Australian Government
Civil Aviation Safety Authority

# CASA Surveillance Manual (EAP)

June 2026

## Acknowledgement of Country

The Civil Aviation Safety Authority (CASA) respectfully acknowledges the Traditional Custodians of the lands on which our offices are located and the places to which we travel for work. We also acknowledge the Traditional Custodians' continuing connection to land, water and community. We pay our respects to Elders, past and present.

Inside front cover artwork: James Baban.



This document becomes an uncontrolled document when printed. Refer to the CASA website for the current version.

This document contains guidance material intended to assist CASA officers, delegates and the aviation industry in understanding the operation of the aviation legislation. However, you should not rely on this document as a legal reference. Refer to the civil aviation legislation including the *Civil Aviation Act 1988* (Cth), its related regulations and any other legislative instruments—to ascertain the requirements of, and the obligations imposed by or under, the law.

# Preface

As a Commonwealth government authority, CASA must ensure that the decisions we make, and the processes by which we make them, are effective, efficient, fair, timely, transparent, properly documented and otherwise comply with the requirements of the law. At the same time, we are committed to ensuring that all our actions are consistent with the principles reflected in our Regulatory Philosophy.

Most of the regulatory decisions CASA makes are such that conformity with authoritative policy and established procedures will lead to the achievement of these outcomes. Frequently, however, CASA decision-makers will encounter situations in which the strict application of policy may not be appropriate. In such cases, striking a proper balance between the need for consistency and a corresponding need for flexibility, the responsible exercise of discretion is required.

In conjunction with a clear understanding of the considerations mentioned above, and a thorough knowledge of the relevant provisions of the civil aviation legislation, adherence to the procedures described in this manual will help to guide and inform the decisions you make, with a view to better ensuring the achievement of optimal outcomes in the interest of safety and fairness alike.

Chief Executive Officer and
Director of Aviation Safety

# Contents

# References

## Acronyms and abbreviations

The acronyms and abbreviations used in this manual are listed below.

**Table 1. Acronyms and abbreviations**

| Acronym / abbreviation | Description |
|---|---|
| AH | Authorisation Holder |
| AMO | Aircraft Maintenance Organisation |
| AOC | Air Operator's Certificate |
| ARN | Aviation Reference Number |
| ASC | Aviation Safety Committee |
| ASR | Aircraft Survey Report |
| ATSB | Australian Transport Safety Bureau |
| AWK | Airwork certificate |
| BM | Branch Manager |
| CAA | *Civil Aviation Act 1988* (The Act) |
| CAO | *Civil Aviation Order* |
| CAP | Corrective Action Plan |
| CAR | *Civil Aviation Regulations 1988* |
| CASR | *Civil Aviation Safety Regulations 1998* |
| CASA | Civil Aviation Safety Authority |
| CEP | Coordinated Enforcement Process |
| CIRRIS | Corporate Integrated Reporting and Risk Information System |
| COA | Certificate of Approval |
| CSM | CASA Surveillance Manual |
| EAP | Enterprise Aviation Processing |
| EMROD | Executive Manager Regulatory Oversight Division |

| Acronym / abbreviation | Description |
|---|---|
| IAW | In accordance with |
| ICAO | International Civil Aviation Organisation |
| IDM | Intelligence Data Management |
| IRFA | Initial Regulatory Focus Areas |
| MMRS | Manager Monitoring and Response Surveillance |
| MOS | Manual of Standards |
| MMRS | Manager Monitoring and Response Surveillance |
| MRST | Monitoring and Response Team |
| MSP | Multi-Year Surveillance Plan |
| NMS | National Manager Surveillance |
| NOP | National Oversight Plan |
| OPM | Oversight Planning and Monitoring team |
| PAR | Post Authorisation Review |
| PBI | Microsoft Business Intelligence Tool |
| RFI | Surveillance Request for Information |
| RI | Responsible Inspector |
| RMS | Records Management System |
| RPAS | Remotely Piloted Aircraft Systems |
| ROD | Regulatory Oversight Division |
| SA | Safety Alert |
| SAR | Safety Assurance Review |
| SF | Safety Finding |
| SIC | Surveillance Information Circular |
| SL | Surveillance Lead |
| SM | Surveillance Manager |
| SME | Subject Matter Expert |

| Acronym / abbreviation | Description |
|---|---|
| SMS | Safety Management System |
| SO | Safety Observation |
| SRD | Self-Reported Deficiency |
| SRM | Surveillance Review Meeting |
| SSB | Safety Systems Branch |
| SRIB | Safety, Risk and Intelligence Branch |
| STO | Surveillance Technical Officer |
| STPM | Surveillance Team Planning Meeting |
| SWI | Surveillance Work Instructions |
| TMI | Temporary Management Instruction |
| TOR | Terms of Reference |
| WHS | Workplace Health and Safety |

# Definitions

Terms that have specific meaning within this manual are defined below.

**Table 2. Definitions**

| Term | Definition |
|---|---|
| Acquittal | Decision by CASA accepting that the remedial and closing actions taken by the Authorisation Holder (AH) have satisfactorily addressed the breach. |
| Aircraft Survey Report | Document issued by CASA to the registered operator providing notice of a potential or actual aircraft defect and generally in the form of a CASR 11.245 Direction. |
| Authorisation Holder | A holder of a Civil Aviation Authorisation as that term is defined in section 3 of the *Civil Aviation Act (1988) The Act* i.e. “an authorisation under this Act or the regulations to undertake a particular activity (whether the authorisation is called an AOC, permission, authority, licence, certificate, rating or endorsement or is known by some other name)”.<br>The term AH is used in this manual. |
| Branch Manager | Applicable manager that carries out non-Regulatory Oversight Division (ROD) surveillance responsibilities as delegated in the manual.<br>This generic title is to capture all the varying management nomenclature. |
| Breach | An infraction or violation of a legislative provision. |
| CASA Officers | CASA staff members who are employed in various capacities including, senior managers, managers, inspectors and administration. Certain CASA officers hold delegations allowing conduct of specific processes. |
| CASA Surveillance Framework | Incorporates policies, processes, IT systems and guidance that support CASA’s surveillance functions. |
| Closing Action | Action required by an AH in response to a breach that reduces the potential of recurrence. The action must address the root cause of the deficiency that caused the breach and indicate how the effectiveness of the action will be tracked. |
| Compliance | Actions or activities carried out, and which will achieve the requirements of the legislation. |
| Continuation Surveillance | Surveillance activity conducted on AHs outside of the regulatory service activities. |
| Corrective Action Plan | Means by which an AH demonstrates to CASA those actions and milestones planned to acquit an open safety finding. |
| Defect Reporting System | A system that allows people to report a defect to CASA and view major defects with aircraft or aircraft parts. |
| EAP | Enterprise Aviation Processing (EAP) is CASA’s approved surveillance management software tool for planning, conducting, recording, analysing and reporting surveillance activities. |
| Enforcement | Strategies adopted by CASA to secure compliance with aviation safety standards. |

| Term | Definition |
|---|---|
| Evidence | Information, objects, records, documents or statements of fact used to support findings and decisions. |
| Finding | A documented output from a surveillance activity resulting from an identified deficiency. |
| Initial Regulatory Focus Areas | A list of potential findings provided to an AH at a surveillance activity exit meeting |
| Manager | Applicable manager carries out non-ROD surveillance responsibilities as delegated in the manual. This title captures all the varying branch management nomenclature. |
| Multi-Year Surveillance Plan | A structured, risk-informed framework developed by CASA to guide the planned surveillance of aviation certificate holders. It ensures consistent oversight across certificate groups, supports regulatory objectives, and enables efficient resource allocation and forward planning. |
| National Manager Surveillance | National Manager for ROD Surveillance Branch. For areas outside ROD Surveillance Branch, these responsibilities are undertaken by applicable branch manager or manager. This title captures all the varying branch management nomenclature outside of ROD Surveillance. |
| National Oversight Plan | A standardised, CASA-wide framework for oversight of aviation AHs across the full authorisation lifecycle It operates across 6 key elements to support a consistent, coordinated and risk-based approach to regulatory oversight. |
| National Sector Campaigns | Coordinated surveillance activity focusing on multiple AHs within an identified sector of the industry over a defined period. |
| Non-Compliance | Has the same meaning as the term ‘breach’ and can be used interchangeably. |
| Oversight | The monitoring, surveillance and inspection of AHs to ensure compliance with legislative obligations. |
| Oversighting Office | CASA office or branch responsible for oversight of an AH in accordance with (IAW) the responsibilities in this manual. |
| Oversighting Office Manager | Senior manager responsible for surveillance oversight of an AH. Also see Surveillance Manager. This title captures all the varying management nomenclature. |
| Post-Authorisation Review | A planned surveillance activity conducted following the initial issue of a certificate to provide early assurance that entry control standards are being maintained. PARs are scheduled through the MSP, normally at 15 months from the initial issue date, so they may be completed within the 12 to 18 month requirement. |
| Power BI | Microsoft product providing combined live data from EAP merged with other internal systems. |

| Term | Definition |
|---|---|
| Principal and Protocol Worksheet | The operations protocol framework is made up of multiple protocol document suites, which are used by CASA to make consistent decisions on the assessment of an initial issue, significant change or surveillance of AHs.<br>Principle documents aim to provide a level of detail that allows all inspectors to come to a similar determination based on the information supplied by the applicant.<br>Worksheets provide the ability for inspectors to record their assessment as compliant or not compliant with the regulations. Some worksheets or checklists use satisfactory or unsatisfactory to support an assessment. |
| Principle Worksheet Headings | Surveillance activity question worksheet questions are grouped under the applicable regulation principle headings.<br>For example:<br>CASR Part 137—Aerial application operations—other than rotorcraft<br>• General<br>• Operator certification and supervision<br>• Operational procedures<br>• All-weather operations<br>• Aeroplane performance<br>• Weight and balance<br>• Aeroplane maintenance<br>• Pilots<br>• Manuals, logs and records<br>• Flight duty time limitations and rest requirements. |
| Ramp Inspection | Spot check of an aircraft on the ground (either passive or active), to ensure aircraft, and documentation comply with safety regulations. Includes review of documentation, equipment and procedures associated with that operation. |
| Regulatory Service | The assessment and/or review relating to an approval, variation, exemption or instrument. In accordance with the National Oversight Plan (NOP) philosophy, these activities are considered a component of the surveillance process, as they are initiated by the AH and may involve cost recovery or the payment of fees.<br>In the context of this manual, regulatory services refers to the entry control and change and renewal elements of the NOP. These NOP activities are undertaken by the branch responsible for managing the specific authorisation and represent CASA's front-end oversight functions — assessing an AH's suitability, capability, and readiness to enter or continue operating in the aviation system.<br>These functions are core components of risk-based oversight under the NOP. They provide critical insights into an AH's systems, history, and level of regulatory engagement, and inform CASA's broader oversight planning and decision-making. |
| Remedial Action | Immediate action taken by an AH in response to a finding to address the deficiency that caused the breach, and which will return the AH to a compliant state. |
| Responsible Inspector | A CASA officer (usually an inspector) who identifies a finding, issues a finding and subsequently manages that finding through to acquittal. |

| Term | Definition |
|---|---|
| Response Activities | Surveillance activities initiated in response to intelligence, surveillance outcomes, occurrence information, reports from industry or the public, data analysis, trend monitoring, or other emerging safety concerns. |
| Root Cause | The fundamental breakdown or failure of a process or system which, when resolved, prevents a recurrence of the deficiency. |
| Safety Alert | A notification used to raise an immediate safety of flight concern regarding a serious legislative breach by an AH and may be accompanied by an aircraft survey report (ASR). The issue of a safety alert may trigger the commencement of the Coordinated Enforcement Process (CEP). |
| Safety Finding | A notice issued to an AH to identify a non-compliance, either with a legislative provision or with the AH's own approved procedures. It formally documents the breach and forms part of CASA's regulatory oversight and follow-up process. |
| Safety Observation | A notice issued to an AH to advise them of latent conditions resulting in system deficiencies that, while not constituting a legislative or procedural breach, have the potential to result in such a breach if not addressed; or to put in place measures to mitigate potential regulatory breaches and risks to aviation safety. |
| Scheduled Surveillance | A planned surveillance activity scheduled under the Multi-Year Surveillance Plan (MSP). |
| Scoping | Each certificate group has defined scope coverage to be achieved during the oversight period to ensure consistency in the areas assessed for compliance. Scope is defined as either:<br>• Core – only core scope items are assessed, and these are assessed at each planned activity.<br>• Extended – core scope items are assessed at each planned activity, and a predefined extended set of scope is distributed across the planned activities within oversight period.<br>• All Applicable – core scope items are assessed at each planned activity, and all remaining applicable scope is distributed across the planned activities within the oversight period.<br>• Applicable scope may be determined by the legislative part, certificate type, or the individual authorisation holder's activities. |
| Self-Reported Deficiency | A deficiency arising from the AH's self-auditing or continuous improvements. Is reported by an AH to CASA. Communication occurs between CASA and the AH working through remedial and closing actions being undertaken. |
| Surveillance | Oversight of AH performed by CASA pursuant to section paragraph 9(1)(f) of the *Civil Aviation Act 1988* (the Act). |
| Surveillance Activity | Assessment of the safety performance of regulated aviation activities. |
| Surveillance Activity Team | Team consisting of CASA officers and inspectors that may be drawn from various disciplines, who have been assigned to conduct a surveillance activity. If a sole inspector conducts the surveillance activity, that inspector assumes all roles and responsibilities for the execution of the activity. |

