorsements. Ensure these are from the authorised personnel and that there are control measures to avoid misuse.
- Assess the regularity and consistency of the approval processes. Cross-reference with respective ICAO SARPs to ensure they align.
- Investigate the training and qualification of those responsible for granting approvals. They should possess the required expertise and be well-versed with the relevant ICAO SARPs.

Possible indicators for Compliances:

- Existence of comprehensive documentation that includes a trail of approvals for various processes.
- Clear, explicit criteria set for approvals that align with ICAO SARPs.
- Regular internal audits or reviews that ensure adherence to the approval processes.
- Presence of valid endorsements, either through digital mechanisms or official stamps and signatures.
- Evidence of continuous training and updating of those responsible for granting approvals.

Possible indicators for Non-Compliances:

- Absence of essential approval documentation or evidence of bypassed approval steps.
- Ambiguous or outdated criteria for approval processes.
- Discrepancies between the Operator's approval practices and the relevant ICAO SARPs.
- Approvals granted by personnel who lack the proper authorisation or expertise.
- Lack of periodic reviews or audits to ensure the integrity and validity of the approval processes.

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15.4.4 Desired Outcomes:

15.4.4.1 Secure / Securely:

Description:

Ensuring the protection of assets, data, personnel, and passengers from any kind of potential danger or threat, both externally and internally, within the aviation environment.

Auditing Guideline:

- Review the Operator's security policy and strategy to ensure they align with the latest ICAO SARPs.
- Evaluate the efficacy of the security training programs provided to staff.
- Check the physical security measures in place, such as barriers, surveillance systems, and access control mechanisms.
- Assess the cybersecurity protocols for protection against data breaches or unauthorised access to sensitive information.
- Conduct interviews with key security personnel and review their qualifications and training to ensure competence in maintaining security standards.
- Verify the frequency and thoroughness of security drills, simulations, and evaluations.
- Review any past incidents or breaches and ensure that Corrective Actions were taken and are effective.

Possible indicators for Compliances:

- Comprehensive security training for all relevant staff.
- Regular security audits and drills conducted with documented outcomes.
- State-of-the-art surveillance systems and access control mechanisms in place.
- Immediate and effective response to any potential or real threats.
- Strong collaboration with local law enforcement and aviation security agencies.
- Updated and regularly reviewed cybersecurity measures.

Possible indicators for Non-Compliances:

- Absence of regular reviews or updates to security protocols.

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- Infrequent or ineffective security training for staff.
- Inadequate or malfunctioning surveillance and access control systems.
- Past incidents or security breaches without documented Corrective Actions.
- Reports or complaints from staff or passengers regarding perceived security lapses.
- Reliance on outdated technology or procedures for security purposes.

15.4.4.2 Reliable / Reliably:

Description:

Refers to the capability of systems, processes, or entities within the aviation industry to consistently produce a desired result or maintain a standard over time, ensuring that it can be depended upon without causing undue risk or doubt.

Auditing Guideline:

- Analyse the documentation pertaining to the specific system, process, or entity to establish a clear understanding of its intended function and performance standard.
- Engage with relevant personnel to gather insight into the day-to-day operational aspect, ensuring that the practical application aligns with the documented procedures.
- Utilise data sampling or Observation methods to evaluate consistency over a designated period of time.
- Assess any monitoring and feedback mechanisms that the Operator has put in place to detect and rectify any deviations from the intended reliable performance.
- Compare the Operator's systems, processes, or entities against the industry best practices to determine if it meets or exceeds the reliability standards set by ICAO SARPs.

Possible indicators for Compliances:

- Clear and comprehensive documentation detailing procedures, responsibilities, and expected outcomes.
- Positive feedback from personnel regarding the reliability of the system, process, or entity.
- Historical data indicating stable performance with minimal deviations or incidents.

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- Effective monitoring and rectification systems in place that actively address any deviations from the set standard.
- Consistency in training modules that align with the documented procedures to ensure that personnel are well-equipped to maintain reliability.

Possible indicators for Non-Compliances:

- Gaps or ambiguities in documentation that do not provide a clear guideline for reliable performance.
- Negative or inconsistent feedback from personnel indicating a lack of trust or satisfaction with the system, process, or entity.
- Data or records showcasing multiple incidents, deviations, or failures in a short span of time.
- Absence or ineffective monitoring systems that do not identify or rectify deviations in a timely manner.
- Discrepancies between the documented procedures and the training provided to personnel, leading to potential inconsistencies in operation.

