Australian Government
Civil Aviation Safety Authority



CASA Surveillance Manual (Sky Sentinel)

May 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.

Artwork: James Baban.

© Civil Aviation Safety Authority

All material presented in this Guidance document is provided under a Creative Commons Attribution 4.0 International licence, with the exception of the Commonwealth Coat of Arms (the terms of use for the Coat of Arms are available from the It's an Honour website). The details of the relevant licence conditions are available on the Creative Commons website, as is the full legal code for the CC BY 4.0 license.

Attribution

Material obtained from this document is to be attributed to CASA as:

© Civil Aviation Safety Authority 2023.

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 **7**

Acronyms and abbreviations 7
Definitions 9
Reference material 14

Revision history **17**

1 Introduction **25**

1.1 Manual purpose 25
1.2 Manual objectives 25
1.3 Target audience 26
1.4 Document control 26
1.4.1 Manual sponsorship 26
1.4.2 Manual amendment 26
1.4.3 Annexes 26
1.4.4 Temporary Management Instructions (TMI) 26
1.4.5 Surveillance Information Circular (SIC) 27

2 CASA's approach to surveillance **28**

2.1 Overview 28
2.1.1 Purpose 28
2.2 CASA’s surveillance obligations 28
2.2.1 The Civil Aviation Act 1988 requirements 28
2.2.2 CASA’s functions 28
2.3 CASA surveillance policy 28
2.4 CASA’s approach to surveillance 29
2.5 CASA’s regulatory philosophy 30
2.5.1 Key considerations for regulatory decision making 30
2.5.2 Use of discretion 30
2.5.3 Authorisation holder engagement 30
2.6 National Oversight Plan 31
2.6.1 National Oversight Plan objectives 31
2.6.2 National Oversight Plan key features 31
2.7 Systems and risk-based approach to surveillance 32
2.8 Surveillance scheduling 32

3 Methodology **33**

3.1 Overview 33
3.1.1 Purpose 33
3.2 Surveillance phases 33
3.2.1 Authorisation holder assessment (assess) 33
3.2.2 Surveillance review meetings (review) 34
3.2.3 Surveillance event preparation (prepare) 34
3.2.4 Conduct surveillance event (conduct) 34
3.2.5 Surveillance event reporting (report) 34
3.2.6 Update system information (update) 34
3.3 Applied surveillance methodology 34
3.3.1 Types of surveillance 34

	3.3.2	National sector campaigns - campaign surveillance	36
	3.3.3	System risk structure	37
	3.3.4	Risk systems attributes – Management System Model (MSM)	37
	3.3.5	Verifying processes using MSM	41
	3.3.6	Using the MSM	42
4	**Surveillance**		**43**
4.1	Overview		43
	4.1.1	Purpose	43
	4.1.2	Surveillance process	43
4.2	Process - consider surveillance		44
	4.2.1	Purpose	44
	4.2.2	Process	46
	4.2.3	Conduct assessment	47
4.3	Surveillance planning		52
	4.3.1	Purpose	52
	4.3.2	ROD - Surveillance Review Meeting (SRM)	52
	4.3.3	Surveillance Team Planning Meeting (STPM)	53
	4.3.4	STPM oversight	53
4.4	Surveillance event preparation		55
	4.4.1	Purpose	55
	4.4.2	References	55
	4.4.3	Surveillance preparation	56
	4.4.4	Accountabilities - surveillance event preparation	58
4.5	Conduct surveillance event		60
	4.5.1	Purpose	60
	4.5.2	References	61
	4.5.3	Surveillance event activities	61
	4.5.4	Surveillance event - conduct entry meeting	61
	4.5.5	Surveillance event - onsite familiarisation procedure	62
	4.5.6	Surveillance event - conduct surveillance	63
	4.5.7	Surveillance event – process verification procedure	64
	4.5.8	Surveillance event – periodic meetings	65
	4.5.9	Surveillance event – periodic meetings (team coordination meeting)	65
	4.5.10	Surveillance event – periodic meetings (authorisation holder progress meeting)	66
	4.5.11	Surveillance event - pre-exit meetings	66
	4.5.12	Surveillance event - exit meetings	67
	4.5.13	Discontinuing a surveillance event	69
	4.5.14	Accountabilities - conduct surveillance event	69
4.6	Surveillance event reporting		70
	4.6.1	Purpose	70
	4.6.2	References	70
	4.6.3	Reporting	71
	4.6.4	Surveillance report	72
	4.6.5	Surveillance findings	75
	4.6.6	Safety alerts	76
	4.6.7	Safety findings	78
	4.6.8	Safety observations	81
	4.6.9	Aircraft Survey Report	82

4.7 Response to findings - update system information 92
4.7.1 Purpose 92
4.7.2 References 92
4.7.3 Finding response assessment 92
4.7.4 Findings management 97
4.8 Self-reported deficiencies (SRD) 111
4.8.1 Process - self-reported deficiencies 111
4.8.2 Information sources 112
4.8.3 Process details - SRDs 112
4.9 Issue of new authorisation and Post-Authorisation Review (PAR) 114
4.9.1 Process - issue of new authorisation and post-authorisation review 114
4.9.2 Process details - issue of new authorisation and post-authorisation review 114
4.10 Voluntary suspension of authorisation 114
4.10.1 Process - voluntary suspension of authorisation 114
4.10.2 Process details - voluntary suspension of authorisation 115
4.11 Accountabilities - update system information 115

5 Monitoring and Response Surveillance 118

5.1 Intelligence Data Management (IDM) 118
5.1.1 Intelligence data sources 118
5.1.2 Process intelligence received 119

6 Enforcement in surveillance 121

6.1 Overview 121
6.1.1 Purpose 121
6.1.2 Process 121

7 Information capture and access 125

7.1 Overview 125
7.1.1 Purpose 125
7.1.2 References 125
7.2 Safety analysis information support 125
7.2.1 Safety information 125
7.2.2 Ongoing information capture and sharing 125
7.2.3 Information quality control 126
7.2.4 Information elements 126

References

Acronyms and abbreviations

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

Table 1. Acronyms

Acronym / abbreviation	Description
AEB	Airworthiness and Engineering Branch
ANAA	Air Navigation, Airspace and Aerodromes
AOC	Air Operator's Certificate
ARN	Aviation Reference Number
ASR	Aircraft Survey Report
ATSB	Australian Transport Safety Bureau
BM	Branch Manager
CAO	*Civil Aviation Order*
CAR	*Civil Aviation Regulations 1988*
CASR	*Civil Aviation Safety Regulations 1998*
CASA	Civil Aviation Safety Authority
CEP	Coordinated Enforcement Process
COA	Certificate of Approval
COM	Controlling Office Manager
CSM	CASA Surveillance Manual
DRS	Defect Reporting Service
EAP / EMPIC	Enterprise Aviation Processing - IT System
EICMS	Enforcement, Investigations and Case Management System
EVU	Enforceable Voluntary Undertaking
ICAO	International Civil Aviation Organisation
OPM	Oversight Planning and Monitoring Team (Prev NSSP)
MMRS	Manager Monitoring and Response Surveillance
MOS	Manual of Standards

Acronym / abbreviation	Description
MRST	Monitoring and Response Team
MSM	Management System Model
MSP	Multiyear surveillance plan
NMS	National Manager Surveillance
NOP	National Oversight Plan
NSSP	National Surveillance Selection Process
POWER BI (PBI)	Microsoft Business Intelligence Tool
RAAO	Recreational Aviation Administration Organisations
RFI	Surveillance Request for Information
RMS	Records Management System
RPAS	Remotely Piloted Aircraft Systems
ROD	Regulatory Oversight Division
RSR	Regulatory and Safety Review
SA	Safety Alert
SAR	Safety Assurance Review
SF	Safety Finding
SIC	Surveillance Information Circular
SM	Surveillance Manager
SME	Subject Matter Expert
SMS	Safety Management System
SO	Safety Observation
SRM	Surveillance Review Meeting
SPR	Surveillance Priority Review
SRD	Self-Reported Deficiency
SRI	System Risk Indicator
SRP	System Risk Profile

Acronym / abbreviation	Description
SSB	Safety Systems Branch
STO	Surveillance Technical Officer
STPM	Surveillance Team Planning Meeting
TMI	Temporary Management Instruction

Definitions

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

Table 2. Definitions

Term	Definition
Acquittal	Decision by CASA accepting that the remedial and corrective actions taken by the authorisation holder have satisfactorily addressed the breach
Action Plan	Means by which an authorisation holder demonstrates to CASA those actions and milestones planned to acquit an open safety finding
Aircraft Survey Report (ASR)	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 (AH)	A holder of a Civil Aviation Authorisation as that term is defined in section 3 of the Civil Aviation Act 1988 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)”
Authorisation Holder Assessment (AHA)	A consolidation of information to assist a surveillance team determine the surveillance priority of an authorisation holder
Authorisation Holder Assessment Report	A PBI report containing a current listing of all authorisation holders within a given business area, with information regarding the most recent AHA conducted on the authorisation holder.
Branch Manager (BM)	The applicable branch manager carries out non-ROD surveillance responsibilities as delegated in the manual. Position in some teams is Manager.
Breach	An infraction or violation of a legislative provision
Business Day	A day that is not a Saturday, a Sunday or a gazetted public holiday in the relevant location
Compliance	Actions or activities carried out and which will achieve the requirements of the legislation
Controlling Office	CASA office or branch responsible for oversight of an authorisation holder in accordance with the responsibilities in this manual.

Term	Definition
Controlling Office Manager	CASA senior manager responsible for oversight of an authorisation holder. Also see surveillance manager
Corrective Action	Action required by an authorisation holder 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
Defect Reporting System (DRS)	A system that allows people to report to CASA and view major defects with aircraft or aircraft parts
EAP	Enterprise Aviation Processing
Element	A part or component of an authorisation holder's systems that either together or alone contributes to the operation of that system
Enforcement	Strategies adopted by CASA to secure compliance with aviation safety standards (See on –Enforcement)
Evidence	Information, objects, records, documents or statements of fact used to support findings
Finding	A documented output from a surveillance event resulting from a deficiency
Formal Comment	Are used to record information of significance that may be taken into consideration in scoping future surveillance on the authorisation holder.
General Comment	Are used to capture intelligence gathered from various sources both from within and outside the organisation and are generally for information only.
Issuing Inspector	An Inspector who identifies a finding, issues the finding and who subsequently manages that finding through to acquittal
Management System Model (MSM)	A tool used to assess the effectiveness of an authorisation holder's systems and its ability to manage its safety risks and to determine probable root cause when assessing non-compliance
Manager	The applicable manager carries out non-ROD surveillance responsibilities as delegated in the manual. Position in some teams is Branch Manager
National Manager Surveillance (NMS)	This is the National Manager for ROD Surveillance Branch. For areas outside ROD Surveillance Branch, these responsibilities are delegated in this manual to the applicable branch manager or manager.
National Oversight Plan (NOP)	The National Oversight Plan (NOP) is a standardised, CASA-wide process that applies to all authorisation holders. It extends beyond surveillance to encompass the full oversight lifecycle across six key elements—from entry control through to education and improvement—supporting a consistent, risk-based approach to regulatory oversight.
National Sector Campaigns	Coordinated surveillance activity focusing on multiple authorisation holders 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

Term	Definition
NOP scheduled surveillance	Scheduled Surveillance is driven by the risk to safety posed by AH's and is based on an assessment of several factors including the assessment of an AH's safety performance based on recent safety findings and reports. Scheduled Surveillance also aims to ensure coverage of a set scope of regulatory compliance checking over a defined period for each approval type.
Operational Check	A surveillance event targeted at a specific activity or function used to assure compliance
Oversight	This is surveillance oversight and is limited to the procedures and responsibilities contained within this manual.
Post-Authorisation Review (PAR)	A review conducted to ensure entry control standards are being maintained and conducted within twelve (12) to eighteen (18) months following the initial issue, depending on the type of authorisation issued
Power BI (PBI)	Microsoft product providing combined live data from sky sentinel merged with other internal systems
Process Verification	Validation of an authorisation holder's procedures to verify the effectiveness of communications and interactions between various interdependent processes. Process verification is part of a systems surveillance and should confirm the 'process in practice' including outputs
Ramp Inspection	Inspection of an aircraft, including documentation, equipment and procedures associated with that operation
Regulatory Service	The assessment and/or review relating to an approval, variation, exemption or instrument. These activities are considered separate from surveillance, as they are initiated by the authorisation holder and may involve cost recovery or the payment of fees. In the context of this manual, Regulatory Services refers to the Entry Control and Change & Renewal elements of CASA's National Oversight Plan (NOP). These NOP activities are undertaken by the branch responsible for managing the authorisation in question and represent CASA's front-end oversight functions — assessing an authorisation holder's suitability, capability, and readiness to enter or continue operating in the aviation system. Although not classified as surveillance, these functions are core components of risk-based oversight under the NOP. They provide critical insights into an authorisation holder'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 authorisation holder in response to a Finding to address the deficiency that caused the breach, and which will return performance to a compliant state
Response Activities	Activities conducted in direct response to outside events. For example, a safety report or complaint
Risk	Risk is the chance of an adverse safety outcome, based on the likelihood of an event and the severity of its consequences. Risk is used to guides the prioritisation of surveillance activities.
Risk Based Surveillance	A structured process used by CASA in the oversight of an authorisation holder's performance and when prioritising surveillance activities, focused

Term	Definition
	on the effectiveness in managing their risks and is also a method by which CASA can evaluate that all activities conducted by the authorisation holder are as safe as reasonably practicable
Risk Framework	Set of interacting activities and rules for coordinating and directing Risk Management Processes (from ISO Guide 73:2009 – Risk Management)
Risk Management Process	Systematic application of management policies, procedures and practices to the tasks of communication, consulting, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk
Root Cause	The fundamental breakdown or failure of a process or system which, when resolved, prevents a recurrence of the deficiency
Safety Alert (SA)	A notification used to raise an immediate safety concern regarding a serious breach by an authorisation holder and issued in conjunction with a safety finding and may be accompanied by an ASR. The issue of a safety alert is also one of the triggers that initiates the Coordinated Enforcement Process (CEP)
Safety Finding (SF)	A notice issued to an authorisation holder to identify a non-compliance, either with a legislative provision or with the authorisation holder's own approved procedures. It formally documents the breach and forms part of CASA's regulatory oversight and follow-up process.
Safety Observation (SO)	A notice issued to an authorisation holder 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	As per the MSP and NSSP
Scoping	Assessing an authorisation holder's activity to establish what is to be covered in a surveillance event
Sky Sentinel	IT tool for the management of surveillance activities and information supporting the planning, conducting, analysing, monitoring and reporting phases of surveillance
Surveillance	Oversight of authorisation holders performed by CASA pursuant to section 9(1)(f) of the Civil Aviation Act 1988 (the Act)
Surveillance event	Activity by which CASA assesses the safety performance of regulated aviation activities
Surveillance event team	Team which is made up of Inspectors that may be drawn from various disciplines, who have been assigned to conduct a surveillance event. If the surveillance event is conducted by a sole Inspector, that Inspector assumes all roles and responsibilities for the execution of the event
Surveillance Information Circular	A mechanism for communicating any changes that are made to processes or procedures to the CASA surveillance community.

Term	Definition
Surveillance lead	CASA officer with the appropriate experience who is responsible for leading a surveillance team. The term also applies to a sole Inspector conducting a surveillance event
Surveillance Manager (SM)	The surveillance manager is responsible for oversight of authorisation holders assigned to them. This oversight is limited to the procedures and responsibilities contained within this manual. This generic title is to capture all the varying branch management nomenclature. Some examples are below:
	includes controlling office manager - where no surveillance manager has been appointed e.g. RPAS, Aerodromes, Sports etc
	Tech Ops
	CNS/ATM
	MTOs
	in ANAA branch this is equivalent to the team leader
	in AEB this is equivalent to the manager design and manufacturing oversight
	in RPAS branch this is equivalent to the manager RPAS Operations.
Surveillance Review Meetings	The SRM meets monthly and manages the surveillance planning process and reviews scheduled surveillance activity monthly targets.
Surveillance Team Planning Meetings	Surveillance teams from all branches of CASA that conduct surveillance activities hold meetings on a weekly or monthly basis dependent on their level of surveillance activity.
Surveillance Event Team	A team of inspectors led by a surveillance lead conducting a surveillance event
Surveillance Team	A group of inspectors led by a surveillance manager/team leader that plan and manage surveillance activities on authorisation holders oversighted by their respective offices/branches
Surveillance technical officer (STO)	Surveillance technical officers are a national resource and are available to assist any branch of CASA with surveillance related services. Surveillance technical officers are available to provide surveillance teams with all the necessary tools to plan, conduct and finalise surveillance. The surveillance technical officers assist with formatting surveillance reports and findings and the administration of findings. Surveillance technical officers can provide support to surveillance teams while out in the field. Each surveillance technical officer also provides support for sky sentinel as an advanced user.
System	A group of interrelated processes that are a composite of people, procedures, materials, tools, equipment, facilities and/or software operating in a specific environment to perform a specific task, or achieve a specific purpose
Systems surveillance	Seeks to assess an AH management system and its ability to manage operational risks. To achieve this, safety-related processes are assessed

Term	Definition
	to determine they are operating in accordance with the authorisation holder's documentation and Civil Aviation legislation

Reference material

The reference material used in this manual are listed in the table below.