| Term | Definition |
|---|---|
| Surveillance Information Circular | An internal mechanism for communicating any changes that are made to processes or procedures to the CASA surveillance cohort. |
| Surveillance Lead | CASA officer with the appropriate experience who is responsible for leading a Surveillance Activity Team. The term also applies to a sole inspector conducting a surveillance activity. |
| Surveillance Manager | CASA officer who is responsible for surveillance oversight of AHs assigned to them. This oversight is limited to the procedures and responsibilities contained within this manual.<br>This generic title is to capture all the varying branch management nomenclature. |
| Surveillance Review Meeting | Meets weekly and manages the surveillance planning process and reviews scheduled surveillance activity monthly targets. |
| Surveillance Services Team | A group of Surveillance Technical Officers (STO) providing support for a Surveillance Team prior, during and after a surveillance activity. |
| Surveillance Summary | A standardised official record of an AH's surveillance. The summary details the outcomes of the surveillance activity. Following the conduct of a surveillance activity and review of evidence obtained on the assessed scope, a copy of the surveillance summary is provided to the AHs to inform them of their current level of compliance and identified findings. |
| Surveillance Team Planning Meeting | Surveillance teams from all branches of CASA that conduct surveillance activities hold meetings (with minutes taken) on a weekly or monthly basis, dependent on their level of surveillance activity. |
| Surveillance Team | A group of inspectors led by a surveillance manager or team leader that plan and manage surveillance activities on oversighted AHs. |
| Surveillance Technical Officer | A national resource available to assist all CASA branches with surveillance-related services. Surveillance technical officers (STOs) are available to provide surveillance teams with all the necessary tools to prepare, conduct and finalise surveillance activities. |
| Surveillance Work Instructions | Set out the guidance, processes, and responsibilities CASA officers follow for all surveillance-related activities. |
| Temporary Management Instruction | Provide clarification or guidance to CASA officers on operational policies and procedures. |
| Unscheduled Surveillance | Unscheduled surveillance is limited to:<br>• Validation of the effectiveness of acquitted or closed findings<br>• Confirmation that significant closing actions are embedded and sustainable<br>• Resolution of residual uncertainty following planned surveillance<br>• Assurance completion where prior activity did not fully satisfy the assurance intent |

# Reference material

The reference material used in this manual are listed below.

**Table 3. Reference material**

| Doc Ref. | Title |
|---|---|
| CASA-04-7092 | CSM - Annex 1 - Surveillance Standards and Protocols |
| CASA-03-0210 | CSM – Annex 9 - Dangerous Goods (Non-AOC Holders) |
| CASA-03-6968 | CSM - Annex 23 - Multi-Year Surveillance Planning |
| CAR 1988 | Civil Aviation Regulations 1988 – Federal Register of Legislation |
| CASR 1998 | Civil Aviation Safety Regulations 1998 – Federal Register of Legislation |
| CASA-03-5533 | CASA Security Manual |
| CASA-03-0190 | Enforcement Manual |
| CASA-02-4406 | Information Management Directive |
| CASA-03-6189 | Managing WHS Risks of Remote and Isolated Work. |
| casa.gov.au | CASA Enterprise Agreement |
| CASA-04-0620 | Surveillance Framework Amendment Submission |
| CASA-04-4828 | Self-Reported Deficiency form |
| CASA-04-7187 | Surveillance activity initial regulatory focus areas |
| CASA-04-5379 | Aviation Event Brief |
| CASA-04-4312 | Safety Occurrence Information Request |
| CASA-04-0679 | Pilot Questionnaire and Response |
| CASA-04-2064 | Coordinated Enforcement – Non-Referral Form |
| CASA-04-5575 | Coordinated Enforcement Referral – Non-RPAS |
| CASA-04-5577 | Coordinated Enforcement Referral – RPAS |
| CASA-04-0603 | Surveillance activity record of conversation |
| CASA-03-5168 | Surveillance – RMS Titling Conventions |
| Power BI | Power BI Reports |
| AIN | Aviation Infringement Notices and demerit points |
| CLASS | CASA’s Learning Academy for Safe Skies |

# Revision history

Revisions to this manual are recorded below in order of most recent first.

**Table 4. Revision history**

| Version no. | Date | Parts and sections | Details |
|---|---|---|---|
| 1.2 | 06/2026 | 3.5.6.1 | Removed the sentence "The AH will be notified of the outcome prior to receiving the surveillance summary." |
| 1.1 | 06/2026 | 3.8.1.2<br><br>3.7.1.1 | Removal of system generated 7 calendar day response due for further evidence.<br><br>Amendment to decision chart regarding 7 day objection |
| 1.0 | 06/2026 | All | New template for EAP system for surveillance |

# 1 Introduction

The CASA Surveillance Manual (CSM) sets out the policy for conducting surveillance on civil aviation authorisation holders (AH). It also sets out the policy for conducting surveillance on persons or organisations who are not AH, namely: Non-air operator's certificate (non-AOC) holders for surveillance of shippers of dangerous goods (see CSM - Annex 9).

The CSM applies to the overarching aspects of surveillance conducted by CASA. The published CSM on the CASA website should always be the sole reference point. The website also includes any relevant Temporary Management Instructions (TMIs) which must be read in conjunction with the CSM.

The CASA intranet provides CASA officers with the current published CSM, annexes, TMIs and internal Surveillance Information Circulars (SICs) as well as the detailed procedures to be followed in the internal Surveillance Work Instructions (SWIs). These must be read in conjunction with the published CSM.

This CSM reflects surveillance management concepts that allow for the prioritisation of surveillance activities based on risk and supports identification of focus areas within a set scope during surveillance activities. This CSM also provides the policy required for the planning and conduct of surveillance activities prioritised in accordance with (IAW) the National Oversight Plan (NOP) including scheduled surveillance. This CSM also covers monitoring and response and referrals to Enforcement.

Enterprise Aviation Processing (EAP) is CASA's approved surveillance management software tool that supports the planning, conduct, recording, analysing and reporting on surveillance activities and allows CASA to apply a holistic, system-based and risk-informed approach to oversight across the Australian aviation industry.

RMS is the approved Records Management System tool where all surveillance activity is recorded.

Occasionally, the word 'must' is used in this CSM when the action is deemed to be critical. CASA does not intend for the use of such language to add to, interpret, or relieve a duty imposed by civil aviation legislation.

## 1.1 Purpose

The CSM contains the policy on how CASA conducts surveillance IAW CASA's regulatory responsibilities. When an SM or inspector needs to make a decision that is inconsistent with the procedures contained within this CSM the decision must be approved by the National Manager Surveillance (NMS) and recorded in the AH's records in RMS.

The CSM is structured in the following way:

- Chapter 1 – Introduction
- Chapter 2 – CASA's approach to surveillance
- Chapter 3 – Methodology
- Chapter 4 – Ramp inspections and checks
- Chapter 5 – Aircraft survey reports (ASR)
- Chapter 6 – Self-reported deficiencies
- Chapter 7 – Voluntary suspension or cancellation of authorisation
- Chapter 8 – Monitoring and response surveillance
- Chapter 9 – Enforcement in surveillance
- Chapter 10 – Information capture and access.

The CSM is a resource to be referred to by CASA officers at all levels, as required. For elaboration on any of the matters contained in the CSM, contact the Manager Surveillance Services at surveillance@casa.gov.au.

## 1.2 Objectives

The objectives of the CSM are to provide:

- an understanding of CASA's surveillance of the aviation industry
- an understanding of CASA's systems and risk-based surveillance approach

> Note: All processes and procedures for conducting surveillance are detailed in the internal SWI for use by CASA officers.

## 1.3 Target audience

The CSM is intended for CASA officers, delegates and the aviation industry to support a shared understanding of CASA's surveillance policy, oversight approach and surveillance requirements.

## 1.4 Document control

### 1.4.1 Sponsor and owner

The Executive Manager Regulatory Oversight Division (EMROD) is the sponsor of the CASA surveillance framework that incorporates the CSM and the surveillance management software tool, EAP.

The NMS is the owner of the CSM. The Surveillance Services Manager is responsible for ensuring the CSM is accessible and current. For this reason, manuals should not be retained or relied upon as a printed version. An electronic version is maintained on CASA's website and within CASA on the Document Catalogue.

### 1.4.2 Amendments

The Surveillance Services Team is responsible for the management and continuous improvement of the CASA surveillance framework. Suggestions for amendments should initially be discussed within work groups and teams and with oversighting office surveillance management. Formalised requests for amendment should be submitted by the SM for Document Catalogue forms and manuals using the Surveillance Framework Amendment Submission via email to surveillance@casa.gov.au .

Suggested amendments are reviewed by the Surveillance Services Team, and then presented to the SMs who, following consultation with the wider surveillance cohort, will either accept or reject the amendment. The NMS will authorise the final publication and the outcome communicated to the submitting business area. If a proposed amendment is rejected, the reason for the rejection is provided to the representative.

### 1.4.3 Annexes

Annex 1 - Surveillance Standards and Protocols remains an integral part of the CSM. As any updates and changes to Annex 1 directly affect the CSM, these are managed by the Surveillance Services Team.

Annex 23 – Multi-year surveillance planning sets out the MSP planning framework, including scope coverage concepts and surveillance planning parameters relevant to applicable surveillance annexes. All other annexes, are separate documents for the purposes of updating and including changes.

### 1.4.4 Temporary Management Instructions

The purpose of Temporary Management Instructions (TMIs) is to provide clarification or guidance to CASA officers on operational policies and procedures including inspectors and surveillance services staff.

TMI may be of an operational or a technical nature, such as the application of a regulation or a change to a CASA exemption.

As a TMI may have the potential to affect the conduct and outcome of surveillance activities, they must be read in conjunction with the published CSM. TMIs are published in the Document Catalogue for use by CASA officers and where applicable on the CASA website at casa.gov.au.

### 1.4.5 Surveillance Information Circulars

The purpose of the internal Surveillance Information Circulars (SIC) is to provide guidance and direction to surveillance staff of any changes to surveillance-specific policies and procedures, which may affect the conduct of surveillance activities.

SIC also function as temporary amendments to the CSM that are issued out of the amendment cycle. Therefore, SIC must be read in conjunction with the published CSM.

SIC are published under the surveillance section of the CASA Intranet and are approved by the Manager Surveillance Services and are administered by the Surveillance Services Team.

### 1.4.6 Surveillance Work Instructions

The purpose of the internal Surveillance Work Instructions (SWIs) is to provide CASA officers guidance on process and procedures for all surveillance-related activities.

SWIs are to be read in conjunction with the CSM and applicable annexes, are published under the surveillance section of the CASA intranet for use by CASA officers and are approved by the Manager Surveillance Services.

The SWIs provide the detail of the processes for each step of the surveillance activity and associated actions across CASA.

# 2 CASA's approach to surveillance

## 2.1 Overview

This chapter describes the overarching principles for surveillance management within CASA and details CASA's:

- surveillance obligations
- surveillance policy
- approach to surveillance
- regulatory philosophy
- National Oversight Plan
- surveillance scheduling.
- surveillance obligations

### 2.1.1 The *Civil Aviation Act 1988* requirements

CASA's key role is to conduct the safety regulation of civil air operations in Australian territory and the operation of Australian aircraft outside Australian territory. CASA is also responsible for ensuring that Australian-administered airspace is administered and used safely. The requirement for CASA to perform these roles is contained in the *Civil Aviation Act 1988* (the Act) and the *Airspace Act 2007*.