15.4.4.3 Sustainable / Sustainably:

Description:

A characteristic of an operation, procedure, or approach within the Operator that ensures long-term viability and balance, taking into consideration ecological, social, and economic dimensions, without compromising the ability of future generations to meet their own needs or causing detrimental impacts to the environment.

Auditing Guideline:

- Examine the Operator's strategic planning documents to ensure that there is an emphasis on sustainability.
- Investigate how environmental considerations are factored into daily operations, planning, and decision-making processes.
- Validate that the Operator has a dedicated team or department focusing on sustainable practices.

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- Confirm that the Operator has set measurable sustainability targets and benchmarks.
- Scrutinise the training and awareness programs targeted towards fostering a culture of sustainability.

Possible indicators for Compliances:

- Presence of a clear sustainability policy documented within the company.
- Adoption of fuel-efficient flight practices and utilisation of sustainable aviation fuels.
- Collaboration with environmental organisations to offset carbon emissions.
- Regular sustainability reporting and transparency in sharing such reports with stakeholders.
- Engagement in community-based projects promoting sustainability.
- Use of energy-efficient infrastructure and equipment in the Operator's facilities.
- Establishment of waste management and recycling initiatives.

Possible indicators for Non-Compliances:

- Absence of a dedicated sustainability team or lack of emphasis on sustainable practices.
- Failure to regularly monitor and report on environmental impacts.
- No strategic plans or targets to reduce greenhouse gas emissions or other environmental footprints.
- Lack of training and awareness initiatives around sustainable practices for staff.
- Investments in infrastructure or equipment that are known to have high environmental impacts.
- Resistance to adopt newer, more sustainable technologies or methods.
- Non-compliance with local or international environmental regulations and standards.

15.4.4.4 Transparent / Transparently:

Description:

Engaging in operations and communications in a manner that allows for ease of visibility, understanding, and straightforward interpretation by relevant stakeholders.

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Auditing Guideline:

- Evaluate the Operator's commitment to ensuring transparency in both its documentation and operational activities.
- Scrutinise written documents, manuals, and protocols for their comprehensibility and accessibility to concerned personnel.
- Investigate communication channels to determine if the Operator promotes straightforwardness and clarity in conveying essential information.
- Speak with staff and crew members to understand their perspective on the Operator's openness and transparency in daily operations and during anomalies.

Possible indicators for Compliances:

- Easily accessible and comprehensible policies and procedures.
- Company documentation that is written in plain language and avoids unnecessary jargon.
- Regular and proactive updates on company operations, policies, or any changes.
- Effective training sessions ensure that employees understand protocols and procedures.
- Availability of communication channels for employees to voice concerns or seek clarifications.

Possible indicators for Non-Compliances:

- Important documents are frequently unavailable or inaccessible to the staff.
- Over-reliance on complex jargon in communications and documents that obscure meaning.
- Reluctance or delay in sharing information about significant changes or events.
- Lack of feedback mechanisms for employees to discuss issues or ambiguities they encounter.
- Observed inconsistencies between documented procedures and actual operational practices.

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15.4.4.5 Compliant / Compliance:

Description:

The state in which an Operator's operations, procedures, and documentation align with and satisfy the stipulated rules, standards, or laws, as set out by the ICAO SARP and other applicable aviation regulations.

Auditing Guideline:

- Begin by collecting and reviewing the Operator's documentation that pertains to the specific ICAO SARP in question. This could include manuals, standard operating procedures (SOPs), training records, or safety assessments.
- Interview relevant personnel, such as flight operations staff, maintenance crews, and management, to ascertain their understanding and application of the rules and standards.
- Observe the Operator's actual operational practices, comparing them to the provided documentation to ensure that there's consistency in both.
- Verify that the Operator has a mechanism in place to update their processes and documentation as and when there are changes to the ICAO SARP or other relevant regulations.
- Ensure that there is a system in place for monitoring and ensuring ongoing compliance. This could be in the form of internal audits, feedback loops, or continuous training programs.

Possible indicators for Compliances:

- Clear documentation that details processes, procedures, and responsibilities with reference to the specific ICAO SARP.
- Testimonials or records indicating regular training of staff on the latest rules and standards.
- Records of periodic internal audits and reviews conducted by the Operator to ensure compliance.
- Feedback mechanisms that capture and act upon any discrepancies or gaps in compliance.
- Open channels of communication between various departments to ensure cohesive adherence to standards.

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Possible indicators for Non-Compliances:

- Absence of, or outdated, documentation relating to the relevant ICAO SARP.
- Personnel unaware of or confused about certain rules and standards.
- Discrepancies between the Operator's documented procedures and its actual operational practices.
- Absence of, or irregular, training sessions on ICAO SARP and other relevant regulations.
- Lack of mechanisms to capture feedback or concerns about compliance issues.