Table 3. Reference material

Doc Ref.	Title
CASA-03-0202	Surveillance Manual Annex 1 - Surveillance Standards and Protocols
CASA-04-0676	Aircraft Survey Report - Front Page (Form 996)
CASA-04-0677	Aircraft Survey Report - Response Page (Form 996)
CASA-04-5675	Aircraft Survey Report – Acquittal letter
CASA-04-0592	Surveillance Planning and Scoping Development (Form 1189)
CASA-04-0602	Surveillance Event Summary of Findings (Form 1288)
CASA-04-0603	Surveillance Event Record of Conversation (Form 1289)
CASA-04-0604	Surveillance Event Timetable (Form 1290)
CASA-04-0605	Safety Finding - Further Evidence Requested (Form 1291)
CASA-04-0606	Surveillance Report Covering Letter (Form 1292)
CASA-04-5442	Combined Form (Surveillance Checklist – Entry/exit meeting and attendance) (Form 1296)
CASA-04-0611	Safety Observation (Form 1298)
CASA-04-0612	Safety Finding - Front Page (Form 1299)
CASA-04-0613	Safety Finding - Response Page (Form 1299)
CASA-04-0614	Safety Alert - Front Page (Form 1300)
CASA-04-0615	Safety Alert - Response Page (Form 1300)
CASA-04-6696	Safety Alert – Acquittal letter
CASA-04-0616	Surveillance Report (Form 1301)
CASA-04-0618	Safety Finding - Acquittal letter (Form 1303)
CASA-04-0619	Surveillance Notification (Form 1304)
CASA-04-0620	Surveillance Framework Amendment Submission (Form 1305)
CASA-04-0621	Surveillance Worksheet (Form 1308)
CASA-04-6307	Part 142 SIM ONLY Surveillance evaluation

Doc Ref.	Title
CASA-04-5686	Surveillance Review Meeting (SRM) Agenda
CASA-04-5685	Surveillance Team Planning Meeting (STPM) Agenda
CASA-04-0637	Safety Finding - Extension Acceptance Letter (Form 1455)
CASA-04-0638	Safety Finding - Extension Rejection Letter (Form 1456)
CASA-04-6213	Safety Finding - Verification by CASA
CASA-04-0617	Safety Finding – Overdue Letter (Form 1302)
CASA-04-3001	Safety Finding - Response to Objection Letter (Form 1543)
CASA-04-5630	Safety Finding - Objection Peer review
CASA-04-4264	Part 145 surveillance request for information
CASA-04-6375	Part 42 surveillance request for information
CASA-04-6562	Part 138 surveillance request for information
CASA-04-0692	CAR 30 surveillance request for information
CASA-04-4325	Air Operators surveillance request for information
CASA-04-0646	Part 139 surveillance request for information
CASA-04-4380	Part 21 Manufacturing surveillance request for information
CASA-04-6767	Part 21J Design Organisation surveillance request for information
CASA-04-5522	Part 147 surveillance request for information
CASA-04-5906	Part 141/142 surveillance request for information
CASA-04-7053	Part 131 Balloons and Hot air airships surveillance request for information
CASA-04-6766	AP Design surveillance request for information
CASA-04-5149	Desktop Risk Assessment Guide
CASA-04-0243	Dangerous Goods Manual Checklist – AOC Port Inspection (Part A only)
CASA-04-0636	Acceptance of Dangerous Goods Checklist – AOC Port Inspection (Part A only)
CASA-04-6567	Checklist (OPS.26) Dangerous goods – RAMP inspection
CASA-04-6320	Checklist (OPS.26) Ground operations - Port inspection
CASA-04-5379	Aviation Event Brief (Form 3836)
CASA-04-5380	Occurrence Brief (Form 7642)
CASA-04-5535	Surveillance CASR Part 147 Worksheet
CASA-04-5615	Terms of Reference (TOR) - Safety Assurance Review (SAR)

Doc Ref.	Title
CASA-04-5562	Fatigue Surveillance Checklist
CASA-04-4261	Surveillance Report and Findings Work Instruction – Standard Wording
CASA-04-4312	Safety Occurrence Information Request
CASA-04-0679	Pilot Questionnaire and Response

Revision history

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

Table 4. Revision history

Version no.	Date	Parts / sections	Details
5.4	May 2026	1	Chapter number reference numbers
5.3	August 2025	All	New Template
		Definitions	Minor amendments with additions to position titles and responsibilities
		Throughout CSM / Annex	Amended NMS position also other Branch or Division Managers outside ROD
		Throughout	Planned surveillance amended to Scheduled Surveillance and unplanned amended to unscheduled
		Throughout	Addition of guidance when using events for response team use only
		Throughout	Added 'or approved alternative' after Form 1189 - Scoping Form
		Throughout	Added Objections to be received within 7 days of Safety Finding Issue
		Throughout	Added references to LIRA and LIRA team names corrected
		Throughout	Added consideration to WHS matters when scheduling events
		Definitions	Amend Regulatory Service definition
		1	Added CSM also covers Response, referrals to Enforcement
		1.1	Added conduct surveillance in accordance with CASA's regulatory responsibilities
		2.6	Amend National Oversight Plan definition
		3.3	Amend systems audit definition
		3.3.1.1	Amended to description of systems audit and adjustment to wording in regard to remote Level 1
		4.2.1	Amend to response team responsibility
		4.3.1	Added consideration of WHS matters
		4.3.4.1	Removed of STO involvement in STPM minutes

Version no.	Date	Parts / sections	Details
		4.5.4.1	Added AH confirmation requested for employee interaction
		4.5.12.2	Added guidance to AH re Safety Finding applications to go to Reg Services
		4.6.3	Amend description of surveillance report requirements
		4.6.5	Added in line with CASA regulatory philosophy
		4.6.7.2	Reiteration of response to Safety Finding from AH is 21 days from date of issue
		4.6.9.1	ASR Code A - Prior to issue to go through SM, NMS and Manager of Litigation ASR response to be within 14 days of issue
		4.7.3	Added Inspector/STO process
		4.7.3.1	Added details assess response responsibilities
		4.7.3.2	Added details of Assess response guidance and clarification
		4.7.4	Added guidance of Findings management - extension of time process, additional description for extension over 3 months, response to AH and follow up
		4.7.4.1	Amended Issue Process
		4.7.4.2	Amended response received process
		4.7.4.3	Amended no response received process
		4.7.4.4	Amended Further evidence requested process
		4.7.4.5	Amended extension of time process
		4.7.4.6	Amended Action Plan process
		4.7.4.7	Added clarification of Objection process and status description
		4.7.4.8	Amended details on Verification required by CASA.
		4.7.4.9	Amended Management of Safety Finding acquittal
		4.8.3	Added steps for recording SRDs
		4.10.1	Amended Voluntary Suspension process
		Annex 1 Sec 1	Amended overview dot points
		Annex 1 - 3	Amended requirements for inspector event participation
		Annex 1 – 4.2	Added contact requirement prior to entering facility

Version no.	Date	Parts / sections	Details
		Annex 1 – 16.4	Added self-reported deficiency Amendment to guidance for Response Team
		Annex 1 – 16.7	Added unsafe behaviour and low flying aircraft reports
		Annex 1 – 16.8	Added table 11 of Level 2 event types - Unscheduled Response use only.
		Annex 1 – 16.10.2	Added Critical - Class A or Serious Class B actions
		Annex 1 - 17	Removed Quality assurance program
5.2	May 2024	All	Amended and updates throughout
5.1	December 2022	All	Updated definitions and updated processes.
5.0	January 2022	All	• Definitions, multiple forms added. Changes to titles and surveillance schedules to reflect the organisational change to a National Model
4.4	January 2021	All	• amend the word audit to Surveillance
			• manual sponsorship changes
			update of Tables/figures.
		3.3.1.2	Addition of AOCD Desktop review description
		3.3.6.1	Addition of AHPI digitised set of question recommendation
		4.2.4.8	Addition on use of scheduled start dates
		4.4.4.1	Amendments to Process of Level 1 Event
		4.4.4.2	Amendments to Process Details of Level 1 Event
		4.4.5	Addition of Process for AOCD Event
		4.4.5.1	Addition of Process Details for AOCD Event
		4.4.6	Addition of Process - Prepare for AOCD Event
		4.4.7	Addition of Process Details - Prepare for AOCD Event
		4.4.8	Amendment to Accountabilities - Event preparation wording
		4.5	Amendment to working - Conduct Surveillance Event
		4.5.2	References - Addition of Form 2173
		4.5.15	Amendment to 4.5.15 - Process details - Conduct AOCD

Version no.	Date	Parts / sections	Details
		4.6.12	Addition of use of all fields in sky sentinel and using Remote if Desktop
		4.6.13.2	Amendment to wording
		Annex 1 All	Amend the word audit to Surveillance
		Annex 1 Section 2	Inspector responsibility for currency and competency
		Annex 1 Section 3	Addition of description regarding AHPI Questionnaire
		Annex 1 Section 6	Addition of Level 2 Desktop Surveillance review information and documentation list
		Annex 1 Section 7	Aircraft Ramp Inspection added. Taken from the Safety Assurance Branch Inspector Handbook
		Annex 1 Section 8.2	Reference to legislation provisions and written examples
		Annex 1 Section 12	addition of Surveillance report and findings work instructions - Standard wording
		Annex 1 Section 13	occurrence Management re-write of process
4.3	June 2020	Throughout manual	addition of NSSP as primary provision of CASA scheduled surveillance events removal of financial year update of mandatory elements for Health Check.
		WHS for employees	added Aurion - Employee Self Service
		Glossary	AEB, AHPI, AMTL, ANAA, COM, RPAS
		Definitions	EAP, Scoping
		Section 1	deleted reference to Safety Systems Manual
		Section 2	added non-AOC holder ICAO requirement – Annex 9
			clarified Response Activities in relation to other NOP pillars
		Section 3	added use of comment field in Sky Sentinel
			surveillance Planning and Scoping Form 1189 - now mandatory
			information about scoping and conduct for event type "desktop review

Version no.	Date	Parts / sections	Details
			AHPI Group A every due every 6 months and 12 months for Group B and C
		Section 4	note - assessment outside of NSSP
			AHPI Group A every due every 6 months and 12 months for Group B and C
			voluntary suspension in AHPI discussion
			comment usage in sky sentinel
			recording AHPI contact method (phone call or site visit)
			clarification on when an AHPI is conducted
			AHPI response of ‘don't know’
			further information about surveillance request
			NSSP events are loaded annually on behalf of Regions/Branches
			adding proposed dates of surveillance at approval stage
			"endorse" to "recommends”
			removed requirement to review Safety Finding extensions
			removed all authorisation Cat 1 discussion. Altered to discussions on outstanding only
			reports can be provided at weekly team meetings
			NSSP events are not to be "cancelled"
			AMTL to ensure status of NSSP report is accurate
			Surveillance Planning and Scoping Information Request (Form 1534)
			Oversight Surveys under Forms
			Updated STO responsibilities
			Updated Lead Auditor/Inspector responsibilities
			Use of Form 1189
			Saving to EDRMS
			All attendees noted on attendance list
			Changed Operational Check - to read Level 2 event

Version no.	Date	Parts / sections	Details
			COM referral to CEP after a discontinuation
			Start date is entered on sky sentinel once the event has commenced
			Document Cat. reference added
			Code A, B and C to ASR
			Instructions to delete a Finding
			Objections and process to follow
			Creation of a surveillance event for safety alert
			Updated section on ASRs
			Report technical summary is no longer mandatory
			Review time to get to AMTL/COM
			Ensure scoped Elements not completed are reflected by a double asterisk
			Peer review if required
			Update on what the surveillance report should include
			AEB and Airservices requirements to CC report
			Surveillance report and findings work instructions - Standard wording
			Safety Finding needs to be withdrawn a new event needs to be created if another Safety Finding is being created
			Safety Finding is objected and that is upheld and therefore withdrawn, and a new Safety Finding is created
			Actions of objection should be carried out by the Surveillance Manager as the system provides a technical log of who is actioning
			Information regarding self-reported deficiencies and Enforcement
		Section 5	SAP Business Intelligence
		Annex 1	AHPI Cat A 6 monthly and B and C 12 monthly
			'Selected to be reviewed' added
			Clarify records management and saving to EDRMS

Version no.	Date	Parts / sections	Details
			Do not include penalty units added to findings standardised regulatory reference
			ASRs unless specified have a 365-day validity.
			'after discussion with the COM and AMTL'
			ASRs updated to reflect CSM
			Reference to Technical Summary removed
			Added desktop to safety occurrence review
			CASA may request the completion of Safety Occurrence Information Request (Form 997) - to establish the circumstance of the occurrence, before making any further judgement - Added to table for "Minor"
4.2	July 2019	All	Update of Level 2 Operational Check surveillance event types. Addition of Surveillance technical officer role. Added reference to the use of Surveillance Report Summary - Work Instruction - Standard Wording.
4.1	June 2019	Annex 1	Addition of Regulatory Services and Safety Assurance Reviews (RSS SAR) and Roles and Responsibilities
		Manual preface	Addition of Work health and safety (WHS) for employees
4.0	April 2019	All	Update to include reference to the NSSP and the National Oversight Plan
		All	Update to the manual owner and sponsor
		1.4.2	Inclusion of the Service Desk form for submitting change requests
		1.4.3	Separation of Annexes 2 to 18 from the CSM
		2.3	Insertion of CASA Surveillance Policy
		4.7.18.2	Expansion on text concerning a return to activities after Voluntary Suspension
		4.7.2 4.7.4.1 4.7.6.1 4.7.9.1 / 4.7.9.2	Replacement of term "Safety Finding Rejection Letter" with "Further Evidence Requested
		4.7.11.2	Inclusion of text clarifying the start date for extensions, once approved, to implement correction plans for a Safety Finding.
3.2	December 2017	Annex 18	Addition of table - Authorisation Type

Version no.	Date	Parts / sections	Details
3.1	December 2017	Annex 1 and 18	Addition on Annex 18 (DAMP) removal of DAMP form Annex 1
3.0	September 2017	All 4.5.13.2 Conduct Exit Meeting 4.5.14.2 Conduct Exit Meeting	Updated naming of findings: - NCN to Safety Finding - Observation to Safety Observation Included text for the disclosure of findings at the exit meeting
2.4	April 2017	All	Chapters and annexes revised as part of the regular review and CASA Surveillance Framework Continuous Improvement process
2.3	January 2015	All	Chapters and annexes revised as part of the regular review and CASA Surveillance Framework Continuous Improvement process
2.2	February 2014	All	Chapters and annexes revised as part of the regular review and CASA Surveillance Framework Continuous Improvement process
2.1	August 2013	All	Chapters and annexes revised as part of the regular review and CASA Surveillance Framework Continuous Improvement process
2.0	February 2013	All	Chapters and annexes revised as part of the regular review and CASA Surveillance Framework Continuous Improvement process
1.1	November 2012	All	Chapters and annexes revised as part of the regular review and CASA Surveillance Framework Continuous Improvement process
		Annex 2 to 16	New annexes added expanding the scope of the CSM to cover all parts of CASA with annexes aligning with individual authorisation holder types or groups of authorisation holders
1.0	July 2012	All	First issue

1 Introduction

The CASA Surveillance Manual (CSM) sets out the processes to be followed when conducting surveillance on civil aviation authorisation holders (AH). It also sets out the processes to be followed when 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 Annex 9.

In this respect, and for the purposes of this manual only, a reference to an AH will include the above persons or organisations who are not AH's.

The CSM applies to all aspects of surveillance conducted by CASA. As the CSM is updated regularly, the electronic version published on the CASA website should always be the sole reference point. The website also includes any relevant Temporary Management Instructions (TMI) and Surveillance Information Circulars (SIC) that may be current at the time. TMI and SIC must be read in conjunction with the published CSM.

This manual reflects surveillance management concepts and processes that allow for the prioritisation of surveillance activities based on risk and supports identification of focus areas within a system during surveillance events. This manual also provides the processes required for the conduct of surveillance activities prioritised in accordance with the National Oversight Plan (NOP) including scheduled surveillance and also covers Response and referrals to Enforcement.

Sky Sentinel and EAP, the approved IT surveillance management tools, embody these concepts and allows CASA to apply a holistic system and risk management approach to planning, conducting, analysing, monitoring and reporting surveillance across the Australian aviation industry.

Occasionally, the word must is used in this manual 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.

When a surveillance manager (SM) or inspector needs to make a decision that is inconsistent with the procedures contained within this manual, the decision must be approved by the National Manager Surveillance (NMS).

1.1 Manual purpose

The CSM contains the processes and instructions necessary for CASA staff **to conduct surveillance in accordance with CASA's regulatory responsibilities**.

When a SM or inspector needs to make a decision that is inconsistent with the procedures contained within this manual the decision must be approved by the NMS and a comment placed in sky sentinel.

The manual is structured in the following way:

1. Chapter 1 – Introduction
2. Chapter 2 – CASA's approach to surveillance
3. Chapter 3 – Methodology
4. Chapter 4 – Surveillance
5. Chapter 5 – Monitoring and Response Surveillance
6. Chapter 6 – Enforcement in Surveillance
7. Chapter 7 – Information capture and access.

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

1.2 Manual objectives

The objectives of this manual are to provide:

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

- a description of the roles and responsibilities of CASA staff in conducting surveillance
- guidance and procedures for the surveillance model based on the six surveillance phases:
  - AH assessment
  - surveillance planning
  - surveillance event preparation
  - conduct surveillance event
  - surveillance event reporting
  - update system information.

1.3 Target audience

The CSM is intended for use by CASA staff involved in planning, conducting, or supporting surveillance activities.

1.4 Document control

1.4.1 Manual sponsorship

The Executive Manager Regulatory Oversight Division (EMROD) is the sponsor of the CASA surveillance framework that incorporates the CSM and CASA's IT surveillance management tool, Sky Sentinel.

The owner of the manual is the NMS. The surveillance services manager is responsible for ensuring the manual is accessible and up to date. For this reason, manuals should not be retained or relied upon as a printed version. An electronic version is maintained on CASA's website.

1.4.2 Manual amendment

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/teams and with controlling office surveillance management. Formalised requests for amendment should be submitted by the SM to the surveillance services team via the amend existing form/manual/policy/TMI form on the service desk portal or submitted via e-mail to surveillance@casa.gov.au using CASA surveillance framework amendment submission Form 1305.

Suggested amendments are reviewed by the surveillance services team, and then presented to the surveillance managers who, following consultation with the wider surveillance branch team members, 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 standard and protocols remain an integral part of the CASA surveillance manual (CSM). As any updates and changes to Annex 1 directly affect the CSM, these are to be managed by the surveillance services team.

All other annexes, from Annex 2 onwards, are separate documents for the purposes of updating and including changes. However, the processes, systems and elements, as well as the currency guide in each annex remain part of the CSM and are actionable hereunder.

1.4.4 Temporary Management Instructions (TMI)

The purpose of Temporary Management Instructions (TMI) 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. TMI are published in the document catalogue.

1.4.5 Surveillance Information Circular (SIC)

The purpose of 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 in Horace and are approved by Manager Surveillance Services and are administered by the surveillance services team.

2 CASA's approach to surveillance

2.1 Overview

2.1.1 Purpose

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

- surveillance obligations
- surveillance policy
- surveillance objectives
- surveillance program
- systems and risk-based approach to surveillance
- surveillance scheduling.

2.2 CASA's surveillance obligations

2.2.1 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.

2.2.2 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:

1. CASA has the function of conducting the safety regulation of the following, in accordance with 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.

2.3 CASA surveillance policy

The policy applies to all CASA staff engaged in, conducting, or managing surveillance activities relating to the aviation industry. Section 3 of the Civil Aviation Act 1988 defines civil aviation authorisation as meaning 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). 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: 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 scheduled in accordance with the National Oversight Plan (NOP), or unscheduled, opportunity based, random, or targeted across all facets of the aviation industry.