The main objective of the Act is to establish a regulatory framework for maintaining, enhancing, and promoting the safety of civil aviation with particular emphasis on preventing aviation accidents and incidents. The Act provides overarching and high-level obligations regarding CASA's safety and safety-related functions.

### 2.1.2 CASA's functions

CASA's functions are set out in section 9 of the Act. With respect to aviation industry surveillance, the Act relevantly states:

Section 9: CASA's functions

1. CASA has the function of conducting the safety regulation of the following, IAW this Act and the regulations:

   by means that include the following:

   (f) conducting comprehensive aviation industry surveillance, including assessment of safety-related decisions taken by industry management at all levels for their impact on aviation safety.

CASA encourages the aviation industry to adopt standards higher than the minimum required by regulations.

## 2.2 Surveillance policy

The policy applies to all CASA officers engaged in, conducting, or managing surveillance activities relating to the aviation industry. Section 3 of the Act defines civil aviation authorisation as meaning an authorisation under the Act or the regulations to undertake a particular activity (whether the authorisation is called an AOC, permission, authority, licence, certificate, rating or endorsement, or is known by some other name). The term AH draws reference from the meaning of civil aviation authorisation and incorporates all air operators with an authorisation under the Act (including national or foreign operators, authorised dangerous goods cargo carriers, or non-authorised dangerous goods cargo carriers).

> Note: The International Civil Aviation Organisation (ICAO) requires surveillance for the oversight of entities, other than AOC holders, who are involved in the transport of dangerous goods by air. This is captured within CASA as surveillance of non-AOC holders (e.g. shippers of dangerous goods) under Annex 9 of the CSM).

Surveillance assesses the safety performance of the AH, as well as their ability and willingness to comply with all applicable legislative obligations.

Surveillance may be conducted as planned surveillance scheduled through the Multi-year Surveillance Plan (MSP), as campaign surveillance directed at a sector or theme, or as response surveillance initiated in light of intelligence, occurrence information, surveillance outcomes, or other emerging safety concerns.

The primary objective of conducting surveillance is to determine whether an AH is fulfilling their obligations under the Act and Regulations.

CASA has adopted a structured, risk-informed mechanism for planned surveillance of certificate holders.

All surveillance findings must be appropriate and proportionate to the circumstances and IAW the principles of procedural fairness and natural justice. Deficiencies should be provided to AH's through formal documentation.

The surveillance processes used for assessing an AH's safety performance will depend on, among other things, the nature of the AH's authorised activity and operational environment.

CASA should ensure that all surveillance processes (including associated question worksheets and forms) are not only appropriately documented and published, but that, when deployed, they are also conducted IAW documented procedures.

The conduct of surveillance activities includes the acquisition of safety-related data, which may be used to support CASA’s other safety-related functions as identified in the Act.

To maintain a meaningful surveillance history of an AH, data should be recorded and retained in a manner consistent with CASA’s broader policies and legal obligations.

Surveillance should be conducted by appropriately qualified, trained and experienced CASA officers, authorised to carry out the task being performed.

CASA is guided by the following standards to support the surveillance program and its commitment to risk management, quality and compliance:

- ICAO Manual of Procedures for Operations Inspection, Certification and Continued Surveillance (Doc 8335, AN/879)
- ICAO Safety Oversight Manual (Doc 9734)
- ISO 31000:2018 Risk Management
- AS/ISO 37301:2021 Compliance management systems.

### Continuation phase of surveillance

Within the National Oversight Plan (NOP), surveillance is conducted across the full lifecycle of an authorisation holder (AH), including both regulatory service activities and ongoing surveillance.

Following the completion of entry control and other regulatory service activities (such as initial issue, variation and renewal), AHs enter the continuation phase of oversight. This phase represents the ongoing oversight of an AH's safety performance and compliance with legislative obligations during its operational lifecycle.

Surveillance conducted during the continuation phase is risk-informed and may be delivered through a range of surveillance activity types, including scheduled, response and campaign surveillance. These activity types provide the mechanisms through which CASA obtains assurance that the AH continues to meet regulatory requirements and maintains effective systems of safety management.

The continuation phase is therefore not a surveillance activity type itself, but the context within which ongoing surveillance is planned, conducted and managed.

## 2.3 Approach to surveillance

Outline of CASA's approach to surveillance.

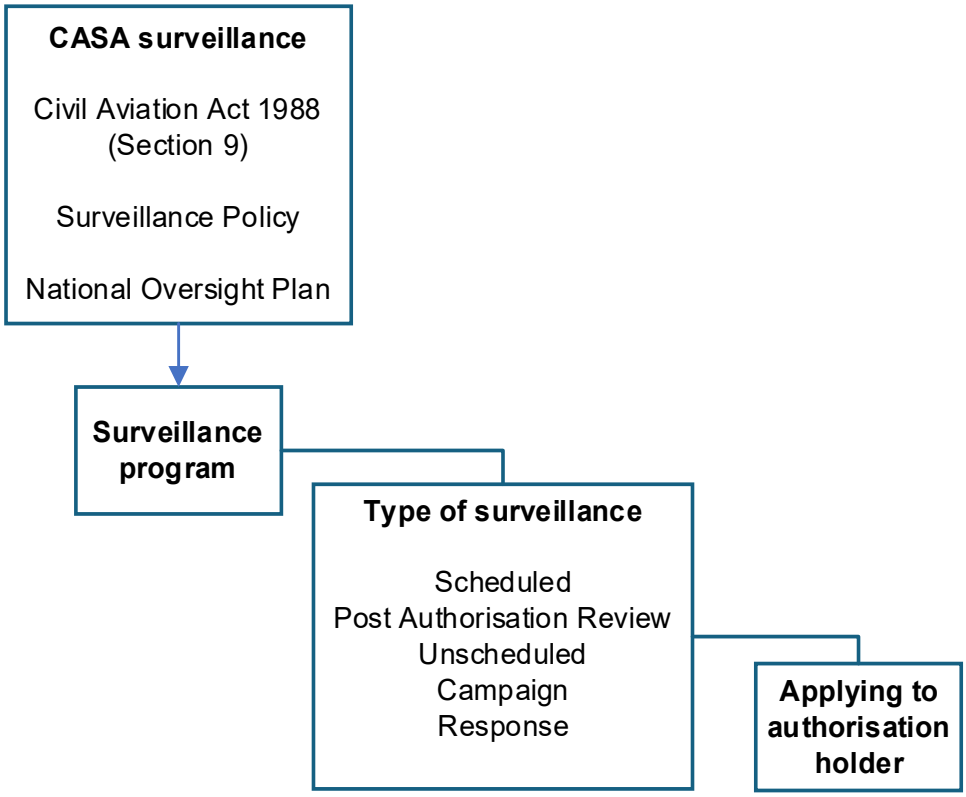


**Figure 1. Outline of CASA's approach to surveillance**

## 2.4 Regulatory philosophy

CASA's regulatory philosophy sets out the principles that guide and direct CASA's approach to the performance of its regulatory functions and the exercise of its regulatory powers. CASA's approach to surveillance reflects these guiding principles and extends across all aspects of CASA's engagement with the wider aviation community in conducting surveillance processes. CASA's regulatory philosophy can be found on the CASA website at casa.gov.au.

### 2.4.1 Key considerations for regulatory decision-making

In accordance with the CASA regulatory philosophy, all CASA officers (dependent on their delegated powers) will ensure that their actions and responses are appropriate and proportionate to the circumstances and are IAW the principles of procedural fairness and natural justice. (Specific processes where these key considerations must be applied are detailed in the relevant processes in this CSM.)

### 2.4.2 Use of discretion

In determining whether and how to exercise its regulatory discretion in a particular matter, CASA will have regard to the principles set out in the CASA regulatory philosophy.

### 2.4.3 Authorisation holder engagement

Throughout the conduct of any surveillance activity, the CASA officer must fully engage with the AH and at all times must comply with CASA employment conditions set out in the Enterprise Agreement.

The inspector must engage in open dialogue with the AH when any safety issues are identified, (e.g. deficiencies, potential instances of non-compliance or deviation from expected performance). Positive language should be used at all times with any observed deficiencies or potential breaches referred to as Initial Regulatory Focus Areas (IRFAs).

It must be made clear to the AH that any safety issue raised during the activity could foreshadow a potential surveillance finding. Exactly when, and with whom, any safety issues should be raised will depend on a variety of circumstances and is left to the CASA officer's discretion, drawing on their experience with, and knowledge of, the AH.

Any disagreement between the CASA officer and the AH during the conduct of the activity must be recorded in the applicable file. If the AH indicates disagreement with any matter raised by the CASA officer, they must emphasise at the exit meeting that, in line with procedural fairness principles, the AH has the right to object to a Safety Finding by submitting supporting evidence within 7 calendar days of receipt of the Surveillance Summary.

## 2.5 National Oversight Plan

The National Oversight Plan (NOP) is CASA's standardised, CASA-wide framework for conducting oversight of aviation authorisation holders across the full authorisation lifecycle. The NOP is governed by the Aviation Safety Committee (ASC) and maintained by the Regulatory Oversight Division (ROD). It supports Australia's obligations under ICAO and gives effect to CASA's oversight responsibilities under the Act.

The NOP integrates CASA's oversight activities across the full authorisation lifecycle into a single framework. It operates across 6 regulatory elements and is intended to ensure oversight is consistent, coordinated, and focused on risk and system performance.

Within the Surveillance element of the NOP, planned surveillance is delivered through the Multi-year Surveillance Plan (MSP), complemented by response surveillance for individual authorisation holders and campaign surveillance for targeted sectors or themes. Oversight Planning and Monitoring (OPM) supports the planned surveillance component of the Surveillance element and contributes to other elements of the NOP as required.

### 2.5.1 Objectives

The primary objective of the NOP is to enhance the oversight capabilities of CASA, focusing on the critical elements identified by ICAO. AHs benefit from improved safety oversight, consistent processes, and a proactive approach to addressing compliance issues. The plan fosters trust and confidence among AHs, passengers, and stakeholders, while ensuring the highest standards of aviation safety.

### 2.5.2 Key features

1. **Clear oversight scope:** The NOP sets a clear scope for surveillance of AHs, ensuring that all relevant areas of oversight are systematically covered with a system and risk-based approach. This approach facilitates a comprehensive understanding of an AH's activities, infrastructure, and safety practices.
2. **Defined and consistent processes:** The NOP establishes well-defined processes and practices for conducting oversight activities. This consistency enables a fair and equitable approach to regulatory compliance and eliminates any ambiguity or subjective interpretation.
3. **Evolving oversight picture:** The NOP recognises that oversight is an ongoing process and builds a complete oversight picture over time through regular contact points with AHs, including through surveillance and regulatory services. This approach allows for a comprehensive understanding of an AH's safety performance and enables CASA to identify trends, areas for improvement, and emerging risks.
4. **Enhanced safety focus:** By focusing on ICAO critical elements and establishing consistent oversight practices, the plan contributes to improved aviation safety and helps identify and address potential safety risks, ensuring compliance with established regulations and industry best practices.
5. **Regulatory compliance:** The NOP provides a systematic framework for monitoring and enforcing compliance with the Regulations. It enables CASA to identify non-compliance issues promptly and take appropriate actions to ensure adherence to safety regulations.
6. **Stakeholder confidence:** With a robust oversight plan in place, AHs, passengers, and other stakeholders can have increased confidence in the aviation industry. The plan's consistent and transparent approach fosters trust and demonstrates the commitment to safety and regulatory compliance.

## 2.6 Surveillance scheduling

Certificates are grouped within broader categories (e.g. flight operations, airworthiness, aerodromes, design/manufacturing, delegates) based on the certificate type and the activities conducted by certificate holders. Surveillance cycles are determined relative to the assessed risk of each certificate type and associated activities. Certificates with a higher risk are scheduled for more frequent surveillance and certificates with a lower risk are monitored less frequently. Future adjustments to surveillance cycles and activity frequency will be made on the analysis of compliance data as it becomes available.

Each group defines the:

- length of the oversight cycle (e.g. 3, 4, or 5 years)
- number of surveillance activities required within that cycle
- scope coverage to be achieved during the cycle.