15.4.5 Entities / Actors:

15.4.5.1 State:

Description:

A State, in the context of ICAO SARPS, refers to a nation or territory that functions as an organised political entity, possessing its own governing body and sovereignty. The State is responsible for the administration and oversight of civil aviation activities within its borders or territories.

Characteristics:

- Sovereignty: The absolute authority over its internal and external affairs without interference from other States.
- Governance: Has its own governing body such as a government or administration that exercises authority and establishes regulations and policies.
- Jurisdiction: Possesses the power to manage and oversee aviation activities, ensuring compliance with national regulations and international agreements.
- Territorial Integrity: Recognised geographic boundaries within which it exercises authority.
- ICAO Relevance: As per ICAO's SARPs (Standards and Recommended Practices), each member State is required to uphold specific standards in the realm of aviation to ensure safety, security, efficiency, and regularity of international civil aviation. The SARPs cover a vast array of topics, including air navigation services, aircraft operations, and aerodrome standards, among others.

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15.4.5.2 Operator:

Operator as defined in ICAO SARPs Context:

An Operator, within the framework of ICAO's Standards and Recommended Practices (SARPs), refers specifically to an entity or organisation that has the legal and operational responsibility for the use of aircraft. This entity ensures that all operations involving aircraft are conducted in accordance with the respective national and international regulations. In the aviation industry, common examples of Operators include commercial Operators that transport passengers or cargo, corporate flight departments that manage business jets, charter companies, agricultural aviation companies, and training schools with a fleet of instructional aircraft. The term 'Operator' encompasses not just the actual flying of the aircraft, but also the associated administrative, maintenance, and operational tasks.

15.4.5.3 Authority:

Regulatory and Governance Entity

A recognised and established organisation or governing body endowed with the legal power and jurisdiction to create, enforce, or interpret rules, regulations, directives, or policies pertaining to specific areas or domains. Within the context of aviation, this often refers to national or regional civil aviation authorities.

Attributes:

- Jurisdictional Range: Specifies the geographical or operational domain over which the authority has power. For aviation, this could be national, regional, or even international in certain collaborative contexts.
- Regulatory Framework: The set of rules, guidelines, and policies that the authority enforces. This might include safety regulations, operational guidelines, or licensing requirements.
- Enforcement Mechanism: Tools or procedures used by the authority to ensure compliance, such as inspections, audits, penalties, or certifications.

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- Liaison with ICAO: The nature and frequency of interactions between the authority and ICAO. This can provide insight into how closely the local regulations align with ICAO's SARPs.

15.4.5.4 Agency:

Description:

An agency in the context of ICAO SARPs refers to a designated authority or a formal entity, either governmental or private, that is entrusted with specific responsibilities, tasks, or mandates related to aviation operations. This may encompass oversight, administration, regulation, certification, or other critical functions directly or indirectly tied to the aviation sector.

Scope & Functions:

In the aviation context, agencies may be tasked with duties ranging from airspace management, safety and security oversight, pilot and crew certifications, aircraft airworthiness assessments, or even environmental standards monitoring. They operate under strict guidelines set by either national regulations or international standards.

15.4.5.5 Personnel:

Personnel refers to the individuals who are officially employed by or associated with an Operator, working in various capacities to ensure the smooth operation of the Operator's activities. These individuals might range from pilots, cabin crew, and ground staff to air traffic controllers, maintenance engineers, administrative staff, and more. Their roles and responsibilities are typically defined by job descriptions, qualification criteria, training records, and performance evaluations. Personnel also includes those on temporary contracts, part-time workers, and possibly consultants who play a role in the Operator's operations.

15.4.5.6 Organisation:

Overview:

In the context of ICAO SARPs, when referring to "Organisation," it implies a distinct entity within the aviation sector that plays a pivotal role in ensuring that aviation standards, procedures, and

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protocols are maintained. This is especially relevant when an aviation Auditor is examining an Operator's adherence to ICAO SARPs.

Description:

An organisation, within the aviation framework, is a systematic arrangement of individuals or teams that come together under a common governance structure. This structure often consists of hierarchical roles and responsibilities that enable the organisation to function smoothly. The main objective of an organisation in aviation is to achieve specific goals, be it operational efficiency, safety protocols, or adherence to international standards.