The primary objective of conducting surveillance is to determine whether an AH is fulfilling their obligations under the Civil Aviation Act (1988) and Regulations.

CASA has adopted a systems and risk-based surveillance approach, using a sampling process, to assess the risk mitigation and compliance levels of AH's.

The NOP provides a risk-based approach to determine, prioritise and schedule surveillance activities.

All surveillance findings must be appropriate and proportionate to the circumstances and in accordance with 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 in accordance with these 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 staff, authorised to carry out the task being performed.

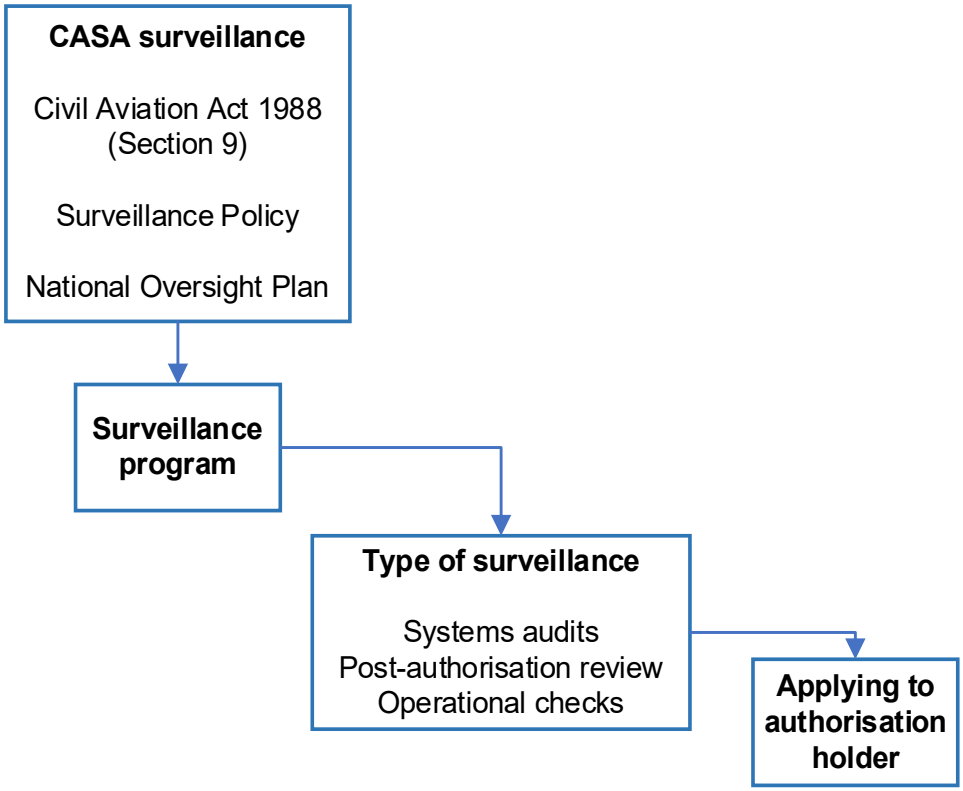
CASA is guided by the following standards to support the surveillance program and its commitment to risk management, quality and compliance:

- 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 Quality management systems.

2.4 CASA's approach to surveillance

The following diagram provides an overview of CASA's approach to surveillance.

Figure 1. CASA's surveillance approach



2.5 CASA's 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.

2.5.1 Key considerations for regulatory decision making

In accordance with the CASA regulatory philosophy, all CASA staff (dependent on their delegated powers) will ensure that their actions and responses are appropriate and proportionate to the circumstances and are in accordance with the principles of procedural fairness and natural justice. (Specific processes where these key considerations must be applied are detailed in the relevant processes in Chapter 4.)

2.5.2 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.

2.5.3 Authorisation holder engagement

Throughout the conduct of any surveillance event, the inspector must fully engage with the AH. At all times the inspector must comply with CASA employment conditions.

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 in terms of potential findings.

It must be made clear to the AH that any safety issue raised during the event 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 inspector's discretion, drawing on their experience with, and knowledge of, the AH.

Any disagreement between the inspector and the AH during the conduct of the event must be recorded for eventual capture in the surveillance report and the relevant finding and saved in RMS. If the AH indicates disagreement with any matter raised by the inspector, the inspector must emphasise (either immediately or at the exit meeting) that, in line with procedural fairness principles, the AH has the right to object by submitting supporting evidence if a finding is subsequently issued.

2.6 National Oversight Plan

The National Oversight Plan (NOP) is CASA's standardised, risk-based framework for conducting oversight of all aviation authorisation holders. It supports Australia's obligations under ICAO by addressing key Critical Elements (particularly CEs 6, 7, and 8) and gives effect to CASA's oversight responsibilities under the Civil Aviation Act.

The NOP integrates all oversight activities—across the full authorisation lifecycle—into a single CASA-wide process. It includes surveillance previously covered by the National Surveillance Selection Process (NSSP) and the Monitoring Surveillance Plan (MSP), bringing those functions into a unified and proactive model of regulatory oversight.

The NOP operates across six regulatory elements and ensures that CASA oversight is consistent, coordinated, and focused on risk and system performance.

2.6.1 National Oversight Plan objectives

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

2.6.2 National Oversight Plan key features

- **Clear oversight scope:** The NOP sets a clear scope for surveillance of authorisation holders, 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 authorisation holder's activities, infrastructure, and safety practices.
- **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.
- **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 authorisation holders, including through surveillance and regulatory services. This approach allows for a comprehensive understanding of an authorisation holder's safety performance and enables CASA to identify trends, areas for improvement, and emerging risks.
- **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.
- **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.
- **Stakeholder confidence:** With a robust oversight plan in place, authorisation holders, 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.

2.7 Systems and risk-based approach to surveillance

CASA's systems and risk-based surveillance approach aims to encourage the development of AH's systems and to encourage and guide the aviation industry to fully understand their responsibility for safety. This is achieved by highlighting the following to industry management:

- management's responsibility for safety as specified in the civil aviation legislation
- deficiencies in existing safety systems with regard to applicable civil aviation legislation
- areas where the AH should be doing more to reduce the potential for deficiencies.

Risk-based surveillance adopts a structured process and is used by CASA in its oversight of AH's and prioritisation of its surveillance activities based on AH's risk profiles. It focuses on an AH's effectiveness in managing its systems risks and enables targeted surveillance of high risk areas of an AH's systems. It is also a method by which CASA can evaluate that all activities conducted by an AH are as safe as reasonably practicable.

CASA must not dictate how an AH should resolve or reduce the potential for deficiencies. The AH must be responsible for identifying the cause of the system deficiency and areas of inadequate safety risk mitigation (identified during surveillance), as well as implementing the necessary changes. The AH should internally verify changes implemented, and CASA should verify the effectiveness of these changes during future surveillance. CASA may aid an AH by providing guidance on conducting a root cause analysis and highlighting the appropriate guidance material with necessary explanation.

2.8 Surveillance scheduling

CASA's surveillance program scheduling (scheduled surveillance) is driven by the risk to safety posed by AH's and is based on an assessment of a number of factors. These factors include the assessment of an AH's safety performance, taking into account assessment factors indicated by a general assessment of the authorisation holder's outstanding safety findings and findings history, time since the last surveillance event, and safety-related risks specific to each AH. Based on this consolidated information, CASA has the ability to prioritise surveillance activities commensurate with resources available.

External intelligence gathered by or provided to CASA may contribute to prioritising or determining a requirement for additional surveillance.

CASA's IT surveillance management tool supports the analysis of the output of these activities to inform the subsequent surveillance schedule.

Scheduled surveillance is conducted using a classification and ranking approach; a prioritised list of AH's is created and used as the basis for the annual development of a CASA-wide surveillance schedule, which is optimised in collaboration with business areas.

Response activities are those conducted in direct response to outside events, and which are not scheduled surveillance events, regulatory services or national sector campaigns. These may be surveillance events based on response to incidents, accidents or emerging risks in relation to a specific AH.

Regulatory services are the assessment and/or review relating to an approval, variation, exemption or instrument. These are considered separate to a surveillance activity as they are initiated by the AH and may involve cost recovery or the payment of fees. Although not considered surveillance, the conduct of a regulatory service provides CASA with information and insight into an AH and will form a part of the broader oversight for consideration when planning surveillance.

3 Methodology

3.1 Overview

3.1.1 Purpose

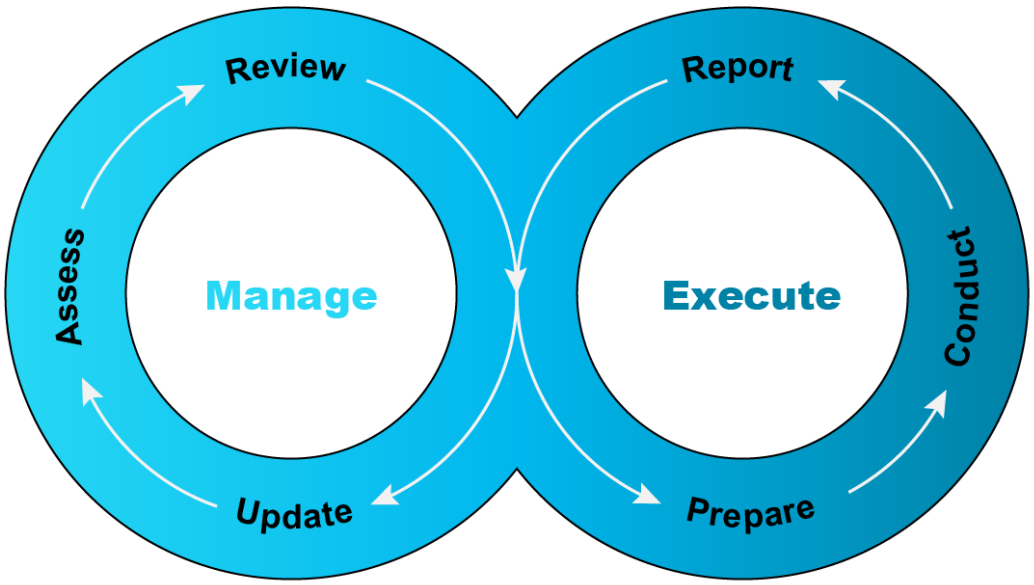
The purpose of this chapter is to describe CASA's approach to surveillance of aviation AH's throughout Australia's aviation industry. This chapter describes CASA's surveillance methodology, including:

- surveillance framework overview
- management framework overview
- types of surveillance
- AH assessment
- 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, looping from AH assessment through to the finalisation of a surveillance event and management of findings. The surveillance phases are briefly described in the following section and illustrated in the diagram below.

Figure 2. Surveillance cycle



3.2.1 Authorisation holder assessment (assess)

The purpose of this process is for surveillance teams to assess all available information relating to an AH's activities when considering planning for scheduled surveillance and unscheduled surveillance. This

assessment allows for the identification of areas of concern and the development of a surveillance event scope.

3.2.2 Surveillance review meetings (review)

This is the forum for reviewing scheduled, campaign and response surveillance activities, resourcing requirements, and ensuring appropriate management of Findings. Outputs from this process step is the update of surveillance plans. This is achieved through Surveillance Review Meetings (SRMs) held monthly and through weekly or monthly Surveillance Team Planning Meetings (STPMs).

For more information, see section on – Surveillance planning.

3.2.3 Surveillance event preparation (prepare)

The purpose of this process is to develop the strategies, schedules, and work plans for surveillance events, including resources, timetable 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 event.

For more information, see section on – Surveillance event preparation.

3.2.4 Conduct surveillance event (conduct)

The purpose of this process is to conduct the appropriate level of surveillance. The outcome of this process is the completion of an approved surveillance event, including collecting, collating and evaluating all relevant information.

For more information, see section on – Conduct surveillance event.

3.2.5 Surveillance event reporting (report)

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

For more information, see section on – Surveillance event reporting.

3.2.6 Update system information (update)

The purpose of this process is to collect and validate 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 also includes the management of surveillance findings, including the acquittal of safety findings, ASRs and safety alerts and responses to safety observations etc.

The surveillance system is updated to include the results of any surveillance event, and there is also a wide variety of information that may be entered, such as third-party intelligence etc. The general comment field is used in most instances under AH or within the surveillance event whilst the event is occurring to make brief notes.

For more information, see section on – Response to findings - update system information.

3.3 Applied surveillance methodology

3.3.1 Types of surveillance

3.3.1.1 Level 1 – surveillance event

This level of surveillance is a structured, forward- scheduled, larger-type surveillance event and covers:

- systems audits

- post-authorisation reviews (PAR).

Systems audits

A systems audit is surveillance based on a defined scope developed by the surveillance team to consider the specific activities conducted by an AH, ensuring their compliance with regulations and the AH's systems which are associated with the activities surveilled and should include available industry intelligence. The mandatory Surveillance Planning and Scoping Development Form 1189 or approved alternative must be used to capture how the scope was developed, and this is then saved in RMS.

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

A Level 1 Systems audit may be conducted remotely in certain circumstances such as:

- pandemic related lockdowns where site access is not an option
- Weather or environmental conditions where site access is not an option.

This form of surveillance will utilise a multimedia approach to validate AH compliance without physically attending onsite. Unlike a desktop review, it 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 authorisation holder for the documentation required for the remote surveillance event. – Post-authorisation reviews

Once an initial authorisation has been issued, a Post-authorisation Review (PAR) must be conducted to ensure entry control standards are being maintained. Depending on the type of authorisation issued, a PAR must be conducted within twelve (12) to eighteen (18) months following the initial issue. The scope of this type of surveillance must be based on the authorisation issued. These are scheduled through the NOP. In cases where the PAR cannot be conducted within the period then approval from NMS must be sought.

A significant Regulatory Service activity, or a significant Response surveillance activity may be deemed, by the NMS, to be an alternative to a PAR if the scope of this activity is equivalent.

3.3.1.2 Level 2 – Surveillance event

This type of surveillance event relates to less formal interactions with AH's and may be in the form of product check of a specific section of its systems. The operational check frequently is used to verify the process in practice of the system being assessed. They are significantly shorter in duration, are generally compliance assessments and are usually, but not always, scheduled through the normal surveillance planning and approval process based on areas of concern identified by a surveillance team.

The mandatory Surveillance Planning and Scoping Development Form 1189 or approved alternative must be used to capture how the scope was developed, and this is then saved in RMS.

Level 2 surveillance events include the following surveillance types:

- Campaign Events – used for national sector surveillance campaign events only
- Operational Check - Ramp check – inspection of an aircraft, including documentation, equipment and procedures associated with that operation
- Operational Check - Site inspection – an event comprised primarily of an onsite inspection of an AH's facilities, equipment, processes in practice or any other purpose other than those covered by other operational check event type
- Operational Check - En-route check – an event comprised primarily of in-aircraft observation of an AH's processes and procedures, or the surveillance component associated with an in-aircraft regulatory service task. This event type can also be used for simulators
- Operational Check - Manual review – an event comprised primarily of a review of an operational manual or suite of manuals. This event type will generally be a desktop review, but can include an on-site component if relevant
- Key personnel interview – an event comprised primarily of an onsite or offsite interview or meeting with an AH's nominated key personnel for any purpose other than to assess them for the key organisational role

- Operational Check - Desktop review – a desktop assessment of operational documents, intelligence and/or other surveillance related information CASA may have received, other than a manual review. As the name suggests this event type is conducted without an onsite component. Accordingly, the event should be scoped in order to enable review of elements that can be assessed/sampled without the surveillance team going onsite. There may be circumstances where, after review of the documentation provided, the surveillance team cannot be satisfied that an element has been appropriately sampled for the surveillance event. Under these circumstances, if the element has been scoped but has been unable to be adequately sampled during the event, it should be annotated in the surveillance report. If after reviewing documentation it is determined that an onsite activity is required, the SM should be consulted, and consideration given to raising a separate surveillance event such as a level 2 – site inspection. Additional information can be found in Annex 1.
- Operational Check - Safety meeting – an event comprised primarily of an onsite or offsite meeting, with an AH's safety staff for any purpose other than to investigate an incident or occurrence.

Unscheduled

ATSB occurrence – desktop review – an event created as by CNS/ATM staff as a result of a report received via the ATSB occurrence management process, involving investigation, education or verification of safety management of an AH or private aircraft operator

CIRRIS notification – desktop review – an event created by CNS/ATM staff as a result of a report received via the CIRRIS occurrence management process, involving assessment, education or verification of safety management of an AH.

request from executive – an event conducted as a result of a direction from a CASA executive. This event will be of a limited scope or as directed by the executive.

Response team use only

- unscheduled - occurrence - desktop – an event comprised of a desktop review of any occurrence or intelligence related to an occurrence not captured in the ATSB/CIRRIS occurrence management process
- unscheduled - occurrence - site visit – An event comprised of an on-site review of any occurrence or intelligence related to an occurrence not captured in the ATSB/CIRRIS occurrence management process
- unscheduled – occurrence – ramp check – inspection of an aircraft, including documentation, equipment and procedures associated with that operation

Further information refer to Annex 1 section on occurrence management.

3.3.2 National sector campaigns - campaign surveillance

National Sector Campaigns are coordinated surveillance 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.

These are typically initiated by the National Manager Surveillance (NMS) who will generate a Terms of Reference (TOR) document for the SM, outlining the following details:

- sector to be surveilled
- fixed surveillance scope
- timeline.

Note: National sector campaigns must use the event type; “Level 2 – Campaign Events”.

The event types of the 3 event types below are for MRST use only

‘Level 2 – Unscheduled - Occurrence - Desktop – Response Use Only’

‘Level 2 – Unscheduled - Occurrence – Site – Response use only’

‘Level 2 – Unscheduled - Occurrence – Ramp Check – Response use only’

NMS will introduce the TOR document at the next ROD Surveillance Manager's surveillance review meeting for discussion and actioning which should include:

- appointment of a suitable SM to manage the campaign surveillance program
- review of the timeline to determine the feasibility of accomplishing the requirements in the TOR
- preliminary discussion on resource requirements
- impact on the scheduled surveillance.

The appointed SM will plan the surveillance activities in the same way that all surveillance events are planned. The sky sentinel in the comments field on the event page must have details with square brackets i.e. [CAMPAIGN: Year and the WHAT].

3.3.3 System risk structure

3.3.3.1 Systems and elements

Systems-based surveillance puts the focus on the system by:

- understanding all of the elements of the system
- focusing on how the elements integrate
- determining whether the system is complete or missing key components
- determining how well the AH is managing its safety-related risks
- determining whether the system achieves all compliance requirements
- determining how the system and its elements interact with other systems.