These parameters guide the planning of surveillance activities for each certificate. Detailed MSP procedures, including certificate grouping, oversight periods, activity timing, PARs, quarterly planning and exception management, are set out in Annex 23 – Multi-year Surveillance Planning.

# 3 Methodology

## 3.1 Overview

The chapter describes CASA's approach to surveillance of aviation AHs throughout Australia's aviation industry and describes CASA's surveillance methodology, including:

- surveillance framework overview
- management framework overview
- types of surveillance
- systems risks.

## 3.2 Surveillance phases

The surveillance phases set a standardised method of effectively applying data-driven, risk-based principles to the conduct of surveillance. Surveillance is a continuous process, from AH assessment through to the finalisation of a surveillance activity and management of findings. The surveillance phases are outlined below.

### 3.2.1 Surveillance activity planning

The purpose of surveillance activity planning is to develop the strategies, schedules, and work plans for surveillance activities, including resources, preparation of question worksheets, timetable coordination etc. The output of this process is a detailed surveillance plan that outlines the approved scope and ensures the assignment of appropriate resources to a surveillance activity.

### 3.2.2 Surveillance activity conduct

The purpose of the conduct of an approved surveillance activity, including collecting, collating and evaluating all relevant information is to interact with an AH to gather evidence of compliance with legislation.

### 3.2.3 Surveillance summary

The purpose of the surveillance summary is to compile a summary based on objective evidence gathered during the surveillance activity. This includes deficiencies identified regarding compliance and/or safety performance. The outputs of this process are surveillance findings (safety alerts (SA), safety findings (SF) and safety observations (SO)), raised as applicable, and the surveillance summary, which forms part of the official record of an AH's performance. Based on the summary, CASA will determine any necessary interventions or follow-up actions.

### 3.2.4 Update system information

The purpose of updating system information is to collect, validate and store a wide variety of information to inform the AH assessment phase. The output from this process step is an information package to enable analysis. This process includes the complete management cycle of findings.

## 3.3 Applied surveillance methodology

### 3.3.1 Surveillance activity types

The following surveillance activity types describe how surveillance is delivered within the continuation phase of oversight.

#### 3.3.1.1 Scheduled

This type of surveillance is a structured, forward-planned, substantial surveillance activity and uses a fixed scope.

The surveillance activity is conducted utilising scope developed for each certificate group, ensuring the AH's compliance with regulations and the AH's systems which are associated with the activities surveilled.

While this type of surveillance activity will, in many cases, be conducted by a multi-disciplinary team over multiple days, this may not always be the case, some surveillance activities may be conducted by individual inspectors.

Surveillance may also be conducted remotely in certain circumstances such as:

- logistical difficulties or transport restrictions
- weather or environmental conditions where site access is not an option.

This form of 'remote' surveillance utilises a multimedia approach to validate AH compliance without physically attending on site and may involve a combination of a manual review, key personnel interview and/or site and facilities inspection using digital solutions. The Surveillance Team should liaise with the AH for the documentation required for the 'remote' surveillance activity.

#### 3.3.1.2 Post Authorisation Review

This type of surveillance occurs following the initial issue of an authorisation and is conducted to ensure entry control standards are being maintained. Depending on the type of authorisation issued, a Post Authorisation Review (PAR) must usually be conducted within 12 to 18 months following initial issue. Under the MSP, PARs are normally scheduled at 15 months from the initial issue date so they may be completed within the permitted 12 to 18 month timeframe, taking into account the allowable completion window. Where appropriate, a PAR may be combined with another scheduled surveillance activity. Detailed timing, scheduling and exception arrangements are set out in Annex 23 – Multi-year Surveillance Planning.

#### 3.3.1.3 Unscheduled

This type of surveillance is an activity initiated by CASA to obtain additional assurance following previous surveillance, where further confidence is required in the outcome. Unscheduled activities are not in response to an identified regulatory breach or potential breach and are not part of the MSP scheduled surveillance plan. They are typically undertaken as follow-up to an MSP activity to verify that closing actions implemented are effective and sustainable. Reasons for an unscheduled activity are limited to:

- Validation of the effectiveness of acquitted or closed findings
- Confirmation that significant closing actions are embedded and sustainable
- Resolution of residual uncertainty following planned surveillance
- Assurance completion where prior activity did not fully satisfy the assurance intent.

Unscheduled surveillance activities must only be conducted utilising the following guidelines:

- Clear and narrow definition of purpose, limited as suggested
- Mandatory linkage to a preceding surveillance activity or assurance decision
- Defined entry criteria and documented rational
- Clear documented escalation boundary, with any new safety signal transitioning to response
- Oversight and monitoring of usage, including periodic review to identify trends or misuse
- Explicit expectation that repeated use of unscheduled activity triggers MSP adjustment rather than substitution.

#### 3.3.1.4 Campaigns

This type of surveillance includes coordinated activities focusing on multiple AHs within an identified sector of the industry over a defined period. These are conducted to focus on an emerging risk or a particular issue in a specific sector.

#### 3.3.1.5 Response

A response activity is initiated in light of intelligence, surveillance outcomes, occurrence information, data analysis, reports from industry or the public, or other emerging safety concerns. Response activities are used where assurance action is required outside the planned MSP schedule.

Response activities may be undertaken by the Monitoring and Response Team (MRST) or by other surveillance teams in consultation with the Manager Monitoring and Response Surveillance (MMRS), as applicable.

Examples of triggers for a response activity include, but are not limited to:

- ATSB occurrences
- CIRRIS occurrences
- incidents or accidents
- reports or complaints from industry or the public
- non-compliances or concerns identified through surveillance or regulatory services
- other intelligence or information indicating a need for assurance action.

Note: See section in Annex 1 for further information on occurrence management.

### 3.3.2 Surveillance activity methods

Surveillance activities are further broken down into the appropriate method through which surveillance is conducted. In EAP these are called ‘method’ types.

These are desktop, on site, combined, ramp active and ramp passive.

#### 3.3.2.1 Desktop

Desktop surveillance activities are conducted entirely online in a virtual space, where documentation and key personnel interviews are performed through platforms such as Microsoft Teams or via email communications.

#### 3.3.2.2 On-site

On-site surveillance activities are those performed on-site, typically at the AH’s main premises or one of their authorised locations.

#### 3.3.2.3 Combined (Desktop and on-site)

A combination of the two other methods where extensive use of on-site and virtual surveillance practices are utilised.

#### 3.3.2.4 Active Ramp

Active ramp inspections are part of standard surveillance actions. They can be part of planned surveillance of a particular area or aerodrome, or as a one-off. An active ramp inspection normally occurs during a turn-around and typically is a verification of documentation.

#### 3.3.2.5 Passive Ramp

Passive ramp inspections are part of standard surveillance actions. They can be part of planned surveillance of a particular area or aerodrome, or as a one-off. A passive ramp inspection does not directly interrupt the operation and allows inspectors to observe for example pre-flight preparation, refuelling, maintenance, cargo loading.

## 3.4 Surveillance activity planning

CASA uses the MSP to plan activities over a specified timeframe. Internal meetings are held to manage and review upcoming scheduled surveillance.

## 3.5 Conduct surveillance activity

### 3.5.1 Desktop assessment

Surveillance Team members should, where appropriate though in most instances, conduct a desktop assessment on the information and data CASA holds prior to conducting the surveillance activity. This includes reviewing AH profile reports and advice files, ensuring SRDs are incorporated into the activity, and reviewing any outstanding findings for their suitability to be incorporated into the activity.

The desktop assessment is the Surveillance Team's first opportunity to begin assessing compliance against the surveillance scope. During the desktop assessment phase, the Surveillance Team may request additional documentation or copies of the most recent manuals from the AH in order to develop a full analysis of the AH's policies and processes, and to better prepare for the on-site component.

### 3.5.2 Conduct entry meeting

The entry meeting is normally conducted on an AH's premises, but some circumstances may require the use of a CASA office, or it is achieved remotely. The Chair (normally the Surveillance Lead) must conduct the entry meeting IAW the entry meeting agenda electronic form. The entry meeting agenda provides guidance, prompts and space for recording meeting minutes.

The purpose of the entry meeting is to finalise the coordination of the surveillance activity between the Surveillance Team and the AH, as well as to clarify the scope, timetable, and availability confirmation of key personnel. Matters that relate to the subject of the surveillance should not form part of the entry meeting processes but rather should be conducted as part of the subsequent surveillance activities.

To provide appropriate support to the Surveillance Team, and if circumstances warrant, consideration should be given to the attendance at the entry meeting of the SM (if they are not already part of the Surveillance Team). All attendees should be recorded in the minutes.

#### 3.5.2.1 Recording notes and minutes

The Surveillance Team must record all matters of significance discussed during a surveillance entry meeting. These matters could include significant changes to the organisation not identified during surveillance preparation that have either taken place or are planned, or due to the non-availability of key position holders. Where issues are identified, a resolution must be agreed upon and actions recorded. This could be as simple as adjusting the surveillance timetable.

Where no issues were identified during an entry meeting, the minutes should state 'Discussed – no issues raised' or if applicable, 'Not discussed'. No agenda items should be left unaddressed on the entry meeting agenda.

> Note: See Annex 1 for guidance on recording notes.

## 3.5.3 Surveillance activity – on-site familiarisation procedure

### 3.5.3.1 Conduct on-site familiarisation

If the Surveillance team is not familiar with the AH, an informal on-site familiarisation tour will assist in not only developing a rapport with the AH, but also in obtaining a general appreciation of their activities. All workplace health and safety matters, identified in the entry meeting, need to be addressed at this time, including identifying the location of emergency exits and assembly areas etc.

The Surveillance Team must confirm with the AH that the Surveillance Team is free to interact with employees in the facility during the surveillance activity provided this interaction doesn't interfere with the employee's duties and responsibilities.

The Surveillance Team should confirm whether an AH escort is required.

### 3.5.3.2 Conduct surveillance

Evidence to support compliance is collected while conducting a surveillance activity with relevant information recorded against the applicable requirement to support the associated decision.

Evidence of compliance or non-compliance must be:

- obtained with the consent of the AH
- recorded where it was obtained from
- verified for correctness, completeness and indicated as a true copy where applicable
- recorded accurately and concisely with an AH manual/exposition reference.
- collected in a manner that will aid in writing the surveillance summary and any associated findings saved to internal systems.

Evidence named IAW Surveillance RMS titling convention and can include:

oral evidence – record date, time, details of conversation regarding the surveillance activity on Surveillance activity record of conversation and saved in the activity file

- documents sighted during the surveillance activity – reference the document and page numbers
- copies of documents and records
- photographs
- video recordings
- physical evidence, such as original documents, records or defective parts, receipted appropriately as required.

Notes: Clear and perceptive comments in the surveillance requirement sets are recorded during the conduct of the surveillance. More details about collecting evidence can be found in Annex 1. Evidence of a serious contravention, including copies of documents and relevant photographs, must be obtained during the surveillance, keeping in mind that evidence may be tested in the Administrative Appeals Tribunal, the Federal Court or a criminal court, should enforcement action be initiated.

**Remedial action for the rectification of potential breaches**

It is not uncommon for AHs to immediately rectify IRFAs on-site at the time of the surveillance activity. In such instances, the rectification must be acknowledged and recorded against the applicable requirement in the surveillance worksheet, however the finding is still issued.

#### 3.5.3.3 Conduct periodic team meetings

When the surveillance activity extends for more than one day, periodic meetings should be convened with the surveillance team.

These meetings should take the form of a debriefing to allow members to exchange information and discuss IRFAs. These IRFAs should be recorded and then produced within EAP on the IRFA list.

### 3.5.4 Surveillance activity – periodic meetings (authorisation holder progress meeting)

#### 3.5.4.1 Conduct authorisation holder progress meeting

When the surveillance extends for more than one day, periodic meetings should be convened with the surveillance team and the AH.

**Surveillance team**

1. Raises any areas of immediate safety concerns with the AH after consultation with the SM.

> Note: By immediately raising areas of safety concern, this may enable the AH to review and take appropriate remedial action. However, the surveillance team's primary focus should be on the surveillance as scoped and not on the AH's immediate rectification of the safety concerns.

2. Uses such meetings to engage with and keep the AH informed on the surveillance progress.
3. Raises all observed IRFAs with the AH to check relevant facts and clarify any necessary points.