Key Features:

- Governance Structure: The leadership and managerial framework that outlines roles, responsibilities, and lines of authority. This often includes the board of directors, executive management, and other key personnel.
- Operational Units: Different departments or teams responsible for specific tasks such as maintenance, operations, safety, training, and compliance, among others.
- Procedures and Protocols: Standard Operating Procedures (SOPs), guidelines, and other documented processes that the organisation follows to ensure safety, efficiency, and regulatory compliance.
- Cultural Aspects: The values, beliefs, and behaviours that are promoted and encouraged within the organisation, which can greatly impact its overall performance and adherence to standards.

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15.4.5.7 Stakeholder:

Description:

Within the context of ICAO SARPs, a "stakeholder" refers to any individual, group, organisation, or entity that has a vested interest in the decisions, actions, or outcomes related to aviation operations, policies, and developments. Stakeholders can have direct or indirect influence and can be affected positively or negatively by the decisions and actions taken in the aviation sector.

Examples:

- Airlines / Operators: They rely on the standards and recommended practices to ensure safe, secure, and sustainable operations.
- Pilots and Cabin Crew: Their daily operations are directly influenced by aviation regulations and standards.
- Air Traffic Controllers (ATCs): They work in coordination with Operator operations and are affected by changes in aviation procedures.
- Airport Operators: They need to align their infrastructure, safety, and security measures with the standards.
- Regulatory Authorities: National aviation authorities or civil aviation authorities that are responsible for implementing and overseeing ICAO's standards.
- Passengers: Their safety and convenience are directly affected by aviation standards.
- Local Communities: Those living near airports or under flight paths might be affected by noise, environmental, and safety concerns.
- Aircraft Manufacturers: They design and build aircraft based on these standards and practices.
- Environmental Groups: Concerned with the environmental impact of aviation activities, including emissions and noise.
- Suppliers and Service Providers: From fuel suppliers to maintenance organisations, they must adhere to and operate based on these standards.

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15.4.6 Areas of Focus:

15.4.6.1 Safety:

Description:

The state in which the risk of harm or injury to persons or property damage is reduced and maintained at an acceptable level through a continuous process of hazard identification and risk management.

Auditing Guideline:

- Review the Operator's safety management system (SMS) for its comprehensiveness and effectiveness.
- Examine the training programs and records to ensure they meet the prescribed safety standards.
- Evaluate the adequacy and maintenance of safety equipment and facilities.
- Analyse incident and accident reports, as well as their subsequent investigations, to understand root causes and Corrective Actions taken.

Possible indicators for Compliances:

- Comprehensive and updated Safety Management System (SMS) in place.
- Regular safety training sessions and drills conducted for all employees.
- Presence of well-maintained safety equipment such as fire extinguishers, evacuation slides, and life vests.
- Regular safety audits and reviews are conducted with evidence of continuous improvements.
- Incident reports are thoroughly documented, with evident root cause analysis and timely Corrective Actions.

Possible indicators for Non-Compliances:

- Absence or outdated Safety Management System (SMS).
- Inadequate or irregular safety training for staff.
- Safety equipment is either missing, outdated, or not maintained.

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- Incident and accident reports are either not available, incomplete, or lack in-depth analysis and Corrective Actions.
- Discrepancies between the Operator's safety procedures and ICAO's SARPs.

15.4.6.2 Security:

Description:

Protocols, systems, and methods instituted by the Operator to prevent unauthorised access, detect potential threats, and respond to any security challenges in an effort to guard against espionage, sabotage, crime, attack, or escape.

Auditing Guideline:

- Evaluate the robustness of security protocols in place.
- Examine any documented breaches or security incidents and the subsequent responses by the Operator.
- Assess the training programs provided to the Operator staff regarding security awareness and procedures.
- Review the availability and functionality of security equipment, such as CCTV systems, metal detectors, and biometric systems.
- Examine coordination with local and international security agencies and regularity of security drills and simulations.

Possible indicators for Compliances:

- Comprehensive and updated security protocols.
- Well-documented incident reporting and response procedures.
- Regular training sessions on security awareness and best practices for staff.
- Advanced security infrastructure in place, such as biometric access and facial recognition.
- Collaboration with reputable security consultants or firms for periodic review and upgrading of security measures.
- Positive feedback from staff and stakeholders about the security standards and protocols of the Operator.

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Possible indicators for Non-Compliances:

- Gaps or inconsistencies in the security protocols.
- Historical records of unresolved or inadequately addressed security breaches.
- Lack of regular updates to security measures in line with industry standards.
- Inadequate or malfunctioning security equipment.
- Absence of regular security awareness training for the Operator staff.
- Negative reports or feedback related to the Operator's security standards and responsiveness.