The aim of a common set of system and element descriptions is to build up the surveillance picture over time on the same authorisation type, and then to compare the data on an individual AH against all other AH's within that sector. Data can then be compared across all authorisation types to identify specific systems and elements that may be breaking down and the possible causes (see the relevant technical annex).

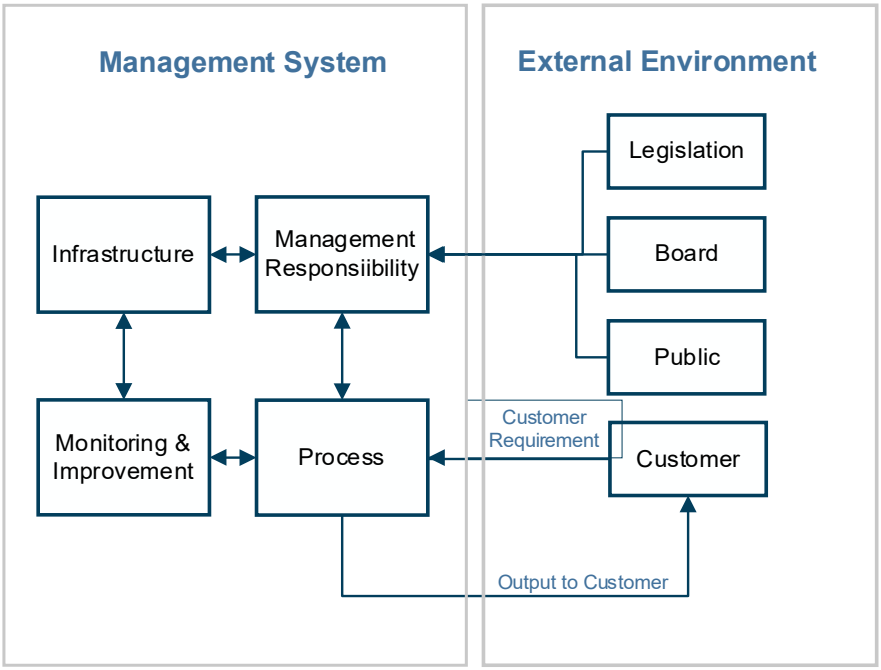
Taking into consideration the size and complexity of an individual AH's operation, all systems and elements must be assessed in a timely manner. As not all system risks are applicable to all AH's, the surveillance team and an inspector's judgement should be used in identifying the most appropriate system risks for which the effectiveness of an AH's control is to be assessed using the Surveillance Planning and Scoping Development Form 1189 or approved alternative to inform this decision.

3.3.4 Risk systems attributes – Management System Model (MSM)

Systems attributes are the four related areas of the MSM by which an AH's systems risks can be assessed.

The following figure shows the external environment influences, including legislation, the company board (or other factors influencing management), and interactions with the public and customer requirements. The four systems attributes operate within the organisation to provide effective control.

Figure 3. System attributes



The MSM systems attributes are broken down into 12 components to assist in assessment. Some components are further broken down into sub-components to facilitate a more detailed evaluation.

3.3.4.1 Systems attributes

The following table shows the systems attributes and the components/sub-components.

Table 5. System attributes – components/sub-components

System attributes	Components	Sub-components
Management	Management commitment	Policy
		Responsibility and authority
		Nominated management representative
	Planning	Objectives and safety / quality planning
		Internal communication and consultation
		Hazard identification and Risk management
	Management review	N/A
Infrastructure	Facilities	N/A
	Tools, equipment and materials	N/A
	Data, information, and records	N/A
	Personnel	N/A
Process in practice	Process in practice	N/A

System attributes	Components	Sub-components
Monitoring and improvement	Internal audit	N/A
	Internal reporting	N/A
	Investigation	N/A
	Remedial and Corrective action	Remedial Action

The following sections detail the individual systems attributes.

3.3.4.2 Management attributes

Management attributes ensure accountabilities, responsibilities and authority are defined for the processes and that management has ensured the processes (those for organisational functioning and those for monitoring and improving these) are adequately designed and implemented. Management responsibility consists of:

- management accountability
- management commitment
- planning
- management review.

Management commitment

policy: senior management should develop and communicate policy and ensure its dissemination to all levels of the organisation. Safety/quality policy should:

- include a clear declaration of commitment to safety/quality
- ensure compliance with legislation
- ensure adequate knowledge, skills and safety awareness at all levels of the organisation.

accountability and responsibility: management should ensure that accountabilities 1 and responsibilities 2 of personnel are appropriately defined and communicated within the organisation through:

- a clearly defined organisational chart
- clear documentation
- effective monitoring tools
- a clear climate to effectively discharge responsibilities and authority.

nominated management representative: management representative(s) should be appointed and given the accountability and responsibility (subject to CASA's approval where required by legislation).

Planning

Effective planning should support the management commitment through designing and implementing business processes that meet assigned objectives established for the various functions and levels within the organisation. Processes should include:

- hazard identification and risk management
- change management.

Management review

Periodic review process for evaluating the effectiveness of the monitoring and improvement system.

3.3.4.3 Infrastructure

Infrastructure must be in place, including the various controls, to continuously ensure the updating and suitability in supporting the operation. Infrastructure includes four components:

- **facilities:** all buildings and workshop facilities required for the satisfactory performance of activities authorised
- **tools, equipment and materials**: all tools, hardware, software, materials and equipment to perform authorised activities
- **data, information and records**: documented policies and procedures, manufacturer's data etc., either in written or pictorial form in hard copy or an electronic system. Records provide evidence of performance and/or completion of tasks. Organisational policy and procedures should be established for effective control of data, information and records.
- **personnel**: personnel who are qualified, trained and competent to perform the processes in support of authorised activities.

3.3.4.4 Process in practice

Process in practice assesses:

- compliance
- the effectiveness of policies and procedures in supporting the processes
- the level of implementation of the policies and procedures
- the adequacy of infrastructure and its effective use in supporting the processes
- the clear identification and workings of the interrelationships and interdependencies between various processes.

To function effectively, an organisation has to identify and manage numerous linked processes:

- **interdependent processes**: often outputs from one process form the input to the next process
- **process interfaces**: there may be interactions between the AH's processes and those provided by external providers. The external providers might be under the same management or externally contracted by the organisation.

CASA's surveillance methods view these processes to assess the effectiveness and the interdependencies and interactions between them. Its aim is to assess how well resources are used and managed to bring about safety/quality outcomes.

When evaluating a process, inspectors will assess the following:

- how well is the process set up?
- is the infrastructure for the process adequate?
- how well does the infrastructure support the process used?
- competence of staff involved in the process.
- how effectively do the procedures used for a particular process translate into compliance and system effectiveness?
- how well do staff understand the procedures used in the process?
- how well do they comply with the procedures?
- do staff resort to informal practices to complete the task?
- where there are interdependent processes, how well does one support the other and contribute to safe quality outcomes?
- where there are process interfaces, how well does the AH identify and manage them?

3.3.4.5 Monitoring and improvement

This attribute is at the centre of a safety/quality system. It focuses on finding problems within the system through:

- internal surveillance
- system feedback, including latent conditions through internal reporting
- finding causal factors through investigation
- taking action to remedy the problems, eradicate the causes, and remove the potential for reoccurrence through remedial and corrective actions.

As a result of reviewing and testing a number of processes, an overall assessment of the monitoring and improvement systems can be made.

Monitoring and improvement include four components:

1. **internal audit:** must be supported by senior management commitment in terms of an audit policy
2. **internal reporting:** must be supported by management policy and should aim to create a supportive atmosphere to encourage reporting of incidents, errors, defects and serve as a means of identifying process and system deficiencies.
3. **investigations**: includes internal systems used to investigate and arrive at root causes of problems
4. **remedial and corrective action**:
   - 4.1 **Remedial action**: immediate action taken in response to a finding to address the deficiency that caused the breach, and which will return performance to a compliant state
   - 4.2 **Corrective action:** action 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 must include a review to ensure the action is effective.

3.3.5 Verifying processes using MSM

It is important to consider the following when verifying a process (list is not exhaustive):

- do the AH's processes help achieve compliance with relevant legislation?
- are the AH's processes sufficient to address known safety risks?
- are the procedures describing and supporting the process adequate for the performance of the process and to achieve the safety outcomes?
- are the procedures being complied with? If not, why not?
- have the interdependencies and interactions with other processes been identified and are they working effectively across all systems?
- is the available infrastructure adequate and how does it support the process?
- how does the AH monitor the performance of the process and make improvements?
- has the organisation assigned a responsible and competent person to ensure the process remains adequate and current?
- is there a competent person with the appropriate authority to change the process?
- are the people involved competent and adequately trained?
- have the materials provided for the process come from an appropriately controlled source?
- does the process achieve the intended outcome(s)?

When a deficiency is found, additional questions should be asked to assist in determining the causal factors.

3.3.6 Using the MSM

The MSM is derived from ISO9001 Quality Management System principles and is CASA's tool for understanding a system and what makes the system safe. The MSM describes what must be present in any system for that system to be safe and effective.

The MSM is used during the surveillance process in the following ways:

- preparing for surveillance
- questioning while on site
- assessing systems risk
- when acquitting a safety finding by considering whether the AH's response addresses the root cause.

Preparing for surveillance: The MSM is first used during the surveillance preparation phase. This involves reviewing the AH's documentation in light of the MSM. In reviewing the systems that the AH must have in place, the systems are considered in light of the four attributes of effective systems. These attributes drive the surveillance questions and the prompts used by the inspectors on site.

Questioning on site: While on site, when verifying an AH's processes, the surveillance questions must consider the four attributes (see section on – Systems Attributes).

Acquitting a safety finding, ASR and/or safety alert: In the acquittal process, an AH's response is assessed and accepted with the verified evidence recorded. At this stage, the relevant MSM attribute is selected in sky sentinel for data capture and reporting purposes based on the root cause analysis provided by the AH.

4 Surveillance

4.1 Overview

4.1.1 Purpose

This chapter describes CASA's systems and risk-based approach to surveillance of AH's and the methods for all surveillance event types which support the continuous performance monitoring process. The objective of this chapter is to ensure standardised, efficient and consistent monitoring of all AH's risk.

Systems and risk-based surveillance seeks to assess an AH's management system and its ability to identify and keep operational risks as low as reasonably practicable while ensuring compliance with Australian aviation legislation is maintained. Risk-based surveillance adopts a structured process and is used by CASA in its oversight of AH's and prioritisation of its surveillance activities based on AH's risk profiles. It focuses on an AH's effectiveness in managing its systems risks and enables targeted surveillance of high-risk areas of an AH's systems.

Safety-related processes are assessed to determine whether they are functioning in accordance with the AH's documented systems and any applicable civil aviation legislation.

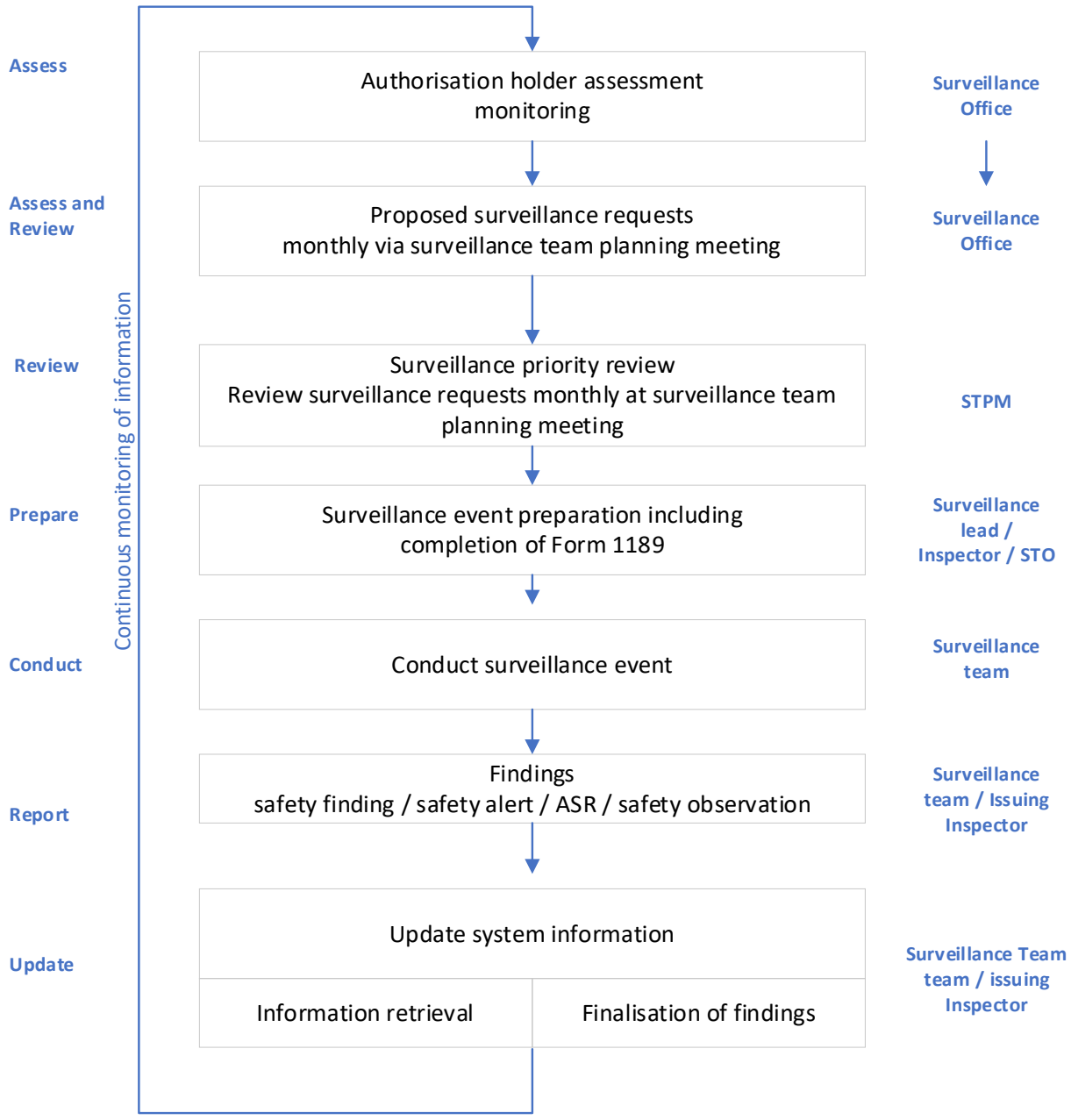
The systems and risk-based surveillance approach focuses the AH's attention on its safety obligations, by providing a visible and understandable analysis and evaluation of the AH's systems, and the safety risks that exist in these systems, with specific emphasis on safety outcomes.

4.1.2 Surveillance process

The diagram below provides a high-level view of the surveillance process, as well as the associated chapter sections and primary responsibilities for each phase.

Note:	The annual scheduled Surveillance follows from Figure 4 - 4.3 onwards.

Figure 4. Surveillance process and references



4.2 Process - consider surveillance

4.2.1 Purpose

The assessment process is used where an AH has come to the attention of the response surveillance team for one of (but not limited to) the following reasons:

- unsafe behaviour/low flying report
- information provided by Inspectors conducting entry control tasks
- ATSB REPCONs
- ATSB/CIRRIS Occurrence report
- intelligence provided by industry
- the resumption of activities after a certificate suspension.

These assessments assist the response teams to identify where potential areas of concern may exist in an AH's activities. Surveillance actions are then proposed to examine the areas of concern such as those listed above

The authorisation holder assessment is the response team's assessment of the apparent risk to safety presented by an AH and is completed by considering the following information: (available on sky sentinel, EAP and from the authorisation holder profile PBI reports)

- outstanding safety findings and findings history
- number of dependent permissions held
- number regulatory service interactions with CASA
- key personnel turnover
- number of operating bases
- remote operations
- size and complexity of the operation
- any additional surveillance intelligence about the AH and their operation.

For authorisation holders who operate across multiple locations, the response team should select the most appropriate location/s to conduct surveillance based on the following factors to be determined during the scoping phase.

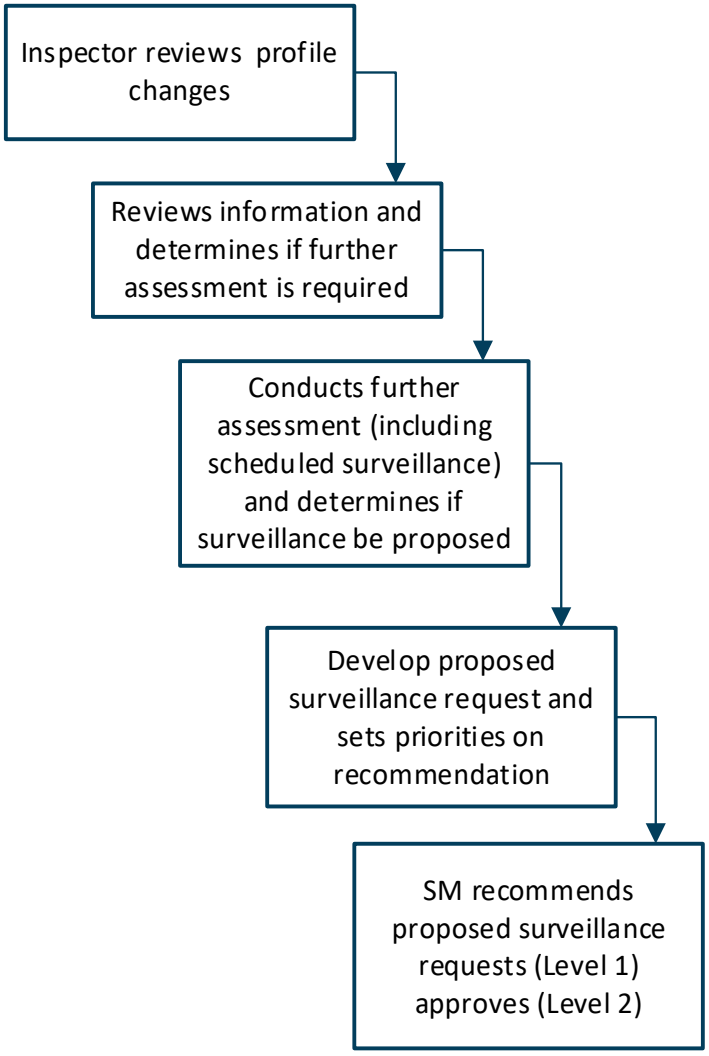
- The time elapsed since a location previously had surveillance conducted on it
- Whether a location has a history of regulatory breaches
- The volume of activity, or complexity of the authorised activities at a location
- Whether evidence of third-party audits demonstrating compliant operations for a specific location can be provided, such as evidence of an audit conducted by CASR Part 42 organisation of a CASR Part 145 authorisation holder.