> Note: When checking and clarifying any other such areas of concern raised, an AH may present additional information to be considered before any possible subsequent findings are formally issued; however, all evidence should still be recorded.

4. Advises of any outstanding requested information and any additional information required.
5. Discusses all matters that have been covered to date.
6. Advises any changes to the surveillance direction and/or duration.

### 3.5.5 Surveillance activity – pre-exit meetings

The purpose of this meeting is for the whole surveillance team to analyse the results of the activity prior to the exit meeting.

**Surveillance team**

1. Assesses all evidence gathered during the surveillance activity and ensures any IRFAs have been peer reviewed within the team prior to issue to the AH.
2. Discusses results of the surveillance and enters individual discipline results in EAP on the IRFA section to assist when presenting to the AH at the exit meeting.

> Note: The creation of the IRFA is completed within EAP. There may be circumstances where this may have to be provided to the AH in paper form if there are connectivity issues.

3. Discusses the delivery of the exit meeting agenda to ensure a coordinated approach.

## 3.5.6 Surveillance activity – exit meetings

Applicable to the surveillance activity type, (e.g. on-site surveillance activities, an exit meeting must be conducted). Inspectors must follow the procedures in the agenda. A response activity does not require a formal exit meeting and completion of the exit meeting agenda.

### 3.5.6.1 Conduct exit meeting

The Surveillance Lead chairs the meeting IAW the exit meeting agenda. When an agenda item is not covered, the minutes should state 'Discussed – no issues raised' or if applicable, 'Not discussed'. No agenda items should be left unaddressed on the exit meeting agenda. During the exit meeting, results identified during the surveillance activity are brought to the AH's attention through the IRFA list.

Consideration should be given to the attendance of the SM at the exit meeting, where appropriate or necessary, and their attendance must be recorded on the attendance list.

Note: An AH may, at any time during the surveillance process, suggest some form of written proposal, which in this CSM, is referred to as a corrective action plan (CAP) (but may also be referred to by the AH by various names, including recovery program, action management plan etc.) to rectify issues. These issues may have been discussed during the surveillance activity or may be issues that the AH has realised, while conducting the surveillance activity, need to be addressed. A CAP may form part of a request for extension of time to complete the required actions associated with acquitting an SF (see section on request for extension).

**Disclosure at exit meeting**

When consulting with and providing feedback to the AH at the exit meeting, the surveillance team must provide full disclosure while being open and transparent when discussing any observed deficiencies or breaches identified as IRFAs. This process must be followed for all surveillance activities regardless of whether an exit meeting is conducted or not. If there are breaches, it should be explained that finalised written findings will not be provided at the exit meeting, and discussion should focus on explaining the procedural fairness and peer-review processes that will be applied.

It is, however, appropriate to advise the AH, on a provisional basis, of any potential surveillance related findings (SAs, SFs or SOs) which have been identified and may be issued. However, it must be made clear that these IRFAs are subject to written confirmation and may change following the analysis of evidence collected and the peer-review process.

The reasons for this approach should be explained in the following terms:

- allows time to review evidence collected to confirm whether any breaches have occurred
- allows for time to consider the most appropriate action to take once the surveillance information has been assessed
- ensures the correct type of finding is used in relation to any breaches or deficiencies
- allows the opportunity for peer review of SFs prior to release, ensuring standardisation of SFs
- ensures observed deficiencies and breaches are properly consolidated into appropriate findings.

All findings must be peer reviewed by either an independent inspector with the relevant experience, or another surveillance team member with relevant experience prior to the issue of the surveillance summary being sent to the AH). A peer review must be conducted, and the reviewer must ensure all the requirements for the allocated finding are met. For example:

- is the finding at the appropriate level, (i.e. SO, SF, or SA)?
- has the finding been raised in line with the CASA regulatory philosophy, including the use of discretion and procedural fairness?
- is the finding formulated against the correct regulatory head of power for breach?

- does the finding clearly explain the deficiency identified?
- is there objective evidence recorded in activity file?
- has the peer review been recorded in the comments of the SF(s)?

The peer-review process in no way questions the expertise of the inspector in identifying and issuing the finding but rather constitutes a quality check to assure standardisation and consistency in the issuing of findings.

It must be explained that the AH will have the opportunity to object to a finding and provide evidence of compliance within 7 calendar days from receipt of the surveillance summary.

> Note: It should be made clear that no additional deficiencies or breaches will be added to the list of IRFAs provided.

**Root cause analysis**

The aim of issuing a SA or SF is to highlight process or system deficiencies, not to provide consultancy nor provide rectification advice. It is the AH's responsibility to utilise their internal quality/safety management process/system to investigate and identify the root cause, then take closing action to address the root cause(s).

The AH should be advised that the closing actions taken to address SA and SFs will be reviewed at subsequent surveillance activities.

In addition, the AH must be advised that the surveillance summary will be produced within a maximum of 28 calendar days from the date of the exit meeting and, if there are any delays expected, the AH will be notified before this time.

> Note: The surveillance team should take the opportunity to explain to the AH that if an SF is issued and the closing action for the SF requires a significant or non-significant change, the AH must make application with applicable forms to regservices@casa.gov.au for the change annotating in the communication that it is relation to a finding and copy in surveillance@casa.gov.au when submitting the application – for example submitting an updated operations manual/exposition to Regservices, they may copy in the surveillance inspector who issued the finding.

**Recording notes and minutes**

The surveillance team must record and save in the activity file all matters of significance discussed during an exit meeting. Where matters of significance are identified, they must be appropriately recorded in the exit meeting minutes.

> Note: See Annex 1 for further advice on note taking.

Matters of significance could include:

- non-availability of suitable AH position holders or relevant and applicable documentation during the surveillance activity, which were brought to the notice of the AH
- any problems encountered during the surveillance activity, (e.g. failure to supply documentation)
- significant negative views expressed by the AH regarding the surveillance activity.

Where no issues were identified during an exit meeting, the minutes should state ‘Discussed – no issues raised’ or if applicable – ‘Not discussed’. No agenda items should be left unaddressed on the exit agenda.

#### 3.5.6.2 Initial Regulatory Focus Areas (IRFA)

At the surveillance activity exit meeting, when the list of IRFAs is provided to the AH, it must be made clear to the AH that they have the opportunity to consider what actions they can initiate to address these.

> Note: It must be explained to the AH that the IRFAs will be peer reviewed to determine what level of finding that will be.

### 3.5.7 Discontinuing a surveillance activity

The decision to discontinue the surveillance activity must be made by the relevant SM after consulting with the surveillance team. However, in threatening situations, an individual inspector may cease or suspend a surveillance activity at any time. In such an occasion, the SL, SM and NMS/BM must be informed at the earliest opportunity.

Circumstances that may prevent a surveillance activity from continuing include:

- the safety of the surveillance team is at risk
- the objective of the surveillance becomes unattainable due to access limitations, hindrance, harassment, or aggressive behaviour by the AH
- non-availability of the AH key staff, or in circumstances where enforcement action is assessed as being more appropriate.

On return to the office the whole surveillance team complete Aviation Event brief, to be forwarded to the SM and NMS/BM.

## 3.6 Surveillance summary

### Surveillance findings

The SL and team prepare the surveillance summary. The SL, or surveillance team member, who issues the finding, and who is subsequently responsible for managing that finding, is known as the Responsible Inspector (RI).

A surveillance finding is used to highlight actual and/or potential breaches and may be issued as:

- safety alert (SA)
- safety findings (SF)
- safety observations (SO).

> Note: When conducting the post-surveillance review and analysis, if the surveillance team identifies repeated breaches of a similar nature from the review of previous surveillance activities and the surveillance team is no longer satisfied that the AH is willing or able take remedial and closing actions to address the breaches, the surveillance team, in conjunction with the SM must consider initiating the Coordinated Enforcement Process (CEP) IAW section on enforcement in the Enforcement Manual.

### 3.6.1 Surveillance summary

The surveillance summary provides an official record of the surveillance activity, as well as information for CASA's own ongoing analysis and risk management. The purpose of the summary is to give CASA information to be satisfied that an AH can either continue to operate in a safe and effective manner or that it is not operating safely and appropriate action should be taken

In order to limit the number of objections to safety findings; all safety findings must be peer reviewed by either an independent inspector with the relevant experience, or another surveillance team member (excluding those that participated on the activity) when available with relevant experience to identify any potential systemic issues and ensure the requirements for the allocated finding are met, for example:

- is the finding at the appropriate level, i.e. safety finding or safety alert?
- has the finding been raised in line with the CASA regulatory philosophy, including the use of discretion and procedural fairness?
- is the finding formulated against the correct regulatory head of power for breach?
- does the finding clearly explain the deficiency identified?
- is there objective evidence recorded in the system?

The summary also provides context to the AH about any findings and must be issued to the AH within 28 calendar days of the exit meeting date.

Note: In line with procedural fairness principles, an AH retains the right to object to a finding by submitting supporting evidence for their objection within 7 calendar days from the finding issue date.

The summary provides the reader with:

- the actual dates of when the surveillance activity occurred
- the surveillance activity team
- location or locations visited for the duration of the surveillance activity, which is not limited to aircraft hangars, aerodromes, administration/office building, third-party venues, and CASA offices (for remote components of the activity)
- a table of findings
- each individual reference document used and viewed
- all the AH participants key people that were met with, interviewed, or who provided key information
- individual findings raised during the surveillance activity.

This data is recorded within EAP and the Surveillance summary email sent to the AH saved in activity file.

### 3.6.2 Surveillance summary extension

The surveillance team have a maximum of 28 calendar days to produce and issue the surveillance summary which is taken from the date of the exit meeting. A surveillance summary should only be extended in exceptional circumstances with the AH advised accordingly.

### 3.6.3 Safety alerts

Safety alerts (SA) must be supported by direct evidence to substantiate any future actions that may be required where an AH fails to respond or is unable to respond immediately to all concerns generated in an SA. An SA must also provide sufficient details for the AH to take appropriate immediate action to be taken within 5 calendar days of issue and closing actions to be instituted within 28 calendar days of the SA issue date.

The SL must make it clear to the recipient of the SA that immediate action to rectify the deficiency must be taken before continuing any activity conducted under the authorisation that is the subject of the deficiency.

The following is a non-exhaustive list of examples where a SA can be issued:

- runway surface contaminated, rendering it unsafe for any operations
- operating aircraft in contravention of an applicable Airworthiness Directive or approved system of maintenance, including scheduled maintenance not conducted by a due date, or failure to replace time-expired aircraft components
- fire station operating with insufficient supervising officers to safely maintain the level of service
- maintenance certified by persons without appropriate licences or certificates of approval
- repeated non-compliance with authorised design data for production of aircraft and/or aeronautical products
- use of unapproved parts
- flight crew operating without holding valid licences or appropriate type endorsements or ratings
- falsification of aircraft time-in-service records, or flight crew records
- carriage of cargo aircraft only dangerous goods on a passenger aircraft.

Under normal circumstances, the surveillance team member - RI - who initially identified the breach is the author of the SA and is also responsible for the acquittal process.

# 3.7 Response to findings

Once the surveillance summary has been issued, the AH must provide a response to each of the listed SAs or SFs. While it is a requirement that a formal response to a SF be received from the AH within 28 calendar days, it is not uncommon in the ongoing management of an SF that, after receipt of the initial response, verification and acquittal will involve multiple interactions with the AH. This is particularly relevant in cases involving requests for extension supported by acceptable documented CAPs that include timeframes and milestones.

To be read in conjunction with section on – Request for extension, particularly noting when CAPs must be referred to the CEP.

Note: **Safety Alert (SA)** - While the process for received responses detailed above generally applies to all finding types, a response to an SA must include proof of remedial action being taken to rectify the safety concerns before continuing any related activity. An AH who fails to respond to an SA within 5 calendar days must be considered for enforcement action (For more information, see section on Safety alerts).

**Safety Observation (SO)** - While there is no obligation to respond to SOs, CASA considers that providing an acceptable response to an SO is indicative of an enhanced level of organisational maturity.

### 3.7.1.1 Assess response

The AH may object to a SF within 7 days of issue of the surveillance summary.

If an objection to a SF is received the RI must immediately on receipt, pass the request and supporting evidence to the SM.