15.4.6.3 Environment:

Description:

Surrounding conditions, both natural and man-made, that can influence or be influenced by aviation operations.

Auditing Guideline:

- Examine the Operator's official documentation for evidence of comprehensive environmental protocols. This may include Standard Operating Procedures (SOPs) related to minimising environmental impact.
- Seek evidence of conducted environmental impact assessments, particularly those related to noise, emissions, and waste management, for operations in specific regions or under specific conditions.
- Review the Operator's strategies and plans for mitigating environmental harm, especially in areas identified as being particularly sensitive or vulnerable. This can include strategies related to fuel efficiency, waste reduction, and alternative energy sources.
- Consider interviews with key personnel to gauge awareness and understanding of environmental responsibilities and measures in place.

Possible indicators for Compliances:

- Established and documented procedures addressing environmental considerations.
- Active initiatives to reduce carbon footprint, such as fuel-efficient flight planning and waste reduction programs.

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- Periodic reviews and updates of environmental impact assessments to remain current with changing operations or environmental conditions.
- Collaboration or partnerships with environmental organisations or initiatives.
- Training programs for staff on environmental protocols and best practices.

Possible indicators for Non-Compliances:

- Absence of or outdated environmental protocols and assessments in official documentation.
- Evidence of operations leading to avoidable harm or damage to sensitive environmental areas without mitigation or compensation measures.
- Discrepancies between documented environmental protocols and actual operational practices.
- Lack of awareness or understanding among staff regarding environmental responsibilities or measures.
- Inadequate response or lack of a Corrective Action plan following identified environmental incidents or breaches.

15.4.6.4 Operations:

Description:

The routine and consistent activities, tasks, and functions carried out by an Operator in order to achieve its objectives and ensure safety, efficiency, and regulatory compliance during its day-to-day flight operations.

Auditing Guideline:

- Examine the Operator's Standard Operating Procedures (SOPs) and operational handbooks.
- Evaluate the efficiency metrics used by the Operator to measure operational performance.
- Analyse the outcomes, especially in relation to safety incidents, delays, cancellations, and customer complaints.

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- Consult with relevant operational staff, such as pilots, cabin crew, and ground personnel to gather insights on practical implementation of documented procedures.
- Compare the Operator's operational practices against relevant ICAO SARPs and identify any areas of divergence or alignment.

Possible indicators for Compliances:

- Consistent adherence to established SOPs by operational staff.
- High level of punctuality in flight schedules.
- Fewer safety incidents or near misses reported during operations.
- Positive feedback from both crew and passengers regarding operational practices.
- Robust systems in place for continuous monitoring and improvement of operations.

Possible indicators for Non-Compliances:

- Deviation from established SOPs without valid justification.
- Repeated safety incidents or breaches related to operational errors.
- Regular flight delays or cancellations attributed to operational inefficiencies.
- Negative feedback or high volume of complaints from passengers about the Operator's operational handling.
- Lack of an effective mechanism to identify, report, and rectify operational discrepancies.

15.4.6.5 Navigation:

Description:

The systematic procedure and activities involved in determining the precise position of an aircraft and the planning and execution of a safe and efficient route from one location to another.

Auditing Guideline:

- Assess the quality, accuracy, and currency of navigation tools and equipment used.
- Examine the content, frequency, and effectiveness of navigation-related training provided to the flight crew.
- Review the Operator's navigation protocols, operational procedures, and any associated Checklists.

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- Consult with flight crew members and navigation experts within the Operator to understand operational realities and practical challenges.

Possible indicators for Compliances:

- State-of-the-art navigation tools and systems in place that are regularly updated.
- Comprehensive training programs covering both basic navigation principles and advanced techniques, with regular refresher courses.
- Clearly defined and documented navigation procedures that align with international standards.
- Positive feedback from flight crews regarding the usability and accuracy of navigation tools and systems.

Possible indicators for Non-Compliances:

- Use of navigation tools or systems that are outdated, malfunctioning, or not regularly maintained or updated.
- Absence or inadequacy of navigation training programs, or reports of training not aligning with real-world operational needs.
- Ambiguous or missing navigation procedures, or procedures that diverge from recognised industry standards without a valid justification.
- Reports or evidence of frequent navigation errors, or feedback from flight crews indicating dissatisfaction or concerns with navigation protocols or tools.

15.4.6.6 Infrastructure:

Description:

The essential physical assets, facilities, buildings, and related organisational structures that enable and support the operations of an Operator, encompassing areas like terminals, hangars, maintenance facilities, runways, IT systems, and staff areas.