On completing the assessment process, if the team believes a response event should be carried out a recommendation for a surveillance event to be carried out should be added to the agenda for the next relevant controlling office weekly/monthly surveillance team planning meeting.

Recommendations being made to the STPM should be verified against the scheduled surveillance to ascertain whether the subject authorisation holder appears in the upcoming scheduled surveillance and if not, the surveillance event should be raised in sky sentinel as a surveillance event request.

4.2.2 Process

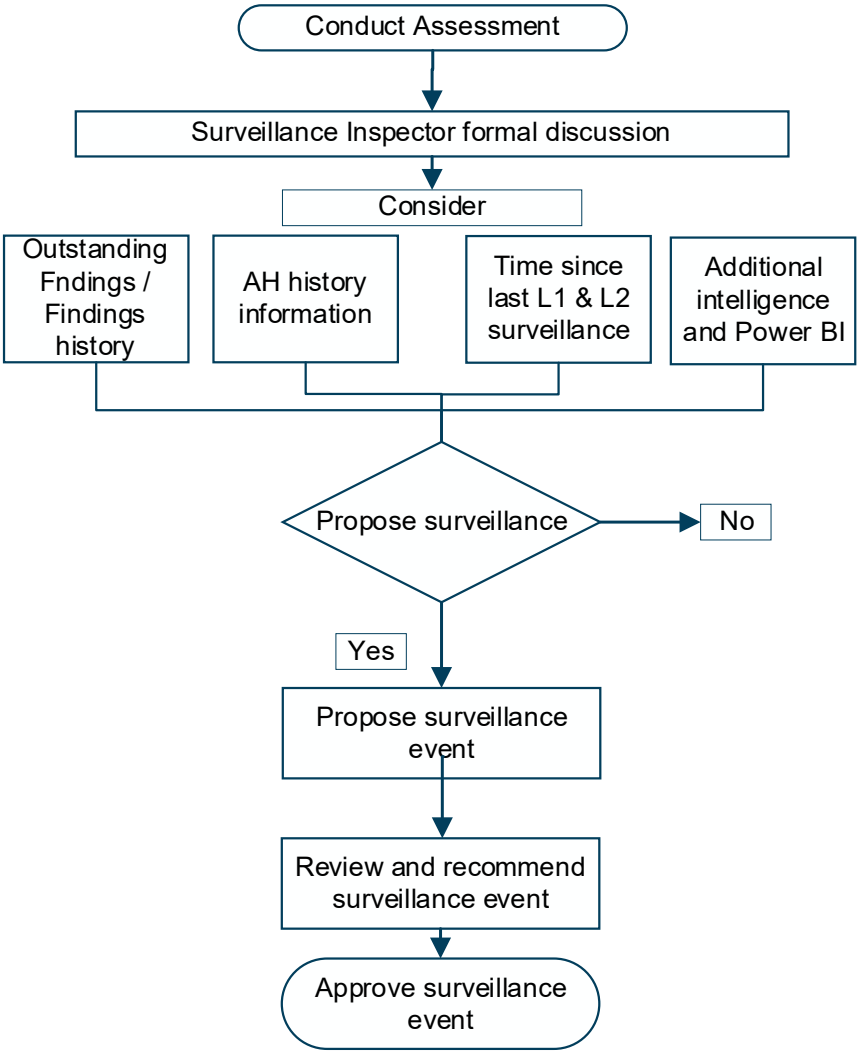
Figure 5. Surveillance team assessment of the AH for response activities



4.2.3 Conduct assessment

The key elements of the assessment phase outside of scheduled surveillance are set out in the following diagram and should be conducted whilst contacting the authorisation holder.

Figure 6. Surveillance assessment phases



4.2.3.1 Process - assess authorisation holder – unscheduled/unplanned surveillance activities

Surveillance technical officer

1. Upon request - provides the authorisation holder profile report – PBI to the surveillance inspector for assessment and/or shows the inspector how to run the report.
2. As directed by the SM add comments in relation to the surveillance team meeting decisions to the applicable surveillance team planning meeting agenda.

Surveillance inspector

3. Review the current status of assigned AH.
4. Access the PBI reports.
5. Assess all available information relating to the assigned AH.
6. Conduct a web search for the AH to establish whether they may be advertising for services that they do not hold a permission to conduct

Note: Formal comments should be recorded for those AHs under voluntary suspension who should be periodically contacted to confirm they seek to maintain the voluntary suspension.

4.2.3.2 Authorisation holder discussions

The discussion field in sky sentinel is used by staff to enter a comment about an AH on their sky sentinel page in the discussion field and these comments may be entered as either a formal or general comment.

General comments

Are used to capture intelligence gathered from various sources both from within and outside the organisation and are generally for information only.

As a rule, general comments are recorded after an interaction with an AH and are considered for information only. All inspectors have access to this function in sky sentinel.

These comments would not as a rule be used as information to be considered when scoping a surveillance event.

Formal comments

Are used to record information of significance that may be taken into consideration in scoping future surveillance activities.

Formal comments are a valuable source of information when scoping a surveillance event and a list of these comments appear on the authorisation holder profile PBI report.

Formal comments are recorded in in the AH's sky sentinel page in the following (but not limited to) circumstances:

- at the completion of an interaction with the AH
- an issue identified by an inspector while conducting a regulatory service task
- the details of an unsafe behaviour/low flying report
- the details of an ATSB/CIRRIS occurrence
- details of a REPCON
- key personnel changes
- voluntary suspension (to be done at the start of a voluntary suspension and at the expiry of each suspension period)
- a change of location
- addition of new operating ports
- addition of new aircraft types to the operation
- a change to the maintenance services provided by the organisation a change to the permitted training that it is approved to provide.
- receipt of a Prescribed Single Engine Aeroplanes (PSEA or ASEPTA) or CAMO reliability report.

Note: Details of any significant items must be added as comments in sky sentinel and also shared across the surveillance team at the next team meeting. This is done to ensure significant information is appropriately shared with team members.

4.2.3.3 Process - propose surveillance (excluding non-ROD scheduled surveillance)

Surveillance team

1. Proposes a surveillance event by producing a surveillance request in sky sentinel prior to the next STPM. The surveillance request will include the event type, scheduled dates and the surveillance lead.

> Note: Scheduled surveillance events are loaded annually on behalf of offices/branches

2. Enters details of the proposed surveillance event in sky sentinel
3. Reviews self-reported deficiencies
4. Reviews outstanding safety findings with a verification required by CASA status and considers such safety findings for inclusion in the initial surveillance scope and review authorisation holder PBI report using Form 1189 or approved alternative.
5. Contributes to the prioritisation process in deciding the final recommendations on surveillance requests to be proposed to the STPM for approval by the SM.

Surveillance manager

6. Confirms that surveillance events have been proposed for all AH's that have been identified in the surveillance consideration process as warranting surveillance.
7. Confirms that all surveillance events that are to be proposed are recommended at the correct surveillance level and surveillance type with all level 1 surveillance events appropriately scoped after review of Form 1189 or approved alternative

Surveillance technical officer

8. Enter additional surveillance team member details and scheduled surveillance dates of the proposed surveillance event in sky sentinel at the request of the surveillance manager.

4.2.3.4 Process details - propose surveillance (excluding scheduled surveillance)

If there is agreement within the surveillance team (endorsed by the SM) that a surveillance event is justified, a surveillance request is completed within sky sentinel.

Surveillance events must be proposed for all AH's that have been identified in the surveillance consideration process as warranting surveillance. Surveillance teams must consider the surveillance schedule when proposing surveillance events.

A surveillance request is specific to an activity or business, e.g. Operational Check – Site Inspection of the AH.

Surveillance team members should not wait until the formal team meetings to propose a surveillance event and should complete a surveillance request as soon as the requirement to propose a surveillance event is decided, or a potential concern is identified.

A surveillance request includes details of:

- the scheduled surveillance date(s) allowing sufficient time to prepare for the surveillance event and write up the surveillance report
- time to be allocated (hours)
- surveillance event type (noting response events need to use specific event types)
- surveillance lead
- surveillance team members
- initial surveillance scope (system elements to be surveilled) and background behind the determination of the scope (Event File and Form 1189 or approved alternative requested from surveillance@casa.gov.au or SM)
- justification for proposing the surveillance event.

When selecting the surveillance scope, any outstanding safety findings from prior surveillance events with a 'verification required by CASA', status must be included in the surveillance scope as well as reviewing any self-reported deficiencies.

Note: The scheduled start/finish dates are the estimated start and finish dates of a proposed surveillance events and are important to provide forward visibility of surveillance activity.

Note 2: If a level 1 surveillance event is to be proposed, the scope of the proposed event must be defined in sky sentinel by selecting the appropriate systems and elements to be covered. A surveillance request may be scoped to the system risk level if considered appropriate. Use the sky sentinel surveillance scoping aid as a reference to show the system risks for which the effectiveness of an AH's control has been assessed. Additionally, taking into consideration the size and complexity of an individual AH's operation, all systems and elements must be assessed in a timely manner.

Note 3: The time to be allocated (hours) entry in sky sentinel for both estimated hours and for actual surveillance hours (entered at a later stage) include the total number of hours accumulated by all surveillance team members in conducting the surveillance event. The total must include all pre-event planning and preparation, post-event analysis and production of findings up to the start of producing the surveillance report.

Depending on individual circumstances relating to the current assessment and the results of previous surveillance events, a surveillance team may propose either a level 1 or level 2 surveillance.

If a level 1 surveillance event is proposed, the scope of the event must be defined in sky sentinel by selecting the appropriate systems and elements. Additionally, taking into consideration the size and complexity of an individual AH's operation, all systems and elements must be assessed in a timely manner. The determination of the scope selected must be saved in RMS using Form 1189 or approved alternative.

It is the surveillance manager's responsibility to ensure that surveillance events are proposed for all AH's that have been identified in the surveillance consideration process as warranting surveillance. In all cases where the assessment indicates a surveillance event is required, a surveillance event must be proposed regardless of resourcing constraints at the time of the assessment. It is only in this way that the participants at the STPM can gain a true picture of all their surveillance planning requirements.

Events that are not approved by the STPM should be recorded in sky sentinel as not recommended and then closed/not approved by selecting reject and close (level 1 events) or rejected (level 2 events) with the relevant reason selected e.g. no resources with any additional comments added as appropriate and then rejected and closed. Decisions on such matters are the responsibility of the STPM and not surveillance team individual SMs.

The SM must also ensure that surveillance events are proposed at both the correct surveillance level (level 1 or level 2) and the most appropriate surveillance type selected (system audit, operational check - desktop review, operational check - site inspection etc.).

When compiling a surveillance request, particularly in assigning surveillance team members, it should be kept in mind that a surveillance event may be conducted by a sole inspector who has the appropriate qualifications, technical background and or knowledge. In addition, where a surveillance request requires SME input from outside the surveillance team, i.e. other technical specialisations or disciplines that may assist or be able to provide support, (e.g. cabin safety, dangerous goods, alcohol and other drugs, ground operations, airways and aerodromes and/or manufacturing), the requirement for this input must be discussed with the surveillance manager of the relevant technical area prior to the surveillance request being recommended to the STPM.

Note: Surveillance events not assigned through the normal planning and approval process can be initiated (level 1 or level 2) based on immediate safety concerns or emerging risk and may include for example: requests from the senior management group, critical safety imperatives or volcanic ash on-site, out-of-scope observations, e.g. location specific.

Table 6. Position and accountabilities

Position	Accountabilities
Surveillance manager (SM)	ensures monthly or weekly STPM is conducted
	consider the discretionary regulatory decision-making factors set down in this manual when deciding the appropriate further action to be taken following the team discussion process on subject authorisation holders
	recommends, or otherwise, level 1 proposed surveillance request that are submitted to STPM
	confirm all resourcing, scheduling, and scoping issues for recommended proposed level 1 surveillance requests
	ensure all proposed level 1 surveillance requests are reviewed and recommended in sky sentinel at least three working days prior to the monthly STPM
	confirm surveillance events have been proposed for all AH's identified as warranting surveillance
	confirm proposed surveillance events are recommended at the correct surveillance level and surveillance type
	approve level 2 surveillance events
Surveillance team	participate in the regular meetings
	participate in the development of proposed surveillance requests for consideration at the weekly/monthly STPM
	input details of estimated resources, schedule and scope into the surveillance request development process
	actively participate in the prioritisation process in the authorisation management recommendations for surveillance to the STPM
Surveillance technical officer (STO)	provide authorisation holder assessment reports/ PBI if required
	enter formal discussion or general discussion into sky sentinel if required
	enter details of the proposed surveillance event in sky sentinel from STPM.

4.3 Surveillance planning

4.3.1 Purpose

This section provides an overview of the surveillance planning process. This is the management level review of the surveillance requests as well as the coordinated planning and tasking of surveillance events. The function of the STPM is to approve or not approve surveillance requests outside the approved scheduled surveillance. The group also review the scheduled versus achieved surveillance from the previous month and discuss the management of open findings and self-reported deficiencies. The SM chairs the STPM and must include all surveillance members from that office or representatives together with relevant representatives from technical specialisations outside of the controlling office. It may also include appropriate invited team members and subject matter experts (SMEs), including those from disciplines outside the core surveillance team. Managers should also consider WHS matters relating to seasonal weather / climate when scheduling events.

4.3.2 ROD - Surveillance Review Meeting (SRM)

The SRM meets regularly to review MSP surveillance activity targets.

The SRM also ensures discusses any risks to completion of the current MSP schedule and documents any limitations.

The group must also review and discuss the status of all open findings to ensure they are being effectively and actively managed.

4.3.2.1 SRM membership

The SRM is appointed and chaired by the National Manager Surveillance (NMS) and should include:

- Surveillance managers
- Manager Oversight Planning & Monitoring

When requested

- ROD team leaders that conduct surveillance activities across CASA may attend on an ad hoc basis.
- relevant representatives from technical specialisations outside of the controlling office if required (e.g. alcohol and other drugs, dangerous goods, cabin safety, ground operations).

Note:	Any absence from the group should be backfilled by an appropriate replacement if deemed necessary by the NMS. Attendance will be recorded.

Where necessary, the NMS may also request other team members and subject matter experts to temporarily join the SRM to assist in the assessment of surveillance requests.

4.3.2.2 SRM chair

The NMS chairs the SRM and they must appoint an alternative chairperson to act in this role in their absence. The chair is responsible for managing the oversight of surveillance activities across CASA.

SRM can access all relevant information at any time generated from sky sentinel data through PBI reports, including reports on active and acquitted findings.

All decisions must be recorded for future reference in sky sentinel against the relevant AH, as well as saving any minutes taken in RMS.

4.3.2.3 SRM activities

The primary activities of the SRM are detailed as follows:

- monitor the MSP schedule from the previous month, tracking the scheduled versus achieved
- SRM participants provide commentary on any changes to the MSP surveillance targets

- review outstanding surveillance findings
- evaluate response and campaign surveillance recommendations from a whole-of-CASA perspective.

4.3.3 Surveillance Team Planning Meeting (STPM)

Surveillance teams from all branches of CASA that conduct surveillance activities hold meetings on a weekly or monthly basis dependent on their level of surveillance activity, as approved by the NMS.

The purpose of these meetings is to:

- review and consider recommendations for surveillance requests put forward by the monitoring and response surveillance team and individual team members and evaluate surveillance recommendations from a whole-of-CASA perspective
- monitor scheduled surveillance events from the previous month, tracking the scheduled versus achieved
- planning and resourcing upcoming scheduled surveillance events and consider resourcing requests from other offices
- review surveillance report delivery schedules to ensure that reports are issued on time
- review outstanding surveillance findings
- review the status of any action plans currently in place
- review self-reported deficiencies.

4.3.4 STPM oversight

4.3.4.1 Process - STPM oversight

STPM group

1. Downloads the following reports from the surveillance overview PBI app:
   a. Controlling office surveillance schedule
   b. Open safety findings
   c. Open ASRs
   d. Self-reported deficiencies (SRDs)
   e. Open surveillance reports
   f. Overdue surveillance reports
2. Downloads the following reports from ‘Surveillance Reporting’ PBI app:
   a. Results FYTD

Surveillance events

3. Reviews all surveillance events completed in the previous month (scheduled versus achieved)
4. Reviews any previously approved surveillance requests that have been subsequently changed in sky sentinel, including requests that have been:
   – Cancelled
   – Changed to a Closed/Not Approved status or
   – Rescheduled.

Findings

5. Monitors the management of all outstanding findings and associated action plans as well as discussing, as required, any additional action that may be necessary.

Note: Requests for extension for periods greater than three (3) months are referred to the NMS - see section on Request for extension.

Prioritisation of surveillance activities

- Consider the scheduled surveillance against other activities when prioritising surveillance.
- Consider response surveillance requests received from the monitoring and response surveillance team
- Consideration should be given to interaction between the elements of the national oversight plan whereby other activities conducted with the AH may reduce the scope or preclude the need for scheduled surveillance activity.
- Determine if any surveillance reprioritisation is necessary based on changed surveillance priorities, or when oversight or external information identifies concerns.
- Consider using alternative resources through requests to other offices/branches to assist in surveillance activities, as necessary.
- Consideration of geographic efficiencies, including the allocation of resources, and the consideration of consolidating the surveillance events at a geographic location.
- The CASA executive may give strategic directives in relation to scheduled surveillance methodology. For example, following the identification and/or definition of higher sector risks, inspectors may be directed to apply 80% of their effort to the defined high-risk areas, with the remaining 20% of effort dedicated to the lower risk areas.

Note: All oversight decisions made in the STPM should consider the discretionary regulatory decision-making considerations set down in this manual (see section on – Key considerations for regulatory making)

STPM can access all relevant information at any time generated from sky sentinel data through PBI reports, including reports on open and acquitted findings.

All decisions must be recorded for future reference in sky sentinel against the relevant AH, as well as saving any minutes etc. taken in RMS.

Notes: All oversight decisions made in the STPM should take into account the discretionary regulatory decision-making considerations set down in this manual (see on 2.5.1 – Key considerations for regulatory decision making).
STPM can access all relevant information at any time generated from sky sentinel data through PBI reports, including reports on active and acquitted Findings.
All decisions must be recorded for future reference in sky sentinel against the relevant AH, as well as saving evidence in RMS.

Surveillance planning reporting

Surveillance planning reporting for the management of AH's is generated in PBI using information from approved surveillance requests and findings pages etc. taken from sky sentinel. The STPM can review this information on a weekly/monthly basis at the STPM or at any time.