The SM must utilise the decision tree below to resolve the objection

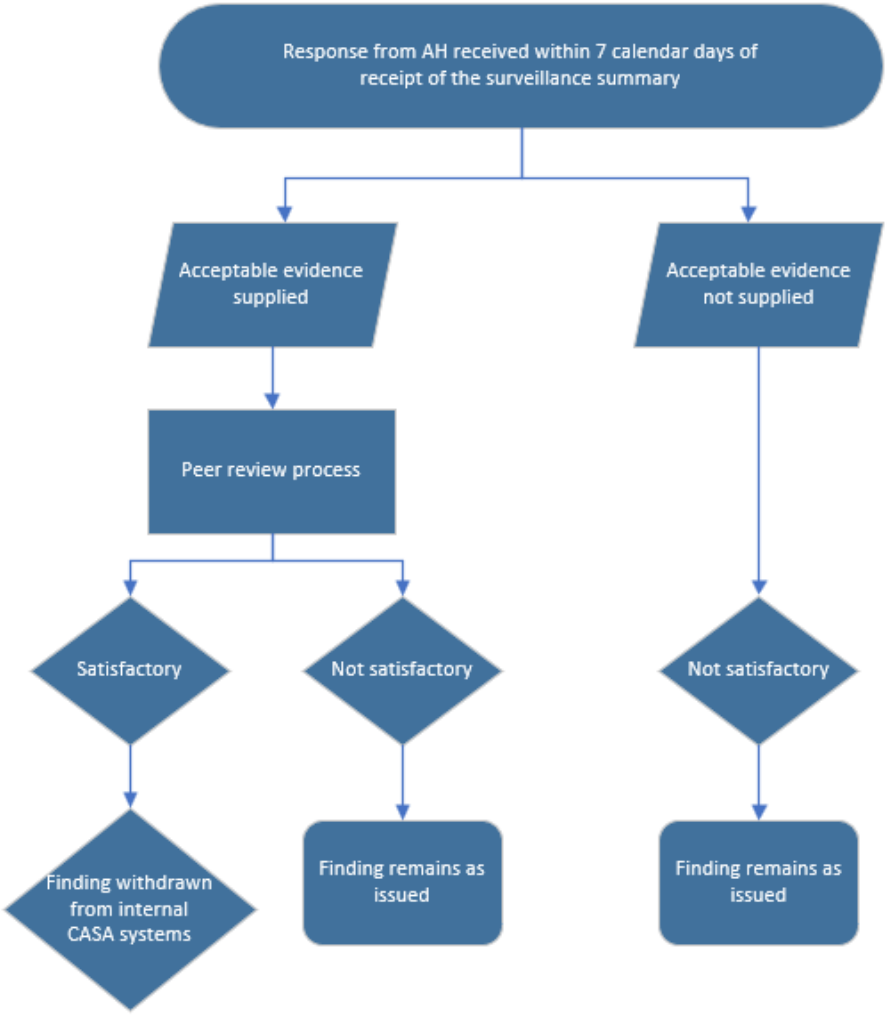


**Figure 2. Assessing an objection response**

> Note: The SM may accept or reject the objection and notify the AH of the outcome, however, should the SM choose the have the objection peer reviewed; the peer review must be conducted by an appropriately qualified independent person.

Under normal circumstances, the surveillance team member - RI - who initially identified the breach is the author of the SF and responsible for assessing the response. The SM must decide who is responsible for assessing an SF if the RI is unavailable (for example on long term leave).

The response to an SF must be assessed by the RI within 28 calendar days of the response receipt date.

> Note: If the closing action has not yet been taken at the time of the initial response, the course of action should be for the AH to submit a request for extension of time to undertake and/or implement any necessary outstanding remedial and/or closing action.

To be read in conjunction with section on – Request for extension.

The response must provide evidence to satisfy the RI that the AH:

- has returned to a compliant state and
- is actively working towards implementing the closing action to mitigate potential recurrence of the identified deficiency.

> Note: If a significant change to the AH's activities is required to address the closing action to the SF, a significant change application must be processed through regservices@casa.gov.au

While it is understood that completion of the required closing action may not be achievable within the 28 calendar days for large organisations, or where the closing action is complex, the expectation is that the AH will (within the timeframe) request an extension to undertake and/or implement all necessary action. For complex matters, it is likely that such a request will take the form of a CAP detailing all significant milestone dates, with actions to be taken against such dates.

Assess the adequacy of the losing action taken by considering:

- are the closing actions necessary to address the breach and, if so, was it performed?
- when will the closing action be completed?
- is there sufficient validation of the response to acquit the SF?
- is there any flow-on effect that could impact on other processes? If so, has this impact been considered?
- has the closing action been implemented in all relevant areas of the AH's organisation?
- what monitoring system has been implemented to track the effectiveness of the closing action?
- The closing action effectiveness of all acquitted SFs must be reviewed at the next surveillance activity.

In some circumstance a response activity may be required to verify the effectiveness of an SF closing action, in which case the RI must provide justification for the response activity to the SM for approval to conduct the response activity.

# 3.8 Findings management

### 3.8.1.1 Acquittal

Once an AH finding response has been reviewed and assessed by the RI and closing action requirement(s) have been satisfied, the finding is then acquitted.

### 3.8.1.2 Further evidence requested

An unsatisfactory response means that some or all elements of the response failed to satisfy the RI that the SF had been appropriately addressed. The AH must be advised in writing (Further evidence requested letter), including the reasons the response was rejected and to respond with satisfactory evidence of an effective closing action meeting the original due date.

The response to an SF may be unsatisfactory if:

- Closing actions have not addressed the deficiency
- documented evidence is not sufficient
- the response is not understood.

At all stages, the level and/or adequacy of the response must be documented in the system, (i.e. the status of the acquittal process as the AH may not have responded in full).

If the AH does not provide an adequate response, contact the AH's representative who is accountable to determine a way of resolution. Document all communication and retain in the appropriate activity file, scheduling an additional surveillance activity to verify the current situation may be required.

> Note: This option may depend on when the next surveillance is scheduled, the availability of resources and may generate further SFs.

If the AH is repeatedly unable or unwilling to provide an adequate response, or it is clear they are not frankly and openly addressing the deficiencies raised, the NMS/BM are advised.

CASA may elect to initiate action to refer the SF to the CEP IAW section on enforcement.

### 3.8.1.3 Request for extension

**Receipt and evaluation of requests**

An AH is required to address the closing actions to satisfy the requirements of an SF. An AH may request an extension of time beyond the specified timeframe of 28 calendar days to address the closing action requirements.

A request for an extension can occur at any stage in the findings management process. The request for extension date is taken from the AH initial response due date. The request must provide justification for the extension, including the following elements:

- details of what has occurred (up to the point of requesting the extension) to rectify the breach
- the reason extension is required to complete the actions
- an action plan that will satisfy the requirements of the SF that must include:
  - clearly identified actions to be taken
  - timeframes/milestones for each action or implementation phase
- an explanation of how safety risks will be addressed in the interim period of the extension.

The process for considering and approving an extension depends on the extent and nature of the request. No set timeframes are established for the length of time an extension can be granted, with each request considered on a case-by-case basis. However, before granting an extension, CASA needs to be satisfied, based on the information provided by the AH, that it is reasonable to expect that the action to be taken cannot be completed within 28 calendar days, but will be completed within the agreed timeframe.

For an extension request less than 3 months, SM approval is required with justification from the RI.

**Requests for extension greater than 3 months**

If the extension being sought is for a period greater than 3 months, the NMS or applicable BM must approve the request.

All requests for extension referred to the NMS or applicable BM must be supported by an action plan from the AH including details of action(s) to be taken with detailed milestones and justification for the extension.

**Response to AH and follow-up action**

Depending on the decision, one of the following letters is issued from EAP to the AH:

- Safety Finding – Extension acceptance letter notifying the AH of the acceptance of the request for extension, including details of the revised due date, or
- Safety Finding – Extension rejection letter notifying the AH of the rejection of the request for extension, including the reason the request was rejected, as well as any requirement to either meet the original timeframe or setting a revised due date.

If the extension request is rejected the AH must be advised in writing a maximum of 14 calendar days (in addition to the original 28 calendar days response deadline), can be granted to enable the AH to respond with details of the closing action taken to satisfy the requirements of the SF.

Should the request for an extension be accepted (to ensure the AH satisfies any outstanding closing actions within an appropriate timeframe), the start date for the SF approved extension will commence at the end of the 28 calendar days (from the original due date of the finding). Each request for an extension is analysed on a case-by-case basis. In situations where involvement with coordinated enforcement or other parties exceed 28 calendar days, then it is at the discretion of the NMS to set the commencement date for the extension.

If an extension is approved, it must be made clear to the AH that the granting of an extension and/or the acceptance of an action plan, whether referred to the CEP or not, does not preclude CASA from taking enforcement action, in the interest of aviation safety, if it is considered necessary, or if there is any deviation from an agreed action plan.

Any request for a variation to an accepted action plan, including a change to the specified timeframes or milestones that had previously been referred to the CEP, must be considered again through the CEP.

Note: An AH may, at any time during the surveillance process, submit some form of written proposal, which in this manual is referred to as a CAP (but may also be referred to by the AH by various names, including recovery program, action management plan etc.) to rectify issues that have been discussed generally during the surveillance activity, or which they realise, as a result of the conduct of the surveillance activity, need to be addressed.

For further information on dealing with such proposals, see the Enforcement Manual – section on what matters must be referred to CEP.

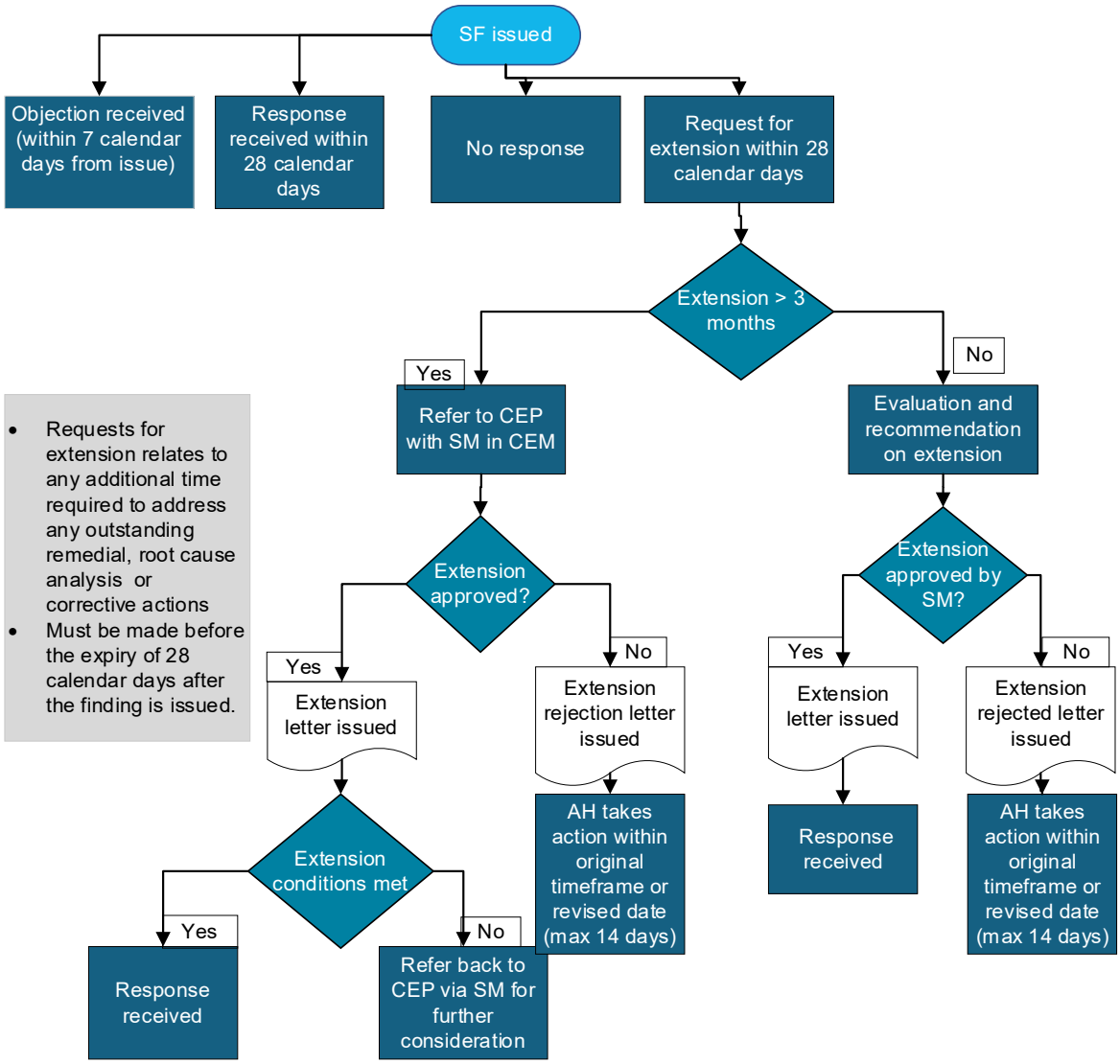


**Figure 3. Request for Extension**

### 3.8.1.4 Overdue finding and no response received

#### No response received – **safety finding**

A response from the operator must be received within the specified timeframes, with the initial response due within 28 calendar days after issue.