Auditing Guideline:

Assess the structural integrity, regularity of maintenance, modernity, and suitability of the Operator's infrastructure. Review the processes the Operator has in place for inspecting,

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maintaining, and updating its infrastructure. Ensure that the infrastructure aligns with the needs and scale of Operator operations.

Possible indicators for Compliances:

- Comprehensive maintenance logs for facilities and equipment.
- Use of modern technologies and equipment.
- Adequate facilities for staff, passengers, and cargo.
- Clear demarcation and signage within Operator facilities.
- Efficient IT infrastructure to support operations and communication.
- Backup systems in place for critical operational equipment.
- Adequate safety measures and equipment in and around the infrastructure.

Possible indicators for Non-Compliances:

- Lack of regular maintenance records or schedules.
- Facilities showing signs of wear and tear without any recent repair or update.
- Inadequate facilities relative to the scale of operations or passenger traffic.
- Obsolete or malfunctioning IT systems.
- Absence of backup systems for essential infrastructure elements.
- Visible safety hazards or lack of standard safety equipment.
- Inefficient layout leading to operational bottlenecks or delays.

15.4.6.7 Capacity:

Description:

The quantifiable upper limit or maximum value, in terms of volume or number, that can be safely and effectively contained, managed, or accommodated within a specified system or equipment in the context of aviation operations.

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Auditing Guideline:

- Examine detailed capacity metrics, taking into account peak periods and off-peak periods.
- Scrutinise limitations that the Operator has put in place, whether due to aircraft type, operational considerations, or infrastructure constraints.
- Assess any expansion or enhancement plans the Operator has, ensuring they align with projected growth rates and market trends.
- Compare the stated capacity in the Operator's documentation with empirical data gathered during audits.
- Engage in conversations with operational staff to understand capacity challenges and mitigation strategies they employ.

Possible indicators for Compliances:

- The Operator's capacity adequately supports its current operational volume and has a buffer for unforeseen peaks.
- Documentation clearly states capacity limitations and provides rationale for the set limits.
- There's evidence of a proactive approach towards capacity management, including periodic reviews and adjustments.
- Clear processes in place to address any unforeseen capacity challenges in real-time.

Possible indicators for Non-Compliances:

- Evidence of routine overruns beyond stated capacity during operations.
- Absence of clear documentation or justification for set capacity limits.
- Lack of a structured plan to address future growth or market changes impacting capacity.
- Reports of operational delays or disruptions attributable directly to capacity constraints.
- Feedback from operational staff indicating frequent struggles with managing within the set capacity.

15.4.6.8 Equipment:

Description:

Physical tools, machinery, and other tangible items utilised to achieve specific tasks or functions relevant to Operator operations as per ICAO SARPs.

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Auditing Guideline:

- Review available documentation related to equipment procurement, maintenance schedules, and update records.
- Evaluate the compatibility of the equipment with current operational needs and ICAO SARP requirements.
- Engage with relevant operational staff to understand frequency and rigour of equipment checks.
- Cross-check the equipment's compliance with industry best practices and safety standards specific to aviation.
- Scrutinise the history of equipment-related incidents or mishaps and the measures taken in response.

Possible indicators for Compliances:

- Consistent maintenance and inspection records in line with manufacturer and industry standards.
- Existence of training records for staff on equipment usage and safety protocols.
- Replacement or upgrade of equipment in line with technological advancements or ICAO SARP changes.
- Positive feedback from staff regarding the reliability and functionality of the equipment.

Possible indicators for Non-Compliances:

- Gaps or inconsistencies in equipment maintenance and inspection records.
- Lack of or outdated documentation for equipment procurement or updates.
- Reports or evidence of frequent equipment breakdowns or malfunctions.
- Negative feedback from staff citing concerns or challenges related to equipment functionality or safety.
- Equipment not matching the specifications or standards set by ICAO SARPs or industry best practices.

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15.4.7 Key SARPcheck Programme Terms:

15.4.7.1 Documented

The clear and precise representation of an operational specification, which has been published and accurately depicted within a structured document by the Operator / Provider. The document must be easily accessible, reflect current practices and procedures, and be aligned with the required standards and regulations.

Auditing Guidance

- Familiarise oneself with the Operator's documentation hierarchy and system of record-keeping.
- Ascertain the processes and criteria the Operator uses for the initiation, revision, and archival of its operational documents.
- Review sample operational specifications to verify that they are published and recorded in a manner that aligns with the required standards.
- Conduct interviews or discussions with key personnel responsible for documentation to gain insight into the documentation process and challenges, if any.
- Compare the documented operational specifications with actual operations to ensure alignment and relevance.