The reporting consolidates all planned proposed response surveillance events allowing for a clear understanding of resource commitments in a dynamic format.

To ensure the usefulness of this reporting information as a planning tool, when entering information into sky sentinel, include the assigned CASA staff, initial scope and proposed dates for the surveillance event.

If a surveillance event needs to be rescheduled for a previously approved event for any reason, the rescheduled dates and the reason for the rescheduling must be recorded in sky sentinel either by the STO or SM via the reschedule event function.

4.4 Surveillance event preparation

4.4.1 Purpose

This section describes the procedures for the development of a structured surveillance event plan for an AH, initially scoped:

For scheduled surveillance events, scoping requirements are set for each sector at the start of each financial year.

For response events, the scope is based on information received from the Monitoring and Response Team (MRST), or as directed by the SM.

The requirements will vary according to the surveillance event type, the outputs of the STPM, and the availability of necessary resources. This process also includes, where appropriate, coordination of the intended surveillance with the AH.

Thorough preparation before a surveillance event will:

- establish the basis for conducting a successful surveillance event
- confirm initial surveillance event scope
- select the appropriate question set in the relevant sector question worksheet where available
- define and plan surveillance team activities and expansion of scope using the mandatory Surveillance Planning and Scoping Development Form 1189 or approved alternative
- provide a defined structure, including timing and dates to enable the surveillance team to meet its objectives
- Managers should also consider WHS matters relating to seasonal weather / climate when scheduling events
- ensure all decision making and planning documents are saved in RMS.

4.4.2 References

Reports

Systems and Elements (refer to relevant technical annex)

previous surveillance reports

AH documentation from RMS

Forms (Available in the Document Catalogue)

CASA-04-0592 - Surveillance planning and scoping development (Form 1189)*

CASA-04-0604 - Surveillance event timetable (Form 1290)

CASA-04-5442 - Combined exit/entry agenda, attendance /checklist (Form 1296)*

CASA-04-0619 - Surveillance notification letter (Form 1304)*

CASA-04-4264 - Part 145 Surveillance request for information (Form 1481)

CASA-04-0692 - CAR 30 Surveillance request for information (Form 1521)

CASA-04-4325 - Air Operators Surveillance request for information (Form 1524)

CASA-04-6375 - Part 42 Surveillance request for information

CASA-04-0646 - Part 139 Surveillance request for information (Form 1532)

CASA-04-5522 - Part 147 Surveillance request for information

CASA-04-4380 - Part 21 Manufacturing surveillance request for information

CASA-04-5906 - Part 141/142 Surveillance request for information

CASA-04-6562 - Part 138 Surveillance request for information

CASA-04-6766 - AP Design surveillance request for information

CASA-04-6767 - Part 21J Design Organisation surveillance request for information

CASA-04-0621 - Surveillance Worksheet Form*

CASA-04-5149 - Desktop Risk Assessment Guide.

*Generated within sky sentinel

4.4.3 Surveillance preparation

Surveillance event preparation would ideally commence at least one month or more prior to the scheduled surveillance, with notification of the surveillance event to the AH where required. This notification period may be reduced as appropriate with the SM approval. The SM will consider the impact on the industry participant prior to deciding on any reduced notification period. However, when an SM approves an event in Sky Sentinel within the one-month period that is taken to be acceptance of the reduced notification time.

On receipt of an automated email from sky sentinel that an event has been “recommended”, STOs will create an RMS file for the event. The surveillance team make contact with the AH to set surveillance dates, enter the dates in sky sentinel as scheduled dates enabling the STOs to send a Surveillance Notification Letter to the AH if required once the event has been approved. Once the event is approved the surveillance team will gather and review any remaining surveillance preparation documentation including completing Form 1189 or approved alternative in the lead up to the event.

The level of detail in surveillance documentation preparation may be reduced for a level 2 surveillance event. For example, the below are not mandatory for a level 2 surveillance event and are at the discretion of the surveillance lead:

CASA-04-0604 - Surveillance Event Timetable (Form 1290).

CASA-04-5442 - Combined Exit/Entry Agenda, Attendance/Checklist (Form 1296)

CASA-04-0619 - Surveillance Notification Letter (Form 1304)

4.4.3.1 Surveillance Preparation

Surveillance Manager

1. From STPM review “Draft” events, assign the surveillance lead and set the status in Sky Sentinel to “Requested”. Auto email is generated to Surveillance Lead and STO.

Note:	Surveillance managers should consider WHS matters relating to seasonal weather / climate when scheduling events

Surveillance lead

2. Contacts the AH to advise them of the upcoming surveillance event and discuss a mutually agreeable date for the surveillance event.
3. Enter confirmed dates into sky sentinel.
4. Enter contact name, position and email address in the event comments, and save.
5. Submit event to SM as “Recommended”.

Surveillance Technical Officer

6. Ensures an RMS file has been created.

Surveillance Manager

7. Approves event in Sky Sentinel.

Surveillance Technical Officer

8. ‘Alternatively within’ applicable RMS files
9. Add scope to event if not already entered by SM.
10. Conduct ASIC check and save in file.
11. Provides reports and administrative assistance to the surveillance lead/ inspector to support the surveillance preparation (eg PBI to generate authorisation holder profile reports).
12. Populate the Surveillance Planning and Scoping Development Form (Form 1189) with applicable RMS links or approved alternative populated by SM.
13. Drafts the surveillance notification letter (Form 1304).
14. Email the surveillance notification letter to the AH.

> Note: While one month's notice should be given to the AH whenever possible, if circumstances do not allow this notification period, the notification period may be reduced when a mutually agreeable date can be arranged with the AH, and subject to approval by the SM.

Surveillance lead or inspector

15. Using Form 1189 or approved alternative to further scope the surveillance event and considers the following:
    a. Review returned Surveillance Request for Information form if applicable.
    b. Reviews any outstanding safety findings with a “Verification required by CASA” status and considers whether the associated system elements should be included in the surveillance scope and what needs to be verified during the event.
    c. For authorisation holders who operate across multiple locations, the inspector will select the most appropriate location/s to conduct the surveillance based on the following factors to be determined during the scoping phase:
    – The time elapsed since a location last had surveillance
    – Whether a location has a history of regulatory breaches
    – The volume of activity, or complexity of the authorised activities at a location
    – Whether evidence of third-party audits demonstrating compliant operations for a specific location can be provided, such as evidence of an audit conducted by CASR Part 42 organisation of a CASR Part 145 authorisation holder.

> Note: The Surveillance Team must record the decision for the chosen location/s in Form 1189 or approved alternative

    d. Reviews the AH’s findings history (including safety alerts, safety findings and ASRs) and considers the following:
    – the nature and seriousness of the breach(es)
    – any apparent trends in deficiencies observed over time
    – whether breach(es) has been finalised within prescribed timeframes
    – whether there has been a history of recurrence
    – whether the AH has shown a positive attitude towards regulatory compliance and safety, or
    – whether the acquittal processes have been problematic.
16. Assess the regulatory service interactions with the AH to establish:

- how often has the AH submitted a regulatory service request in the past 12 months?

- how many of the applications were for a significant change to the AH's permissions?
- how long did the complex applications take to resolve?
- how up to date is the AH's Exposition/Procedures Manual?

> Note: This assessment will provide valuable information on an AH because it will determine the level of oversight that CASA has on the AH from a regulatory services perspective.

17. Consider any available additional intelligence about an AH and their operation that should be taken into consideration in the decision-making process in scoping the surveillance event.
18. Review self-reported deficiencies and add to scope.
19. Carry out a web search for any adverts posted by the AH that may be advertising services that they are not permitted to provide
20. Review of any audits conducted on the AH's by entities other than CASA (third-party audits or self-audits/internal reviews) if the AH is willing to share or has shared the information.
21. Scopes additional system elements to be assessed during surveillance by adding such elements to the surveillance event page in sky sentinel whilst using the mandatory Surveillance Planning and Scoping Development (Form 1189) or approved alternative.
22. Determines the depth of sampling required to verify each system.
23. It is mandatory to use the applicable published Surveillance Question Worksheets or Surveillance Worksheet Form (Form 1308) populated with questions relevant to the surveillance event scope for scheduled surveillance.
24. Plans for the surveillance event, using (Form 1290 – see note), which should include:
    a. Entry, exit and progress meetings times and locations.
    b. Consideration of any additional workplace health and safety requirements for the onsite component of the event
    c. Key personnel to be interviewed
    d. Specific activities such as aircraft inspections, records inspections and facility inspections.
    e. Specific dates/times/locations for such interviews and activities.
    f. Transportation or other logistical details.
    g. Details of scope items (elements) to be specifically discussed at interview.
25. Ensures all documents are saved in RMS.

> Note: The surveillance event timetable (Form 1290) may not be required for smaller operators.

4.4.4 Accountabilities - surveillance event preparation

Table 7. Position and accountabilities

Position	Accountabilities
National manager surveillance (NMS)	ensure adequate resources are provided for preparation and for the conduct of the surveillance event.
	ensure adequate preparation is conducted by surveillance teams

Position	Accountabilities
Surveillance manager (SM)	ensure that Surveillance events are scoped appropriately prior to approving the event in sky sentinel
	assists and guides in the preparation phase
	ensure all team members are aware of their record keeping responsibilities.
	should consider WHS matters relating to seasonal weather / climate when scheduling events"
Surveillance lead	Prior to contacting the AH, should consider WHS matters relating to seasonal weather / climate when scheduling the event"
	contacts the AH to discuss a mutually agreeable date for the surveillance event
	ensure AH receives a surveillance notification letter at least one month prior to the scheduled event date for level 1 events and for level 2 events if appropriate (not mandatory for level 2)
	review the information on the Surveillance Planning and Scoping Development Form (Form 1189) or approved alternative and complete the relevant sections, to show it's been reviewed
	determine if any additional system elements need to be added to the event scope using mandatory Surveillance Planning and Scoping Development Form (Form 1189) or approved alternative
	determine the depth of sampling required to verify each system
	ensure the applicable surveillance question worksheet has been added to the surveillance file in RMS
	consider any third-party audit results when reviewing the surveillance scope
	determine if there are any additional workplace health and safety requirements for the onsite component of the event
	ensure the surveillance is appropriately planned by developing a timetable, for all level 1 events and for level 2 events as appropriate
	ensure surveillance preparation is carried out by the surveillance team and assist surveillance team members where necessary
	consider travel requirements and share the travel plans with the surveillance team
	ensure the surveillance team has the necessary surveillance documentation, e.g. question worksheet etc
	ensure documentation is saved in RMS
Surveillance team member	review event scope
	ensure applicable question worksheet is saved in RMS
	review the AH manual suite if applicable

Position	Accountabilities
	prepare a list of documentation to be provided by the AH prior to going on site (if applicable)
	ensure all emails sent to AH are saved by Inspector
Surveillance technical officer (STO)	ensures an RMS sub-file has been created and populated with relevant supporting documentation
	verifies with the surveillance lead whether the surveillance notification is required for the surveillance event, contact details of the AH and surveillance dates are correct and any additional forms to be sent out.
	prepares the Surveillance Notification Letter (Form 1304) (not mandatory for level 2)
	forwards Surveillance Notification Letter (Form 1304) to the AH together with the Surveillance Request for Information if applicable/appropriate
	compiles the information on the Surveillance Planning and Scoping Development Form (Form 1189), if appropriate
	provides reports and administrative assistance to the Inspector to support the surveillance preparation (using PBI App to generate Operator Profile Reports)
	verifies information provided by the AH upon return of the relevant survey form and updates sky sentinel and RMS (also EAP when appropriate) as necessary.

4.5 Conduct surveillance event

4.5.1 Purpose

This section describes the process for assuring the level of the AH's compliance and its ability to control its safety risks within the scope of the surveillance event.

4.5.1.1 Conduct event

During surveillance events, an AH's systems, safety risk control and level of regulatory compliance will be examined. Evidence is gathered to verify compliance with civil aviation legislation and assess the level of control the AH exercises over its operational safety risks. The effectiveness of AH's systems will be assessed using a variety of surveillance techniques available to surveillance team members, e.g. documentation review, control effectiveness process, sampling, staff interviews and observation.

This procedure also describes how to conduct the on-site element of a surveillance event.

Note: Onsite start date - The onsite start date is the date that an event has been agreed to with an AH and is important to ensure that surveillance reporting is accurate. The onsite start date must be entered as soon as it is confirmed. If the event has been postponed or cancelled the onsite start date will need to be amended or removed.

Onsite start dates not updated correctly by the end of the month will affect monthly surveillance reporting.

Note: Onsite finish date – It is mandatory to enter the onsite finish date once the event exit meeting has been carried out. There may be occasions where the entry of the onsite finish date may be delayed subject to the approval of the surveillance manager.

4.5.2 References

The following materials are applicable to the conduct surveillance event phase:

Manuals

CSM Annex 1 – sections on (Note taking and Interviewing) and (Gathering Evidence)

Forms (Available in the Document Catalogue)

CASA-04-0592 – Surveillance Planning and Scoping Development (Form 1189)

CASA-04-0602 – Surveillance Event Summary of Findings (Form 1288)

CASA-04-0603 – Surveillance Event Record of Conversation (Form 1289)

CASA-04-0604 – Surveillance Event Timetable (Form 1290)

CASA-04-5442 - Combined Checklist, Exit/Entry Agenda/Attendance (Form 1296)

CASA-04-0616 – Surveillance Report (Form 1301)*

CASA-04-0619 – Surveillance Notification Letter (Form 1304)*

CASA-04-0621 – Surveillance Worksheet (Form 1308)*

CASA-04-1388 - Safety Management System Evaluation Tool/Guidance (Form 1591)

*Generated within sky sentinel

4.5.3 Surveillance event activities

Surveillance events must include the following activities (if required):

- notification to the AH (not required for a Level 2)
- establish workplace health and safety requirements for the surveillance event
- a structured surveillance event timetable
- an entry meeting
- regular contact with the AH representative during the surveillance event, as required
- an exit meeting
- saving of all documentation and communication in RMS
- an onsite start date in sky sentinel
- an onsite finish date in sky sentinel
- a location (Remote - if a desktop)
- a list of manuals and documents and databases (e.g. Air Maestro) reviewed
- key people interviewed.

4.5.4 Surveillance event - conduct entry meeting

4.5.4.1 Process - conduct entry meeting

Entry meeting chair

1. Conducts the meeting in accordance with the Combined Form (Form 1296) normally at the AH's premises.
2. Explains CASA's approach to AH engagement during the conduct of a surveillance event, as well as any other procedural matters that may arise during the surveillance event as appropriate.
3. Confirm with the AH that the surveillance team is free to interact with employees in the facility during the surveillance event provided this interaction doesn't interfere with their duties and responsibilities.

Surveillance team members

4. Participate in the entry meeting.
5. Record all matters of significance discussed during the meeting.
6. If there are no issues, or if any issues are not discussed, note the minutes accordingly.

4.5.4.2 Process details – 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 in accordance with the entry meeting agenda form. The form provides guidance, prompts and space for recording meeting minutes. The completed Combined Form (Form 1296) must be amended on the relevant surveillance file.

The purpose of the entry meeting is to finalise the logistics of the surveillance, as well as to clarify the scope, timetable, and availability 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 of the SM (if they are not already part of the surveillance team) at the entry meeting if it is considered appropriate and/or necessary. All attendees should be recorded in the minutes.

Recording notes/minutes

The surveillance team must record all matters of significance discussed during a surveillance entry meeting. Matters of significance 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 important organisation 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 Combined Form (Form 1296).

> Note: See Annex 1 for details on note taking.

4.5.5 Surveillance event - onsite familiarisation procedure

4.5.5.1 Process - conduct onsite familiarisation

Surveillance team

1. Carries out a tour of the AH's facility if unfamiliar with the AH's operation.
2. Identifies any changes to the AH's authorised activities since the last surveillance event.
3. Updates the applicable surveillance question worksheet or surveillance worksheet (Form 1308) for any areas requiring special attention, where appropriate.
4. Confirms with the AH that the surveillance team is free to interact with employees in the facility during the surveillance event provided this interaction doesn’t interfere with the employee’s duties and responsibilities.
5. Confirms AH escort where required.

4.5.5.2 Process details - conduct onsite 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.

4.5.6 Surveillance event - conduct surveillance

4.5.6.1 Process - conduct surveillance

Surveillance team members

1. Gathers evidence to determine the effectiveness of an AH's systems.
2. Gathers objective evidence to support surveillance findings.
3. Records all evidence collected during the conduct of the surveillance in the applicable Sector specific Surveillance Question Worksheet or Surveillance Worksheet (Form 1308).
4. Keeps the surveillance lead and team informed.
5. Ensures all evidence is saved in RMS as it is collected and titled appropriately, or immediately on return to office.

Surveillance lead

6. Leads and assists the surveillance team.
7. Chairs the relevant briefings and entry/exit meetings.
8. Escalates issues to the appropriate SM, if necessary.
9. Keeps the SM and other surveillance team members progressively informed, as necessary.

Surveillance manager

10. Provides assistance and advice to the surveillance lead and surveillance team members.
11. Escalates issues, where required, to the NMS.

4.5.6.2 Process details - conduct surveillance

Evidence is collected while conducting a surveillance event with relevant information recorded in the applicable Surveillance Question Worksheet or Surveillance Worksheet (Form 1308) to support any associated findings.

Evidence must be:

- obtained with the consent of the AH
- and a record of where it was obtained from
- verified for correctness, completeness and indicated as a true copy where applicable
- recorded accurately and concisely
- collected in a manner that will aid in writing the surveillance report and any associated findings.
- saved in RMS.

Evidence named in accordance with Surveillance RMS titling convention:

- completed Surveillance Question Worksheets
- oral evidence – record date, time, details of conversation on Surveillance Event Record of Conversation (Form 1289)
- notes taken during any surveillance event
- documents sighted during the surveillance event – always reference the document and page numbers
- copies of documents and records.
- photographs

- video recordings
- physical evidence, such as original document, records or defective parts, receipted appropriately as required.

> Notes: Clear and perceptive comments in the surveillance question worksheets are recorded during the conduct of the surveillance. These worksheets must be scanned and stored in RMS for future reference and/or potential enforcement action. (See to Annex 1 for further advice on note taking.)
> 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.

Root cause analysis

The aim of issuing a safety finding is to highlight process or system deficiencies, not to provide consultancy nor tell the AH what to do. It is the AH's responsibility to investigate and identify the root cause, then take corrective action to address the root cause(s).

However, the inspector should establish that the AH has a sound grasp of root cause analysis principles and assist them in the process while on the surveillance event when required.

