

#### **OFFICIAL**



# (OPS.10) Key personnel assessment – quality assurance manager

| Nominee | Nominee | EAP case | File      |  |
|---------|---------|----------|-----------|--|
| name    | ARN     | number   | reference |  |

#### Instructions

- 1. Use this worksheet for Part 142 flight training organisations who are required to have a quality assurance manager.
- 2. All sections below should be completed.
- 3. Unless otherwise stated, the legislation reference refers to the Civil Aviation Safety Regulation 1998 (CASR).
- 4. Use this worksheet in conjunction with the record of interview template.
- 5. The compliant column is used to record evidence that supports an assessment of *present* and *suitable* for the operation. Select a response from the drop down list. There are four available responses: **Yes** / **No** / **MI** (more information) / **N/A** (not applicable). Yes indicates that both present and suitable have been satisfied and the element is compliant with the rule.
- 6. For guidance on specific aspects of each question, refer to the respective section in the principle document as identified in the principle reference column.
- 7. The assessment summary must be completed by the assigned inspector. By selecting satisfied or not satisfied, the inspector is taken to have signed the worksheet.
- 8. Where required, the approval data sheet must be completed by the assigned inspector. Regservices will use this information to prepare approvals for the delegate.

## 2 Quality assurance manager – desktop assessment

| Legislation<br>reference | Principle<br>reference | Question   |  | Inspector comments |
|--------------------------|------------------------|--|--|--------------------|
| 142.110(3)               | 2.1.1                  | Is the nominee a fit and proper person?  |  |                    |
| 142.205                  |                        | Does the nominee have:   |  |                    |
| 142.205(a)               | 7.1                    | sufficient relevant quality assurance management experience to capably lead, manage and set standards to enable the operator to safely implement the quality assurance management system in accordance with the operator's exposition? |  |                    |
| 142.205(b)               | 7.3                    | sufficient regulatory knowledge to enable the operator to conduct Part 142 activities safely and in accordance with the operator's exposition and the civil aviation legislation?  |  |                    |
| 142.170                  | 2.1.3                  | Has the nominee completed familiarisation training?  |  |                    |
| 142.215(3)(c)            | 7.7                    | If directed by CASA to undertake a training course for the role, has the nominee completed the training?   |  |                    |
| 142.215(3)(a)(b)         | 7.7                    | If directed by CASA to undertake an assessment, has the nominee demonstrated their suitability for the role?   |  |                    |

#### 7 Quality assurance manager – suitability assessment

| Legislation<br>reference | Principle<br>reference | Question  |  | Inspector comments |
|--------------------------|------------------------|---|--|--------------------|
| 142.210                  |                        | Does the nominee have sufficient knowledge and understanding to ensure they can:  |  |                    |
| 142.210(2)(a)            | 7.4                    | manage the operation of the quality assurance management system, including managing corrective, remedial and preventative action in relation to the system? |  |                    |
| 142.210(2)(b)            | 7.5                    | regularly report to the chief executive officer on the effectiveness of the quality assurance management system?  |  |                    |
| 142.210(2)(c)            | 7.6                    | effectively manage the maintenance and continuous improvement of the quality assurance management system?   |  |                    |

## **Assessment summary**

| ee  | EAP case number                  | File reference       |                                       |  |  |  |  |
|---|----------------------------------|----------------------|---------------------------------------|--|--|--|--|
| This worksheet verifies the application for the approval of a quality assurance manager for the above-named applicant has been assessed in accordance with the current revision of Protocol (OPS.10). |                                  |                      |                                       |  |  |  |  |
| Title   |                                  | Date                 |                                       |  |  |  |  |
| Assessment  |                                  |                      |                                       |  |  |  |  |
| The nominee has been assessed in accordance with the requirements mentioned in:  Subpart 142.D  |                                  |                      |                                       |  |  |  |  |
|   |                                  |                      |                                       |  |  |  |  |
| nce manager.  |                                  |                      |                                       |  |  |  |  |
| I am not satisfied the nominee is suitable for the role as quality assurance manager.   |                                  |                      |                                       |  |  |  |  |
| Reason for recommendation   |                                  |                      |                                       |  |  |  |  |
|   |                                  |                      |                                       |  |  |  |  |
|   |                                  |                      |                                       |  |  |  |  |
|   |                                  |                      |                                       |  |  |  |  |
|   |                                  |                      |                                       |  |  |  |  |
| r   | Title mentioned in: nce manager. | Title  mentioned in: | Title Date  Title Date  mentioned in: |  |  |  |  |

## **Approval data sheet**

| Operator name  |   | Operator<br>ARN |                    | EAP case number | File<br>refe         | rence |  |
|--|---|-----------------|--------------------|-----------------|----------------------|-------|--|
| QAM assessed fo  | r: Substantive position   |                 | Alternate position |                 |                      |       |  |
| Tick the relevant boxes for the approvals.                             |   |                 |                    |                 |                      |       |  |
| ☐ Significant change recommendation                                    |   |                 |                    |                 |                      |       |  |
| (1) The proposed sig   | (1) The proposed significant change(s) to the exposition/operations manual have been assessed in accordance with the requirements mentioned in: |                 |                    |                 |                      |       |  |
| paragraph 142.3  | paragraph 142.340(1)(t)   |                 |                    |                 |                      |       |  |
| Inspector  |   |                 |                    |                 |                      |       |  |
| I recommend the  | e significant change.   |                 |                    |                 |                      |       |  |
| I do not recommend the significant change.                             |   |                 |                    |                 |                      |       |  |
| Exposition/operations manual revision reference                        |   |                 |                    |                 |                      |       |  |
| Title  |   | Version         | Date               |                 | RMS reference number |       |  |
| Note: Regservices requires this information to create the EMAN in RMS. |   |                 |                    |                 |                      |       |  |
| Remove key personnel   |   |                 |                    |                 |                      |       |  |
| Name   |   |                 |                    |                 | ARN                  |       |  |
| Reclassify key personnel to alternate                                  |   |                 |                    |                 |                      |       |  |
| Name   |   |                 |                    |                 | ARN                  |       |  |