Possible indicators for Compliances

- Presence of a centralised documentation system.
- Clear records of revision histories and dates for each document.
- Availability of a systematic review process for all documents.
- Consistency in format, structure, and content across various documents.
- Evidence of periodic training and familiarisation sessions for personnel on the relevant documents.

Possible indicators for Non-Compliances

- Discrepancies between documented operational specifications and actual operations.
- Absence of a revision history or irregular update frequencies.
- Documents not accessible to relevant personnel.

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- Inconsistencies or contradictions within or between documents.
- Reports of personnel unawareness or unfamiliarity with current operational documents.

15.4.7.2 Controlled Document

Definition:

A specialised document that undergoes rigorous processes to ensure the utmost accuracy and consistency in its content. It is subject to methodologies that ensure controlled revision, authorised publication, systematic distribution, easy accessibility, and the defined retention period. This document should be resistant to unauthorised alterations and must be traceable in its version history.

Auditing Guidance

- Identify the mechanisms in place for the creation, revision, and distribution of controlled documents.
- Examine the processes for controlling and tracking document changes and ensuring only authorised personnel can make alterations.
- Assess the storage, backup, and archival methods to ensure document safety and long-term accessibility.
- Check for measures in place to retrieve previous versions or recover lost data.
- Interact with personnel to evaluate their awareness and understanding of controlled documents.

Possible indicators for Compliances

- Presence of strict access controls for document editing and revision.
- Detailed log of document changes, including author, date, and nature of change.
- Established protocols for document distribution and communication of changes.
- Secure and systematic storage, with backup mechanisms in place.
- Affirmation from staff about their understanding and adherence to controlled document procedures.

Possible indicators for Non-Compliances

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- Absence of a structured process for document revision or unauthorised changes.
- Inadequate storage or backup measures, risking document loss.
- Lack of awareness among staff regarding the importance and usage of controlled documents.
- Irregular or absent communication about document updates to relevant personnel.
- Controlled documents not readily accessible to those who require them for operational needs.

15.4.7.3 Implemented

Definition:

The operational specification's status when it has been methodically activated, integrated, established, incorporated, deployed, set up, and embedded into the Operator's operational framework. It is further scrutinised, monitored, and assessed to confirm the achievement of intended goals within the Operator's operations.

Auditing Guidance:

- Operational Verification: Observe the Operator's day-to-day operations to ensure that the stated procedures are being practised in real-time.
- Engage directly with operational personnel to gauge their comprehension of and adherence to the specifications.
- Undertake first-hand Observation of various operational tasks to understand practical implementation.
- Review of Monitoring and Evaluation Mechanisms: Investigate how the Operator ensures ongoing oversight of the operational specification.
- Examine the frequency and method of evaluations.
- Analyse recorded anomalies or variances and the responses to those discrepancies.

Possible indicators for Compliances:

- Active practices that mirror the Operator's operational specifications.
- Positive feedback and comprehension from operational staff about the specifications.
- Defined processes to address and rectify operational anomalies.

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- Regular training or briefing sessions highlighting the importance of adhering to the operational specifications.

Possible indicators for Non-Compliances:

- Observable gaps between stated operational specifications and actual practices.
- Reports of misunderstandings or unfamiliarity among operational staff concerning the specifications.
- Absence or irregularities in the monitoring and evaluation of operational procedures.
- Limited avenues for staff to report challenges or issues related to the operational specifications.

15.4.7.4 Sampling of Implementation Evidence

Introduction to Evidence Sampling

Evidence sampling is a crucial part of the SARPcheck Audit process, ensuring that the Operator's compliance with the ICAO SARPs is thoroughly and accurately assessed. This involves examining a range of items such as records, data, reports, documents, aircraft parts, etc., based on the specific requirements of the SARPs.

Guidelines for Sampling

Sampling Necessity: Sampling is essential for assessing SARP implementation, evaluating Corrective Actions, and confirming the effectiveness of interim and permanent corrective measures. The sampling method should be consistent across all Audit phases.

Sampling Criteria:

Depending on the importance, risk, complexity, and frequency of the operational function or Corrective Action, sampling might need to be comprehensive. Auditor discretion plays a key role in determining the extent of sampling.

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Selection Process:

Samples must be randomly chosen by the Auditor from the entire pool of relevant records, data, or information. The auditee shall not influence the sample selection.