> Note: Consideration should be given to providing the AH with further root cause analysis guidance contained in the Surveillance Safety Finding Information Brochure - E-mail Version to ideally enable Safety Finding acquittal.
> Safety Finding information brochure - Email version or alternatively the Surveillance Safety Finding Information Brochure - Print Version

Immediate rectification of potential breaches

It is not uncommon for AH's to immediately rectify breaches on-site at the time of the surveillance event. In such instances, the rectification must be acknowledged and recorded as a positive measure. While this immediate rectification is accepted in a positive light, the breach must still be captured as a safety finding and issued with the associated surveillance report. The safety finding should note the breach was rectified at the time. However, discretion may be used here depending on the safety impact of the breach.

4.5.7 Surveillance event – process verification procedure

4.5.7.1 Process - conduct process verification

Surveillance team

1. Asks the AH to walk through the processes that have been nominated as part of the surveillance scope, i.e., use ‘show me’ to verify the process (all levels of an AH's operation scoped should be considered in sampling).
2. Confirms and verifies that supporting infrastructure is appropriate and in place
3. Examines the effectiveness of the system controls being reviewed through well considered questioning applying regulatory requirements and MSM attributes.
4. Records non-compliant responses on the applicable sector specific surveillance question worksheets or the surveillance worksheet Form 1308, identifying personnel interviewed.
5. Compares actual process against documented procedures.
6. Determines what systems and/or processes have failed to be adequately controlled and continues questioning in that direction irrespective of what had previously been prepared on the surveillance

worksheet. If outside the surveillance scope, it must be recorded accordingly (Refer to the User Instructions of the Worksheet).

7. Confirms and adjusts the level of sampling required to verify the process.
8. Validates areas of safety concern with the AH to ensure all aspects of the area of concern are covered before concluding process verification (verification may be covered at a periodic meeting with the AH).
9. Records non-compliances, detailing what was sampled in the comments section of the applicable sector specific surveillance question worksheets or the surveillance worksheet Form 1308.
10. The completed question worksheet including the supporting evidence **applicable to regulatory breaches only** must be saved in RMS soon as possible upon collection.

> Note: The ROD-Office surveillance question worksheets must be saved in excel format.

4.5.7.2 Process details – conduct process verification

During verification inspectors should actively confirm the process in practice including outputs.

All levels of an AH's operation must be considered in sampling of the relevant scoped items.

> Note: While the responsibility for conducting root cause analysis on any documented findings rests with the AH, the issuing inspector should conduct a basic or rudimentary root cause analysis on any possible findings for themselves so that they are better able to discuss their areas of safety concern at the exit meeting.
> This basic analysis will also assist the inspector to assess the AH's response to ensure the response focuses on the true cause of the identified deficiency. The inspector should consult with the AH to establish their understanding of root cause analysis and advise them where that knowledge is lacking.

4.5.8 Surveillance event – periodic meetings

When the surveillance extends for more than one day, periodic meetings should be convened with the surveillance team and the AH. Due to the short time periods of a level 2 event, AH periodic meetings may not be required.

4.5.9 Surveillance event – periodic meetings (team coordination meeting)

4.5.9.1 Process - conduct team coordination meeting

Surveillance team

1. Discusses any areas of immediate safety concern to be raised with the AH, e.g. safety alerts (see section on – Safety Alerts).
2. Discusses any areas of safety concern and any systems safety aspects and, if required, escalates the matter to the surveillance manager.
3. Agrees on any information that needs to be presented to the AH prior to the exit meeting.
4. Identifies any additional information required.
5. Shares any information gathered.
6. Ensures all information is gathered from staff, including specialist staff who may not be available for the entire surveillance event.
7. Plans further activities based on the above steps and the existing surveillance timetable.
8. Ensures meeting notes and associated documents are saved in RMS.

4.5.9.2 Process details - conduct team meeting

Surveillance team meetings are designed for surveillance events where there is more than one inspector. These meetings should take the form of a debriefing to allow members of the surveillance team to exchange information and discuss findings.

4.5.10 Surveillance event – periodic meetings (authorisation holder progress meeting)

4.5.10.1 Process – conduct authorisation holder progress meeting

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 and keep the AH informed on the surveillance progress.
3. Raises all observed deficiencies or breaches 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.

4.5.10.2 Process details - conduct authorisation progress meeting

The purpose of these meetings is to provide communication between the surveillance team and the AH. On a periodic basis, ideally daily, the surveillance team should discuss their areas of safety concern or unresolved issues/enquiries with the AH.

4.5.11 Surveillance event - pre-exit meetings

The purpose of this meeting is for the surveillance lead and the surveillance team members to analyse the results of the event prior to the exit meeting. For level 2 surveillance events, this will be at the discretion of the surveillance team.

4.5.11.1 Process details - conduct pre-exit meeting

Surveillance team

1. Assesses all evidence gathered during the surveillance event.
2. Drafts a brief summary of areas of safety concern for the team's final analysis of the surveillance (consolidate areas of safety concern against processes that have failed, rather than for individual breaches of the applicable civil aviation legislation.).
3. Ensures a copy of the Combined Form (Form 1296) is available.

4. Discusses results of the surveillance and records individual discipline results on the Surveillance Event Summary of Findings (Form 1288) to assist when presenting to the AH at the exit meeting.
5. Discusses the delivery of the exit meeting agenda to ensure a coordinated approach.

4.5.12 Surveillance event - exit meetings

While a level 2 event does not require a formal exit meeting and completion of the exit meeting agenda, where appropriate to the surveillance event type, e.g. on-site surveillance events, an exit meeting may be conducted. Inspectors must follow the procedures in the agenda as appropriate.

4.5.12.1 Process - conduct exit meeting

Surveillance lead

1. Chairs the exit meeting in accordance with the Combined Form (Form 1296).
2. Explains the subsequent processes to be followed, particularly in applying just culture principles to be followed, including procedural fairness principles whereby the AH will be given the opportunity to consider and potentially object to any findings.

Surveillance team members

3. Participate in the exit meeting.
4. Present details of all identified deficiencies.
5. Ensure that a record of all matters of significance discussed during the meeting is made.
6. If there are no issues or none are discussed, note minutes accordingly.

4.5.12.2 Process details - conduct exit meeting

The surveillance lead chairs the exit meeting in accordance with the exit meeting agenda contained on Form 1296.

During the exit meeting, results identified during the surveillance event are brought to the AH's attention; however, specific findings are formulated and issued after finalisation in conjunction with the final report.

All items listed on the exit meeting agenda must be covered during the exit meeting.

Consideration should be given to the attendance of the SM at the exit meeting if it is considered appropriate and/or necessary and is then noted on attendance list.

Note: An AH may, at any time during the surveillance process, suggest some form of written proposal, which in this manual is referred to as an action plan (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 event or may be issues that the AH has realised, while conducting the surveillance event, need to be addressed. An action plan may form part of a request for extension of time to complete the required actions associated with acquitting a safety finding (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. This process must be followed for a level 2 surveillance event 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, including safety alerts, safety findings or safety observations, which have been identified and may

be issued. However, it must be made clear that these provisional findings 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 surveillance findings prior to release, ensuring standardisation of surveillance findings
- ensures observed deficiencies and breaches are properly consolidated into appropriate findings.

It must be explained that the AH will have the opportunity to consider and potentially object to any findings. It should also be made clear that no additional deficiencies or breaches will be reported on unless prior advice is given, and that the AH will be specifically contacted if any additional breaches are identified, e.g. in the review process.

The aim of issuing a safety finding is to highlight process or system deficiencies, not to provide consultancy nor tell the AH what to do. It is the AH's responsibility to investigate and identify the root cause, then take corrective action to address the root cause(s).

Note: The surveillance team should take the opportunity to explain to the AH that if a Safety Finding (SF) is issued and the corrective action for the SF requires a significant or non-significant change, the AH must make application to regservices for the change and copy in Surveillance 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.

However, the inspector should establish that the AH has a sound grasp of root cause analysis principles and assist them in the process while on the surveillance event when required.

Note: The surveillance team should consider providing the AH with a copy of the Safety Finding Information Brochure to provide guidance on responding to findings.

In addition, the AH must be advised that the surveillance report will be produced within a maximum of twenty (20) business days from the date of the exit meeting and, if there are any delays expected, they will be notified before this time.

Note: Any breach that may pose a risk to air safety that has not been explicitly discussed with the AH during the conduct of the surveillance event, but which is subsequently identified post-surveillance as part of the assessment of evidence or peer-review process, must be communicated to the AH prior to the issue of the surveillance report.

Recording notes/minutes

The surveillance team must record and save in RMS 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. (See the see Annex 1 for section on further advice on note taking.)

Matters of significance could include:

- all surveillance findings discussed during the exit meeting
- non-availability of important organisation position holders or documentation during the surveillance event, which were brought to the notice of the AH
- any problems encountered during the surveillance, e.g. failure to supply documentation

- significant views expressed by the AH regarding the surveillance
- intended changes or improvement actions as a result of findings from the surveillance event
- points of disagreement between CASA and the AH, from both points of view, must be recorded in the exit meeting minutes.

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 Form 1296. Once amended resave in RMS.

4.5.13 Discontinuing a surveillance event

4.5.13.1 Process – discontinue surveillance event

Surveillance manager

1. Decides whether a surveillance event must be ceased or suspended in consultation with the surveillance team and advise the NMS of the action.

Surveillance team member

2. May discontinue a surveillance event in a threatening situation. Informs the surveillance lead, and surveillance manager of this action at the earliest opportunity.

4.5.13.2 Process details - discontinue surveillance event

The decision to discontinue a surveillance event 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 event at any time. In such an event, the surveillance lead, SM and NMS must be informed at the earliest opportunity.

Events that may prevent a surveillance 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 the event enforcement action is assessed as being more appropriate.

On return to the office the surveillance lead together with the surveillance team complete Form 3836 - Aviation Event brief, to be forwarded to the SM and NMS.

4.5.14 Accountabilities - conduct surveillance event

Table 8. Position and accountabilities

Position	Accountabilities
Surveillance manager	decide whether a surveillance event must be discontinued (in consultation with the surveillance team)
	assist and advise the surveillance lead and surveillance team members
	escalate issues, where required, to appropriate manager/s
Surveillance lead	lead and assist the surveillance team
	ensure all WH&S requirements listed in Scoping Form or approved alternative are accounted for

Position	Accountabilities
	chair relevant briefings and meetings, while ensuring minutes are captured
	escalate issues to the appropriate surveillance manager, if necessary
	keep appropriate stakeholders progressively informed
	ensure a start date is entered on sky sentinel once the event has commenced
	manage the acquittal of all findings
Surveillance team member	gather objective evidence to support surveillance findings
	keep the surveillance lead and team informed
	manage acquittal of issued findings
	ensure all emails sent to AH are saved by Inspector
All	ensure all correspondence and documentation is saved in RMS

4.6 Surveillance event reporting

4.6.1 Purpose

This section outlines the format of a standardised official record of an AH's surveillance. The report details the outcomes of the surveillance event and agreed actions to manage identified deficiencies (if any) and associated safety risks. Following the conduct of a surveillance event and review of evidence obtained on the assessed system elements, a copy of the surveillance report is provided to the AH to inform them of their current level of compliance and any identified findings. The section also outlines the process for the management of the report and any resultant identified actions.

4.6.2 References

The following materials are applicable to the surveillance event reporting:

Reports

Systems and Elements (refer to relevant CSM annex)

Forms (Available in the CASA Document Catalogue)

CASA-04-0676 – Aircraft Survey Report (form 996) (See Note)

CASA-04-0602 – Surveillance Event Summary of Findings (Form 1288)

CASA-04-0606 – Surveillance Report Covering Letter (Form 1292)

CASA-04-0611 – Safety Observation (Form 1298) *

CASA-04-0612 – Safety Finding (Form 1299) *

CASA-04-0614 – Safety Alert (Form 1300)*

CASA-04-0616 – Surveillance Report (Form 1301) *– (See relevant technical annex)

CASA-04-0619 – Surveillance Notification Letter (Form 1304) * (Optional for level 2)

CASA-04-0621 – Surveillance Worksheet (Form 1308)*

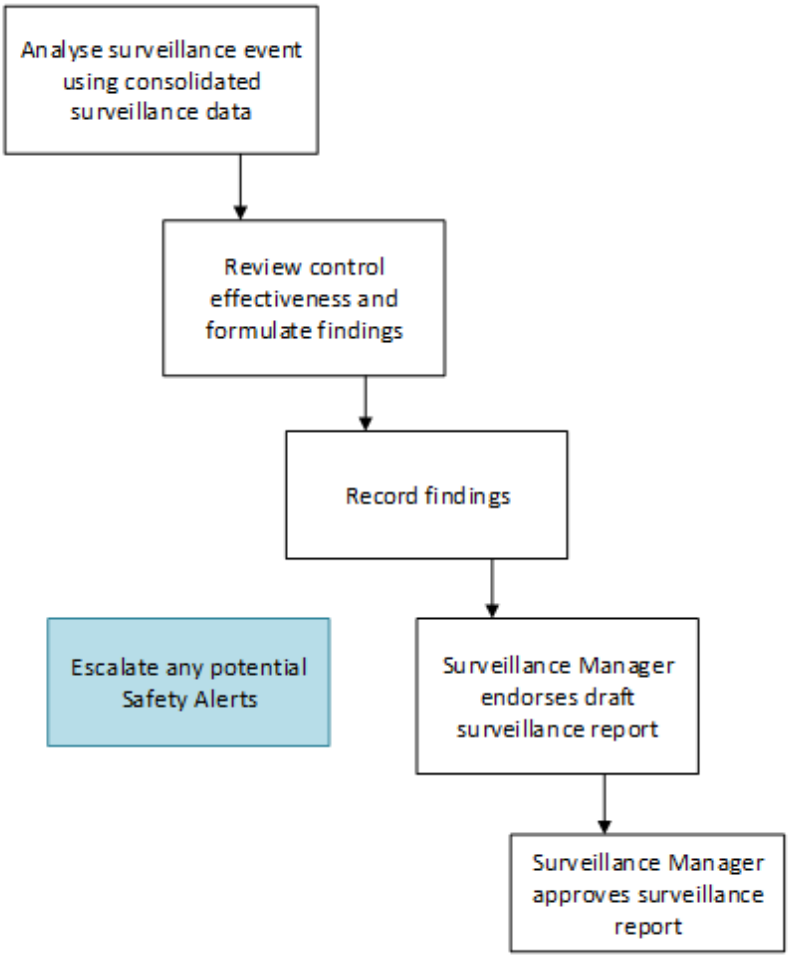
Surveillance Report Summary – Work Instruction – Standard Wording

Operational Check resources, e.g. approved worksheets.

*Generated in sky sentinel.

> Note: CASA-04-0676 - Form 996 is a paper based quadruplicate form. When these forms are used the paper form number is entered onto sky sentinel as the relating reference and a copy of the paper form is saved in RMS on the surveillance event and the aircraft registration file.

Figure 7. Developing a surveillance report



4.6.3 Reporting

The surveillance report provides an official record of the surveillance event, as well as information for CASA's own ongoing analysis and risk management. The role of the report is to give CASA enough information to be satisfied that an AH can either continue to operate in a safe and effective manner or is not operating safely and appropriate action should be taken. The report also provides context to the AH about any Findings.

The report should provide the reader with:

- the actual dates of when the surveillance event occurred;
- every specific location of visited for the duration of the surveillance event, which is not limited to aircraft hangars, aerodromes, administration/office building, third-party venues, and CASA offices (for remote components of the event);
- each individual reference document used and viewed;

- all the key people that were met with, interviewed, or who provided key information.

This information is then held within sky sentinel and can provide CASA Management with the relevant AH information. The Surveillance Report and Findings Work Instructions - Standard Wording should be used when creating the report and any findings.

4.6.4 Surveillance report

The same surveillance report template is applied in developing reports for both a level 1 and level 2 surveillance event with any finding forming part of the surveillance report. A surveillance report executive summary template and associated guidance is available for specific surveillance event types. These templates are located within the Surveillance Report and Findings Work Instruction – Standard Wording.

The maximum twenty (20) business day timeframe to produce and issue the report from the date of the exit meeting, as set out in the Surveillance Notification Letter Form 1304, should only be extended in exceptional circumstances with the AH advised accordingly. The Lead and STO will monitor sky sentinel and prompt the surveillance lead to ensure the report is issued within twenty (20) business days. Sky sentinel does not have the functionality to be aware the individual states public holidays or specific state holidays. Surveillance Teams should ensure they take these into account. A request from the SM to surveillance@casa.gov.au for an extension to cover the additional days can be enacted should the team believe, they will not meet the deadline.

If a surveillance lead requires an extension to this timeframe, they must seek approval from the SM who may approve an extension up to a total of thirty (30) business days. The timeframe can only be extended beyond thirty (30) business days if approved by the NMS/BM and can only be extended for a maximum of (60) business days, with the AH kept informed accordingly and the extend selection undertaken against the report on sky sentinel with the new extension date.

If any extension to the timeframe is approved by the SM or NMS/BM/M, it must be recorded in the comments section of the relevant surveillance report page in Sky Sentinel and the approval email saved in RMS.

This reporting period also allows the surveillance team time to review overall surveillance event outcomes and decide whether to continue with the collaborative corrective action. Alternatively, if greater concern exists, e.g., repeated findings over previous surveillance events or significant breach(s) and an unwillingness to address the findings, the SM should consider initiating the Coordinated Enforcement Process (CEP) in accordance with section on Enforcement.

> Notes: When preparing a surveillance report, it should be kept in mind that the report is a formal record of the AH's compliance. It may be viewed not just by the AH and by CASA, but also by courts and tribunals.
> Construct the surveillance report from the bottom up to ensure all findings are reflected in the executive summary. A technical summary should not be completed. Use Form 1288.

All applicable fields should be completed within sky sentinel. This includes dates and all locations of the surveillance event. For desktop events a location of “Remote” should be entered and will assist in reporting requirements. For on-site events, every precise actual location visited during the event (i.e. akin to the form of an official postal or registered address) should be entered. Key people – this should be all key people spoken to in the surveillance NOT ONLY key personnel. All reference documents that were used and viewed during the event (excluding CASA internal forms) should be listed.

4.6.4.1 Process - develop and approve surveillance reports

Surveillance technical officer

1. Monitors sky sentinel and prompts the surveillance lead to ensure reports are issued within twenty (20) business days, allowing review time by the SM.