If no response is received, an overdue letter will be sent within 7 calendar days requesting a response.

If no response is received after 7 calendar days, a second overdue letter is sent.

The SM/SL will contact the AH to determine a way of resolution and if an additional surveillance activity needs to be scheduled. This is dependent on when the next surveillance is scheduled, the availability of resources and may generate further findings.

If no response is received, a final overdue letter is sent and should a no response be received after the final overdue letter, then the AH is referred to the Coordinated Enforcement Process (CEP) by the SM.

### No response received – **safety alert**

In circumstances where an SA has been issued and the AH has failed to respond, the NMS must be alerted, and the CEP initiated IAW the Enforcement Manual.

### No response received **– Code A and Code B ASR**

If the registered operator fails to respond to a Code A ASR, the SM must be alerted and the CEP initiated following the process as detailed above for SAs.

If the registered operator fails to respond to a Code B ASR, the SM must be alerted. The SM will then consider further action required.

#### 3.8.1.5 Closed not acquitted finding

A finding can only be closed without acquittal if either the regulatory head of power for the finding is no longer in force or if the AH is no longer operating, i.e. their authorisation has been surrendered or cancelled.

# 4 Ramp inspections and checks

## 4.1 Overview

This chapter describes CASAs process for conducting a ramp inspection that is carried out on an Australian registered aircraft. The primary purpose of this inspection is to evaluate the degree of regulatory compliance and operational fitness of a flight that is about to depart or has recently arrived.

Ramp inspections allow inspectors to observe and evaluate the methods and standard operating procedures used by an operator's personnel during the period immediately before or after a flight.

A ramp inspection enables the inspector to determine compliance with regulatory requirements and the operator's documented procedures. The ramp inspection may be conducted as a full ramp inspection or part of scheduled surveillance or part of a specific targeted campaign which concentrates on certain aspects only. Where the scope of the inspection is limited, the extent of the scope should be recorded.

The ramp inspection should be conducted in an unbiased manner in order to provide CASA with a random sample regarding the conduct of aircraft operations.

### 4.1.1 Reference documents

#### Regulatory references

- subsection 302(2) of CAR 1988 – Production of licences
- section 305 of CAR 1988 – Access of authorised persons
- regulation 61.340 of CASR 1998 – Production of licence documents, medical certificates and identification

#### CASA documents and forms

- CASA-04-0627 – Checklist (OPS.26) Ramp Inspection Large aeroplane operations (Parts 91, 121 and 138)
- CASA-04-6665 – Checklist (OPS.26) Ramp Inspection - Smaller aeroplane operation - Parts 91 135 137 138
- CASA-04-6652 – Checklist (OPS.26) Ramp Inspection - Rotorcraft operations - Parts 91 133 138
- CASA-04-0702 – Aircraft Ramp Inspection Checklist – Sports Aviation

Note: CASA-04-0627 is primarily for aircraft in regular public transport (RPT) operations, however it can also be utilised as guidance for aircraft used in non-RPT operations. CASA-04-6665 is used for aircraft below 5700 kgs.

## 4.2 Process

### 4.2.1 Method of conduct

A ramp inspection may be conducted at any reasonable time the aircraft is parked at a gate or ramp location, and a member of the crew or maintenance personnel are in attendance conducting pre-flight preparations for a flight or post flight duties.

It is preferable that the pilot in command be in attendance. Advance notice to the operator of a ramp check is not required. Inspection activities should be conducted so as not to interfere with the crew or disrupt scheduled operations.

However, should an inspector have factual evidence that indicates the safety of the flight may be compromised, the inspector has a duty of care to satisfy themselves that the flight is safe to continue. This consideration overrides any other constraint on the conduct of the ramp inspection.

**Note:** Should a safety of flight issue be identified, an inspector may raise either an SA and/or an ASR IAW the CSM.

During a ramp inspection, should the surveillance team find deficiencies relating to the AH resulting in an SF, a separate surveillance activity will be created in EAP to capture this information. A method of Response – and Desktop is used and the SF issued to the AH.

Where there are a number of inspectors on the ramp check, the SL should brief all inspectors on their role and assign sections of the checklist to each member.

Ensure all inspectors have the required safety and personal protective equipment, and that ASIC and CASA ID cards are worn and clearly visible.

Record the time when the inspection commences and ceases as evidence, should there be any accusations of disruption or delays.

If there is a company representative present, introduce the team and state your intention to conduct the ramp check and discuss how access to the tarmac can be achieved.

The surveillance lead (SL) should introduce themselves to the aircraft captain at the earliest convenience, stating the purpose of the inspection and requesting co-operation and assistance where required.

Where a defect is brought to the attention of the pilot in command and the pilot has entered it into the maintenance release, the inspector may choose not to raise an ASR. Should the inspector/team be required to raise an ASR follow the instructions in the Surveillance Work Instructions.

There are occasions when inspectors are airside at an airport which can provide an opportunity for them to inspect the exterior of an aircraft. An inspector cannot enter an aircraft without the permission of the registered operator of the aircraft. However, if there is a justifiable safety reason (serious risk to safety of flight) then permission is not required.

Regulation 305 (1) (c) of the Civil Aviation Regulations 1988 permits access to an aircraft to inspect it, and whilst access is a broad term, this does enable a CASA officer to enter the aircraft to inspect it. However, it is the preferred option that permission is sought prior to entering an aircraft,

### 4.2.2 Qualifications

Inspectors who have received training, for example regulatory and technical training and/or on the job training program are qualified to conduct ramp checks, however inspectors should only comment on items with which they are familiar (e.g. if not qualified or familiar with an item, it should not be assessed).

### 4.2.3 Controls

Under no circumstances should an inspector operate a system or any equipment or request any crew member to do so in such a manner that it is not IAW normal operating procedures.

When checking compliance with cabin/flight deck safety equipment, it is acceptable for an inspector to open readily accessible storage areas (e.g. overhead bins and storage cabinets).

### 4.2.4 Assessment criteria

When an item meets the specified requirements/criteria, checklist items should be marked as S (satisfactory), or alternatively U (unsatisfactory) if they do not meet requirements/criteria. If the checklist item is not applicable to the aircraft being inspected, mark as NA (not applicable).

If any item is marked unsatisfactory on the checklist, the inspector should provide a comment detailing the reason for the outcome and obtain sufficient and appropriate evidence to support the assessment.

### 4.2.5 Personal safety

When aircraft arrive, depart and during turnarounds there is significant activity around the aircraft that can present as significant hazards. Vehicles that are servicing the aircraft, baggage handling machinery and refuelling are just some of the activities that occur. Inspectors must maintain good situational awareness when on the ramp, and in particular when moving around an aircraft and be aware of vehicles approaching and departing the aircraft, as well a trip hazards that may be present.

Inspectors should ascertain if any company or airport specific workplace safety briefing or training is required before entering a specific area.

Whilst on the ramp, inspectors should use appropriate safety equipment and personal protection equipment suited to the environment. At a minimum, inspectors should wear a high visibility jacket and hearing protection. However, certain operators and aerodromes may specify additional equipment which should be covered in the workplace safety briefing.

Reference: Airside safety awareness course CLASS – under regulatory and technical training.

# 5 Aircraft survey reports

All aircraft survey reports (ASR) items of non-compliance must be recorded as Code A, Code B or Code C.

An ASR can be created after a passive or active ramp inspection or through scheduled surveillance.

The CASA officer who issues the ASR to the registered operator is the RI who, once issued, monitors the ASR though to acquittal. Should the RI be unable/unavailable to acquit then the SM must select an alternative inspector who will take responsibility for verifying action taken and the acquittal process.

ASRs are used to give a direction to a person to do something, pursuant to CASR 11.245 (Code A and Code B), or a formal notification relating to a non-compliance of an aircraft or its maintenance documentation.

## 5.1 Code A aircraft survey reports

A Code A ASR is a direction under CASR 11.245 to have maintenance carried out on the aircraft before further flight.

Only use a Code A ASR (after discussion with the SM who will alert the NMS) when:

- defects or damage that may affect the safety of flight have been detected, or
- you have evidence that a regulatory direction or maintenance requirement has not been met and continued operation of the aircraft may affect the level of safety.

> Note: If it is believed that, in the interests of safety, action should be taken to prevent an aircraft from flying because of a failure to comply with a requirement, consideration should also be given to whether detention of the aircraft or enforcement action is necessary. In either case this must be referred to the NMS for consideration of enforcement action.

In situations where the registered operator is being directed to do something other than perform maintenance, then the NMS contacts the Manager Investigations so that they can review the draft ASR if required.

Whenever issuing a Code A ASR:

- make sure the defect, damage or non-compliance is clearly stated, and specify the relevant regulatory reference(s)
- make sure that the wording of the ASR includes instructions to inspect the aircraft and rectify, replace, repair, remove, install, secure, fit, inspect, investigate etc, as relevant
- provide the paper copy the ASR to the registered operator or operator. If there was no one present to hand the ASR to, ensure the ASR is safely and securely placed under the door. .
- make every effort to contact the registered operator, the owner, or any person likely to fly the aircraft and advise the nature of the defect, damage or non-compliance.

If contact cannot be achieved, the RI must affix a copy of the ASR to the aircraft in a position where it will be seen by anyone trying to gain access to the aircraft taking into consideration the cosmetic damage affixing the ASR may do to an aircraft.

The following is a non-exhaustive list of examples of when a Code A direction would typically be issued:

- AD/PA-23/89 has not been carried out
- aircraft does not comply with AD 2013-0263 – engine controls

- Ramp inspection identified corrosion on 4 of 6 aileron hinge fittings. Prior to further flight, an appropriately qualified LAME must carry out an assessment on all aileron attachment hinge fittings. Any hinge fittings with damage outside allowable damage limitations must be rectified prior to further flight
- before further flight, an assessment to be carried out on the R/H outboard flap track attachment to the rear spar and rectify as required – exfoliation corrosion evident.

The RI should actively manage the Code A ASR to ensure responses are received within the due date timeframe and appropriate action has been taken by the registered operator.

Prior to the 365 calendar day expiry the RI must review the ASR to confirm that it can be closed and/or if it should be re-issued.

The RI who identifies what is believed to be a serious safety-of-flight defect in an aircraft, and the RI can verify the aircraft's airworthiness status is such that rectification must be conducted prior to further flight.

CASA will categorise the safety concerns and decide whether a Code A ASR should be issued considering the discretionary scope allowed in the regulatory decision-making considerations set down in this CSM (see section on – Key considerations for regulatory decision making).
The Code A ASR is issued to the registered operator and AOC holder if applicable and the person who has control of the aircraft at the time of issue. The RI must ensure the registered operator clearly understands and acknowledges the details and implications of a Code A ASR direction and upon receipt of the Code A immediately ceases operation of the aircraft.

> Note: The EMROD should use their discretion as to whether the matter warrants escalation to the CEO / DAS and advises accordingly.

## 5.2 Code B or Code C aircraft survey reports

Code B ASRs are issued for identified defects or damage that may affect the airworthiness of the aircraft with the potential requirement for an endorsement in the flight technical log IAW paragraph 42.1075(1)(a) of CASR maintenance release under regulation 50 of CAR. While a Code B ASR does not explicitly require rectification prior to further flight, the aircraft could effectively be grounded until the defect is assessed.

Careful consideration must be given to the code applied.

ASRs may be accompanied by an SF where there is a particular breach. If the AH (AOC holder / AMO) can be identified as contributing to the non-compliance, an SF must also be raised on that AH to ensure appropriate remedial and closing action is taken. The issue of an ASR does not affect CASA's prerogative to take, at any time, such regulatory or other legal action as may be appropriate in the circumstances.