Representative Sampling:

To ascertain compliance, Auditors shall choose a representative number of samples. For smaller data sets, a minimum of three samples is advisable, while larger sets require a proportionately larger sample size. The samples chosen should adequately represent the diversity and complexity of the organisation.

Internal Audits:

Operators conducting internal audits should opt for larger sample sizes since they have more time and resources compared to external Auditors.

Sample Selection Methods:

Auditors may use either random or targeted methods for selecting samples. If initial samples do not provide sufficient information, the Auditor should increase the sample size until a confident assessment of compliance can be made.

Practical Considerations

Timing of Sampling: While effort should be made to sample evidence during the SARP assessment, logistical constraints may necessitate delays. However, no evidence should be accepted post the on-site Audit unless under specific circumstances like Observational Assessments or Audit adjournments.

Maintaining Control:

Auditors must have a system to ensure that evidence sampling is not overlooked, especially when multiple SARPs are involved. This may involve keeping the SARP assessment status open until sampling is completed.

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Auditor's Discretion and Control:

Auditors should exercise caution and judgement to ensure that the samples are either immediately selected by them or provided promptly by the auditee to avoid manipulation of evidence.

Best Practices for Auditors

Guidelines for Sampling: Auditors should follow established guidelines for evidence collection techniques during the SARPcheck audits.

Example - Training Records:

For auditing training records, Auditors should select a subset from all fleets and operational groups. The selection process must be controlled by the Auditor, either through random selection, specific record identification, or at regular intervals. The Auditor must maintain control over this process, though the auditee may assist in gathering the selected records.

Conclusion

Effective sampling is vital for a comprehensive and accurate audit. It ensures that the Audit process is thorough, and the Findings are reliable, thereby maintaining the integrity of the SARPcheck Audit program.

15.4.7.5 Evidence Assessment

Evidence shall be collected through various methods, including but not limited to:

- Review and evaluation of relevant documents.
- Interviews with Operator staff.
- Observations of facilities, equipment, and operations.
- Analysis of routine operational data (e.g., flight data, maintenance records).
- Examination of specific records like accident reports, performance evaluations, and supplier audits.
- Evaluating the Quality of Evidence

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- The credibility of evidence is critical. Auditors must remain vigilant against potentially misleading or biased information. Situations to be wary of include:
    - Information from individuals lacking complete operational knowledge or Audit requirement awareness.
    - Attempts by Operator representatives to unduly influence the Audit outcome.
    - Information sources with possible intentions to mislead or obstruct the Audit process.

Determination of Implementation and compliance

Confirming a SARP's implementation may require evidence from multiple sources, especially in complex cases. A single piece of evidence is insufficient to declare compliance or Non-Compliance. Auditors must:

- Cross-verify evidence from various sources.
- Use professional judgement in making final assessments.
- Seek additional evidence if initial Findings are inconclusive.
- In cases where an Operator has recently started specific operations (e.g., Dangerous Goods handling), evidence might be limited. Here, Auditors should apply informed judgement, considering the operational context.

15.4.7.6 Observational Assessments in SARPcheck

Observational Assessments are structured Observations of the actual conduct of the Operator across all sections / disciplines which are covered by a SARPcheck audit.

Purpose and Importance

To corroborate evidence and assess compliance or Non-Compliance with SARPs through direct Observation of Operator’s conduct and facilities.

Scheduling and Duration

Timing: Conducted within a 30-day window surrounding the main Audit phase, aligning with the operational reality of the Operator.

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Duration: Tailored to provide thorough coverage while minimising operational disruption; typically ranging from several hours to a full day.

Scope of Observational Assessments

Operational Focus: Includes a broad range of activities within all sections / scopes covered by a SARPcheck audit, with a focus on safety-critical and compliance-related areas.

Aircraft and Operations Coverage: Encompasses all aircraft types listed in the Operator's specifications to ensure a holistic operational review.

Methodology of Observation

Preparation: Auditors thoroughly review relevant SARPs and familiarise themselves with the Operator's operational context.

Observational Techniques: Emphasise objective, unbiased assessment with a non-intrusive approach to avoid influencing personnel behaviour.

Interaction with Operator Personnel

Communication: Professional and clear, maintaining the observer role.

Confidentiality: Strict adherence to confidentiality protocols.

Special Considerations

Observing Outsourced Functions: Observational Assessments may include direct assessment of outsourced operations or the Operator's oversight of these operations.

Handling Non-Assessable Observational Assessments: Alternative methods such as interviews or simulated scenarios are employed when direct Observation is not feasible, subject to pre-Audit Audit Company HQ approval.

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