Once the registered operator has received the Code B or Code C they must acknowledge receipt of the direction.

> Note: Code B ASRs are legal directions and can only be issued by inspectors holding the appropriate delegated authority.

### 5.2.1 Code B

Use the Code B direction to bring a defect or damage to the attention of the registered operator, the pilot or operator where:

- it is considered that the defect or damage is minor, or
- the inspection does not enable a determination as to whether the defect or damage is major.

A Code B ASR is a direction pursuant to CASR 11.245 to have defects or damage assessed and rectified, as necessary.

The registered operator, the pilot or operator is responsible for assessing the defects or damage and having them rectified.

As the wording of the ASR for Code B items already contains the direction to have the items assessed and rectified as necessary, there is no need to give further directions.

The defect or damage must be clearly stated, and the relevant regulatory reference(s) specified.

The following is a non-exhaustive list of examples of when a Code B direction would typically be issued:

- corroded screw heads on fin and rudder panels
- rear LH lap belt chaffed – please check serviceability of all seat belts
- RH main wheel appears under pressured
- propeller control labels worn – check all required placards/decals are present and legible
- fuel calibration card appears to be missing
- compass card is not evident.

The RI should actively manage the Code A ASR to ensure responses are received within the due date time frame and appropriate action has been taken by the registered operator.

> Note: Prior to the 365 calendar day expiry the RI must review the ASR to confirm that it can be closed and/or if it should be re-issued.

### 5.2.2 Code C

A Code C item is a formal notification to a registered operator of a non-compliance with a requirement or condition imposed under the CARs or CASRs that, in the judgment of the surveillance team member, from the inspection carried out, will not have an immediate lowering effect on safety, but is required to be assessed and/or rectified.

Code C items may include any equipment referred to in:

- the CARs
- the CAOs
- a company maintenance requirement
- the type certification documents
- the applicable maintenance requirements.
- a direction issued pursuant to CAR 38(1) (i.e. airworthiness)
- directives (ADs) or a previous ASR.

When issuing a Code C direction, the relevant regulation or requirement pertaining to the non-compliance must be specified.

The following is a non-exhaustive list of examples of when a Code C direction would typically be issued:

- documents show the flight of 6.5 hours conducted on 29 March 2026 has not been recorded in the aircraft records – CAR 43B refers
- the flight manual does not contain amendment G3 – CASR 135.04, 91.095 refers
- reweighing is overdue by 3 months – CAO 100.7 paragraph 3.2 refers

- the airframe registration lettering on port side of tail and cabin exit decals are illegible – sub paragraph 7.1 (b) Part 45 MOS and reg 135.040 (1) of the CASR 1998 refer.

Note: Information copies of the ASRs may be handed to the registered operator, flight crew or maintenance staff at the time of the surveillance activity. The information copies are only to be issued as previously agreed with an organisation or operator.

Code C items may include any equipment referred to in:

- the CASRs
- the MOS
- the CARs
- the CAOs
- a company maintenance requirement
- the type certification documents
- the applicable maintenance requirements.
- a direction issued pursuant to CAR 38(1) (i.e. airworthiness directives (ADs) or a previous ASR).

# 5.3 Time periods

## 5.3.1 Code A aircraft survey reports

Requires prior to further flight action to be taken, effectively grounding the aircraft until the defect or damage is rectified and the registered operator has notified the RI. No specific time limit is set by CASA for completion of the defect rectification. The time taken to rectify the defect is self-determined by the registered operator and is dependent on what is achievable and suitable on a case-by-case basis. However, the registered operator must respond within 28 calendar days, advising details of the rectification work undertaken or by providing an action plan to address the defect.

## 5.3.2 Code B and Code C aircraft survey reports

The registered operator must respond within 28 calendar days, indicating the rectification action undertaken.

## 5.3.3 Reissue aircraft survey report after 365 calendar days pursuant to CASR 11.250

Code A and Code B ASRs are directions issued by CASA under regulation 11.245 of CASR. Relevantly, regulation 11.250 specifies the following period of effect of any direction issued under regulation 11.245.

### CASR 11.250 period of effect of direction

A direction under regulation 11.245 of CASR ceases to be in force if it:

- specifies a day on which it ceases to be in force – on the specified day; or
- does not specify a day for that purpose – 365 days after the day it commences

Although in most instances satisfactory acquittal of Code A and Code B ASRs should have taken place within a 365 day period from date of issue, circumstances may dictate otherwise, such as long-term maintenance of the aircraft or storage associated with inactivity. In those instances'

consideration as to the need to issue a new ASR, or for other action to take place that may be deemed necessary, such as suspension or cancellation of the aircraft certificate of airworthiness.

## 5.4 Records

When conducting a surveillance activity, the applicable forms should be completed by the assessing inspector(s). If the ramp check is conducted as part of a surveillance activity, the form should be included in the associated surveillance activity file. In all cases, the form must be saved into the appropriate activity file.

# 6 Self-reported deficiencies

At any time, a deficiency or other information may come to CASA's attention as a result of an AH's self-auditing, or continuous improvement processes. Such self-reporting should be encouraged and may be accepted by the SM as an indication of a mature or maturing operation. CASA should determine, however, on the merits of an individual case if a self-reported deficiency (SRD) is accepted in this manner. For example, consideration should extend to the seriousness of the breach, whether it was deliberate or fraudulent, and whether it has been adequately addressed by the AH.

The details of such self-reporting or information provision are recorded in CASA systems.

If the SRD constitutes a regulatory breach, no SF is issued by CASA. However, the RI must engage with the AH to achieve a satisfactory outcome, following the principles set down in section on AH engagement.

An SRD should only be accepted via the CASA website or on the self-reported deficiency form as this includes fields for the AH to provide the:

- details of the deficiency
- immediate action taken to ensure safety and compliance
- root cause
- closing action that has been instituted to prevent a recurrence of the deficiency.

Note: Some closing actions may take some time to institute and will require monitoring. However, particular attention needs to be taken to remedial actions, and the seriousness of the deficiency.

# 7 Voluntary suspension or cancellation of authorisation

## 7.1 Voluntary suspension of authorisation

Legislation allows for AHs to temporarily suspend their authorisation by submitting a request from the AH Accountable Manager via email to surveillance@casa.gov.au using Voluntary suspensions | Civil Aviation Safety Authority. This action places the certificate in voluntary suspension for a period of time.

In most instances the voluntary suspension expiry date will correspond to the certificate expiry date. For certificates that do not have expiry dates the suspension unless specified in the suspension request will be set at 12 months.

For AH under suspension, contact will be made two months from the expiry of the voluntary suspension by a CASA officer to discuss future intentions. This could be extending the suspension, surrendering their certificate or resumption of operations.

AH requesting to return to operations will be contacted by a SM as depending on the length of time that the certificate has been under suspension, outstanding findings, regulatory compliance issues and open SRDs would determine if a surveillance activity is required.

## 7.2 Cancellation of authorisation

For AH who require cancellation of their authorisation, the Accountable Manager must send the request to surveillance@casa.gov.au. Should the AH have open surveillance activities and or Findings then these are closed. If, at a later stage, the AH wants to reinvigorate their authorisation they must undertake ‘Initial issue’ of an authorisation requirement.

# 8 Monitoring and response surveillance

## 8.1 Intelligence data management

Intelligence data management (IDM) refers to how CASA manages the intelligence it becomes aware of. This intelligence is managed within ROD by the Monitoring and Response Surveillance Team (MRST) and in individual teams outside of ROD.

### 8.1.1 Intelligence data sources

Intelligence data received by CASA is via multiple sources. These include, but are not limited to:

- ATSB/CIRRIS reports
- AH safety reports
- internal CASA correspondence
- investigation reports (e.g. ATSB/NTSB/AAIB)
- non-significant changes
- reliability reports
- REPCONS
- self-reported deficiencies
- defect reports processed through the CASA Defect Reporting System
- unsafe behaviour and low flying aircraft reports.

### 8.1.2 Intelligence data review

Due to the variations in data sources, intelligence is managed by MRST and accessible by all SMs, to ensure consistency in the management of reports and for the analysis of safety trends.

Non-ROD surveillance teams (CNS/ATM, Sports, Aerodromes, OAR) own and operate their own systems for occurrence management, through group management tools.

It is important that all intelligence received by CASA is reviewed by the MMRS or applicable manager to assess any impact on the current scheduled surveillance and regulatory services tasks or the operations of another division of CASA. Where it is determined the intelligence may impact another team/branch/division, the MMRS or applicable manager will communicate with the relevant manager to ensure they are aware of the intelligence and any potential impact. Once the intelligence is received the team will determine via review of data intelligence if follow up action is required.

# 9 Enforcement in surveillance

## 9.1 Overview

The purpose of this chapter is to describe CASA's approach to enforcement procedures of aviation AH's throughout Australia's aviation industry.

In accordance with the regulatory philosophy, CASA will not utilise its discretionary powers to vary or suspend a civil aviation authorisation for punitive or disciplinary purposes, but only for purposes reasonably calculated to achieve specified safety-related objectives, including the protection of persons and property pending the satisfactory demonstration by the person whose privileges have been, or are to be, varied or suspended, that the shortcomings or deficiencies giving rise to CASA's action have been effectively addressed.

Before referral to enforcement is recommended, factors to be considered in the Enforcement Manual must be reviewed.

## 9.2 Entry into enforcement

Entry into enforcement is required where any of the following situations occur:

a. Any matter which appears to involve a serious or deliberate contravention of the aviation legislation with a potential to affect safety

b. Any matter in which it is proposed to issue a formal counselling notice to an industry participant

c. Any matter in which it is proposed to issue an AIN to an industry participant

d. Any matter referred to CASA by a state, territory or commonwealth law enforcement agency seeking the issue of an AIN or other specified compliance or enforcement action (e.g. the issue of a counselling notice)

e. Any matter in which serious questions arise as to the suitability of an applicant for a civil aviation authorisation or appointment, to be issued with that authorisation or appointment, including questions of whether the applicant is a fit and proper person to hold the relevant authorisation or appointment

f. Any matter in which an AH engages lawyers to dispute surveillance findings or raise questions about the holder’s compliance obligations under the aviation legislation

g. Any matter involving the issue of an SA to an AH

h. Any matter involving the alleged falsification of records required to be kept under the aviation regulatory framework

i. Any matter in which, following surveillance or otherwise, it is proposed that the AH be the subject of a corrective/management action plan, however, so described.

j. Any matter where, in order to determine whether non-compliance has occurred, CASA will be required to resolve complex factual issues which may require the skills of an investigator

k. Any other regulatory contravention in respect of which it is considered possible that it may be necessary to exercise CASA’s enforcement powers.

The AH's response to the Safety Alert/Safety Finding is unsatisfactory in circumstances where:

- The AH is repeatedly unable or unwilling to provide an adequate response, despite reminders of their responsibilities, or it is clear the AH is not frankly and openly addressing the deficiencies raised.
- There has been no response from the AH following the issue of a Safety Alert or Safety Finding
- The period of a request for extension is for a period greater than 3 months and an action plan has been proposed by the AH
- The requirements of an agreed action plan have not been met.

# 10 Information capture and access

## 10.1 Overview

This chapter outlines the management of information in relation to the collection and sharing of surveillance information.

## 10.2 References

- CASA Security Manual
- Information Management Directive
- CASA Security Manual.

## 10.3 Safety analysis information support

Safety, Risk and Intelligence Branch (SRIB) support all divisions by providing safety analysis intelligence to enhance decision-making through the identification of existing and emerging risks.

SRIB works within the safety analysis framework to:

- assist in providing useful insights through data trends
- ascertain potential safety factors and deficiencies through data patterns and themes
- uncover possible safety issues through risk identification avenues.

### 10.3.1 Ongoing information collection and sharing

Throughout all phases of the surveillance process and on an ongoing basis, CASA officers should be mindful of the importance of capturing and recording full details of all interactions with AH's, as well as providing the reasoning behind all decisions and assessments made during the process. All such recorded information must be evidence based, factual and justifiable within the scope of an individual’s responsibilities and logged as a general comment in the applicable system. Capturing and recording this information is important when reviewing previous activities, or if the matter is referred to CEP.

CASA will consider the following when determining what to do with that information:

- effect on aviation safety
- effect on the existing safety risks associated with the AH
- relevant and applicable legal requirements
- who needs to be aware of the information
- the most effective way of communicating the information.