Surveillance lead

2. Discusses the overall performance of the surveillance with the surveillance team and obtains agreement from surveillance team members on the content of the surveillance report

Surveillance team member

3. Compiles surveillance data for their specific discipline area, including the applicable surveillance question worksheets or surveillance worksheet form (Form 1308), Findings and supporting evidence (safety findings, safety alerts, ASRs or safety observations must be included in the report via sky sentinel).
4. Drafts the surveillance event summary of findings (Form 1288), if applicable, comparing the current results with those from the previous surveillance to help identify system deficiencies for inclusion in the surveillance report.
5. Save evidence in RMS as per titling conventions.

Surveillance lead

6. Ensures all surveillance documentation is consolidated and, along with the surveillance report, information is entered into sky sentinel.
7. Ensures items not scoped are removed from sky sentinel by display of a double asterisk.
8. If required, ensure surveillance report is peer reviewed amongst the surveillance team.
9. Enters all surveillance report content directly into sky sentinel using a word version as a draft where necessary.
10. Ensures all tables are completed:(key people interviewed, dates and locations, documents used as standards and references (both AH documents with version and CASA references, excluding forms used in the surveillance event process)).
11. Submits report for review and approval.
12. Surveillance question worksheets for applicable parts are saved in RMS as Excel documents.

Note: Where available for the particular authorisation type, the Surveillance Report Summary – Work Instruction – Standard Wording is to be used to assist in drafting the surveillance report.
Where the surveillance team that produced the surveillance report is not from the oversighting controlling office, the reviewing and approving managers from the relevant oversighting controlling office are responsible for approving the report.

Surveillance manager

1. Reviews the surveillance report, and any associated findings for quality and correctness to ensure it meets all requirements as outlined in this procedure. This includes more than quality assurance but also the structure of Findings.
2. Ensures safety findings have objective evidence correctly titled in RMS as per Surveillance - RMS Titling Conventions.
3. Discuss with issuing inspector any areas requiring wording amendments as the report can be returned and amended at this point.
4. When satisfied, marks the surveillance report as reviewed in sky sentinel, which then initiates the approval process.

Controlling Office Manager/Surveillance manager

5. Reviews and or approves the surveillance report, and any associated findings for clarity and conformity with CASA policies and procedures.
6. When satisfied, selects approved against the surveillance report as approved in sky sentinel, which generates a notification email to the surveillance lead and the STO that the report has been approved and is ready to be issued by the STO.

Surveillance technical officer

7. Ensures standards and policy are followed throughout the report, the style guide including grammar checks is followed and regulatory references are cross checked.

Note: Any proposed changes to findings are provided to issuing inspector, prior to amending the report.

8. Issues the surveillance report generated from sky sentinel.
9. Formats the surveillance report for correct spelling, grammar, consistency of fonts and formatting marks.
10. Checks all report fields are complete, and regulations/rules correct.
11. Confirm with the surveillance lead the email addressee/s if not already in the comments of the event
12. From the surveillance@casa.gov.au mailbox, distributes the surveillance report (PDF copy) to the AH with a covering e-mail using the surveillance report covering letter Form (Form 1292) as a template with all findings, if applicable, that have been raised as part of the surveillance event. A word version of the findings response template is also to be provided to the AH. The surveillance lead will be included in the email to the AH (by CC).
    For Airservices events RegulatoryEngagement@AirservicesAustralia.com and CC current contact name, surveillance lead and TL
    For Airworthiness and Engineering Branch current contact name, CC surveillance lead and BCC manager.
13. Saves the sent email in RMS.

Note: The report may be e-mailed to the AH, handed personally to the AH's accountable manager, or posted to the AH directly.

4.6.4.2 Process details - develop and approve surveillance reports

A surveillance report is used to succinctly capture information obtained during the surveillance and its analysis, which supports CASA's actions and future surveillance of an AH.

Inspectors must record findings made during the surveillance, evaluate the findings, and develop the report. This should include analysis of the AH's performance against legislation, and a review of control effectiveness during the surveillance event.

The purpose of CASA's surveillance report is not only to document the surveillance information in a logical manner, supported by facts, but also to enable decision-makers (i.e. the AH and CASA) to understand the deficiencies identified, besides allowing the AH to formulate appropriate action.

The surveillance report has a three-fold function:

- to direct the AH to address deficiencies and achieve legislative compliance
- to inform the AH of elevated safety risks and encourage the AH to act on the findings
- provide updated information to inform future assessments by the surveillance team

This includes:

  – focusing future surveillance
  – enforcement strategies to secure compliance
  – highlighting areas to target surveillance and/or education

Level 2 surveillance event reports are a reduced content version of a level 1 surveillance report. They should include analysis of the AH's performance against legislation. The surveillance report includes a summary and where, applicable, discipline summaries and a reference to findings. The report should be objective, clear and concise.

Note: For instructions on completing a surveillance report, see Annex 1 – Surveillance Standards and Protocols and the Surveillance Report Summary – Work Instruction – Standard Wording.

4.6.5 Surveillance findings

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

- safety alerts
- safety findings
- safety observations
- Aircraft Survey Reports (ASRs Code A, B or C).

The surveillance lead, or surveillance team member, who issues the finding, and who is subsequently responsible for managing that finding, is known as the Issuing inspector.

In line with procedural fairness principles, an AH retains the right to object to a finding by submitting supporting evidence for their objection within seven (7) calendar days from the finding issue date. Once the objection has been considered by CASA, the objection is either upheld and the finding withdrawn, or the finding management process proceeds as normal. Finding evidence must be saved in RMS referencing the finding number.

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 events and the surveillance team is no longer satisfied that the AH is willing or able take remedial and corrective actions to address the breaches, the surveillance team, in conjunction with the surveillance manager must consider initiating the Coordinated Enforcement Process (CEP) in accordance with section on enforcement in the Enforcement Manual.

Findings must not be issued to the AH at the exit meeting. Findings must be included in, and form part of the surveillance report associated with the event.

All 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 event) 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 observation, safety finding, ASR 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?
- has the regulatory reference been entered in the correct way - refer Annex 1
- does the finding clearly explain the deficiency identified?
- is there objective evidence recorded in RMS?
- record the peer-review in the comments of the safety finding/s

This 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.

Note: Any finding can be deleted in sky sentinel, ensuring it is not displayed in the surveillance report. Typically, a finding would be deleted if it had been created in error, or if an incorrect finding type had been created. The issuing inspector must send a request via email detailing the reason for deletion to surveillance@casa.gov.au and the surveillance team will facilitate the deletion of the finding.

4.6.6 Safety alerts

4.6.6.1 Process - issuance and acquittal of safety alerts

Issuing inspector

1. Consults with the SM and the NMS on whether a safety alert should be issued.
2. Considers whether an Aircraft Survey Report (ASR) should be issued with the safety alert, i.e. a defect to an aircraft is found.

Issuing inspector, surveillance lead, SM and NMS

3. Discuss and categorise safety concerns and decide whether a safety alert should be issued with the NMS, particularly taking into account the discretionary scope allowed in the regulatory decision-making considerations set down in this manual (see section on – Key considerations for regulatory decision making).

National Manager Surveillance (NMS)

4. Advises LIRA manager that a safety alert is to be issued and associated details.

Issuing inspector

5. Creates a sky sentinel event
6. Compiles the safety alert using sky sentinel outputs. The safety alert Form 1300 is available as a backup)
7. Before issue of safety alert ensures all evidence is saved in RMS
8. Issues the safety alert advising the AH to respond within five (5) calendar days detailing the remedial action taken.

> Note: The safety alert notification includes advice that the alert takes immediate effect. However, in line with procedural fairness principles, CASA will consider any representation that the recipient makes as to whether the alert has been correctly issued. If it is subsequently decided the alert has not been correctly issued, CASA will withdraw the safety alert. During the time, any representation is being considered, restrictions on the operation of any aircraft involved or activity carried out that is subject to the breach, must stand.

9. Notifies the SM and the NMS when the safety alert is issued.

> Note: If the issuing inspector is not able to establish communication to discuss the issuance of the safety alert with the NMS or the SM, and a serious safety concern continues to exist, the issuing inspector must issue the safety alert and make the appropriate notifications as soon as they are able.

National Manager Surveillance (NMS)

10. Notifies the EMROD when the safety alert is issued.
11. Initiates the CEP as set out in Chapter 4 of the Enforcement Manual via EICMS.
12. Notifies the Manager, Litigation, Investigations and Enforcement (for their information).

Surveillance lead

13. Provides support to the issuing inspector as required throughout the issuing process.

Surveillance technical officer

14. Monitors 5-day response timeframe and ensures an alert is entered on EAP.

Authorisation holder

15. Responds to the safety alert, detailing all actions taken

Issuing inspector

16. Assesses the AH's response and, when satisfied, acquits the safety alert.
17. Drafts the acquittal letter using Safety Alert Acquittal Letter
18. Notifies the SM and NMS that the safety alert has been acquitted.
19. Notifies the AH that the safety alert has been acquitted.

> Note: If no response is received, refer immediately to the NMS to inform the coordinated enforcement process.

National Manager Surveillance (NMS)

20. Notifies the relevant EMROD and the Manager, Litigation, Investigations and Enforcement that the safety alert has been acquitted.

> Note: A separate safety finding must also be issued with the surveillance report if a safety alert has been issued (as outlined in the section below). The process for dealing with the AH's response, assessment and acquittal of a safety alert, including the capture of all details in sky sentinel and on the relevant file (in RMS), is the same as that for a safety finding, see section on – Findings management.

4.6.6.2 Process details - issuance and acquittal of safety alerts

Safety alerts are issued as a result of surveillance in circumstances where it is assessed that the interests of safety will be best served by an immediate safety intervention with prompt rectification by the AH.

A safety alert must be issued as soon as possible to the person who is accountable for the AH and must be associated with a surveillance event when recorded in sky sentinel.

When a surveillance lead or inspector is considering issuing a safety alert, they must consult with the SM who consults with the NMS to assist in maintaining consistency in CASA's use of safety alerts and ensure all appropriate processes are followed. When the safety alert has been issued, the issuing inspector or surveillance lead must notify the SM who notifies NMS of the action. The NMS advises the EMROD, initiates the CEP via EICMS, and notifies the Manager, Litigation, Investigations and Enforcement. This process is set out in the Enforcement Manual. The CEP provides a forum for better informed decision-making and for discussing alternative options.

> Notes: The positive safety-related benefits of a safety alert should be emphasised to the AH. It should be explained that a safety alert is a positive example of CASA working collaboratively to address an identified safety concern. When consulting with the AH on the matter, this safety intervention should be presented within a constructive context highlighting the comparative benefits of issuing a safety alert, rather than the alternative of taking serious and imminent risk, or other enforcement action. It should also be stressed that a safety alert is used when CASA is satisfied that the AH has shown a willingness to participate in the rectification of the safety concern.
> For any queries in relation to this process, contact the Manager, Litigation, Investigations and Enforcement.

AHs must respond with remedial action to rectify the safety concern before continuing any activity relating to the safety alert. Any AH who refuses to provide a response must be considered for enforcement action.

Safety alerts must be supported by specific 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 a safety alert. A safety alert must also provide sufficient details for the AH to take appropriate remedial actions. The surveillance lead must make it clear to the recipient of the safety alert 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 safety alert 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.

Once the issuing inspector is satisfied that the AH has undertaken the required immediate remedial action to rectify the identified safety concern, the safety alert can be acquitted, and notification made to the relevant CASA staff advising that this has occurred.

Under normal circumstances, the surveillance team member who initially identified the breach is the author of the safety alert (issuing inspector) and is also responsible for the acquittal process.

Note: A separate safety finding is also issued in relation to the breach and is issued with the surveillance report. While a safety alert is issued to raise immediate safety concerns, a separate safety finding is used so that the AH can respond to the root cause analysis and address necessary corrective action.
The process to be followed in issuing and managing the subsequent safety finding is the same as that for managing all findings. Refer to CSM section on – Findings management.

4.6.7 Safety findings

4.6.7.1 Process - writing safety findings

Issuing inspector

1. Determines the type of finding based on the nature of the issue, e.g., a safety finding may be raised for a breach of any civil aviation legislation however section on key considerations for regulatory decision making should be taken into consideration in the decision-making process
2. Formulates findings using the Safety Finding Form 1299 in sky sentinel, providing sufficient detail to support any possible subsequent enforcement action.
3. Documents the legislative provision that has been breached (excluding the penalty units, strict liability reference or the breach of conditions).

Note: If the breach relates to a Civil Aviation Order (CAO) or a Manual of Standards (MOS), the safety finding must reference the CAO or MOS, as well as the overarching legislation to which the CAO or MOS is linked. The CAO or MOS reference must be cited for the purpose of clarification, and the relevant section of the Act or regulation must be cited as evidence of the actual breach.
If uncertain about the appropriate head of power, the inspector should contact LIRA branch.

An independent inspector or an inspector that did not participate in the surveillance event with the relevant experience: Peer reviews all Findings to ensure they meet the safety finding requirements prior to issue.

Note: Any proposed amendment to a safety finding requires notification to, and agreement by, the issuing inspector.
If it is determined a safety alert is necessary, follow procedures as detailed in section on – Safety Alerts.

Surveillance manager: Takes appropriate action to ensure that standardisation and consistency is maintained for quality and correctness exercising the discretion allowed as part of the regulatory decision-making considerations set down in this manual (see section on – Key considerations for regulatory decision making).

Surveillance lead or surveillance team member

1. Ensures all documentation is appropriately filed in RMS.
2. Ensures the controlling office conducts data entry.

Note: To delete a safety finding prior to the report approval email surveillance@casa.gov.au providing justification for deletion.

4.6.7.2 Process details - writing safety findings

A safety finding is issued to an AH to give written notice of a breach and must be responded to by the AH within twenty-one (21) calendar days (see section on – Assessment of response).

Safety findings may be issued where, as a result of surveillance, a regulatory breach has been detected. A safety finding must be peer reviewed prior to issue to ensure it meets the requirements for a safety finding.

Where an immediate safety concern is raised, a safety finding is issued in conjunction with a safety alert and/or an ASR. Safety findings must be associated with a surveillance event when recorded in sky sentinel and are issued to the AH with the relevant surveillance report.

While a safety finding is provided primarily as a notification of a breach, it will generally be issued in circumstances where CASA is satisfied that the AH has the willingness and the ability to take remedial and corrective action to address the breach. Where CASA is no longer satisfied that the AH is willing or able to do so (for example, as shown by repeated breaches of the same type, or where additional or new information indicates further safety issues), a safety finding will still be issued, the AH given 21 days to respond and the matter must also be referred for coordinated enforcement in accordance with section on enforcement.

If a safety finding is issued to an AH, the safety finding must be raised against the legal entity holding the authorisation.

All safety findings must be supported by evidence with adequate detail of the process or system deficiencies, or their inappropriate use, and which resulted in the safety finding. This evidence must be saved in RMS and titled accordingly. Refer, Surveillance - RMS Titling Conventions

All safety findings must document the legislative provision that has been breached (head of power). Safety findings must not be issued against advisory material, which includes, but is not limited to:

- Civil Aviation Advisory Publications (CAAP)
- Advisory Circulars (AC)
- Guidance Material (GM)
- policy documents and manuals
- Acceptable Means of Compliance (AMC).

While inspectors should make every effort to consolidate safety findings as appropriate, grouping breaches within the one safety finding where possible, the detail captured in the detail of deficiency must be sufficiently granular to capture all aspects of the breach.

> Note: If a breach relates to a Civil Aviation Order (CAO) or a Manual of Standards (MOS), the safety finding must reference the CAO or MOS, as well as the overarching legislation to which the CAO or MOS is linked. The CAO or MOS reference must be cited for the purpose of clarification, and the relevant section of the Act or regulation must be cited as evidence of the actual breach.
> If uncertain about the appropriate head of power, the inspector should discuss this with their SM and if there is any uncertainty contact LIRA.

The aim of issuing a safety finding is to highlight process or system deficiencies, not to provide consultancy nor tell the AH what to do. It is the AH's responsibility to investigate and identify the root cause, then take corrective action to address the root cause(s).

While the responsibility for conducting root cause analysis on documented findings rests with the AH, the issuing inspector should form a view regarding the root cause so that, when assessing the response from the AH, the inspector can ensure the AH has focused on the most appropriate area to rectify the true cause of the non-compliance.

The response to a safety finding can either take the form of:

- an objection to the safety finding submitted to CASA within seven (7) calendar days from the finding issue date with supporting evidence; or
- within twenty-one (21) calendar days from the finding issue date, the provision of details of remedial, root cause and corrective action taken in returning to a compliant state

If the objection is accepted by CASA, the safety finding is withdrawn. If an objection is accepted by CASA and requires a change to the original regulatory reference that was placed against the safety finding, the safety finding is withdrawn from the original surveillance event and a new level 2 Desktop Review event must be created with the addition of the new safety finding and reference.

If an AH has not objected to the safety finding, or if the objection has not been accepted, they are required to provide a response to CASA regarding the remedial and corrective actions taken for each safety finding. Those that fail to provide such a response should be considered for referral for coordinated enforcement. Consequently, it is important to write a safety finding with sufficient detail to support enforcement action.

The information capture protocols for findings section in CSM - Annex 1, describes the requirements for recording a safety finding.

Self-reported deficiencies

At any time throughout the course of the surveillance cycle, a deficiency may come to CASA's attention as result of the AH's self-auditing or continuous improvement processes. The process for dealing with self-reported deficiencies is detailed in section on – Self-reported deficiencies.

> Note: Under normal circumstances, the surveillance team member who initially identified the breach is the author of the safety finding (issuing inspector) and is also responsible for the acquittal process. If the surveillance manager issues the safety finding, appropriate action needs to be taken to ensure standardisation and consistency is maintained through peer review.

4.6.8 Safety observations

4.6.8.1 Process - safety observations

Issuing inspector

Determines the type of finding based on the nature of the issue, e.g. a safety observation is used to advise an authorisation holder:

- of latent conditions resulting in system deficiencies which do not constitute a breach, but have the potential to result in a breach if not addressed; or
- to put in place measures to mitigate potential regulatory breaches and risks to aviation safety.
- Formulates the finding using the Safety Observation Form 1298 in sky sentinel.

Surveillance team member, relevant experienced inspector

1. Peer reviews the safety observation prior to issue to ensure it meets the requirements for a safety observation.

> Note: Any proposed amendment to a safety observation requires notification to, and agreement by, the issuing inspector.

Surveillance manager

1. Takes appropriate action to ensure that standardisation and consistency is maintained.

Surveillance lead or surveillance team member

2. Where the office issuing the finding is not the responsible controlling office, ensures the responsible controlling office can access all documentation via Sky Sentinel for review by the controlling office SM.
3. Ensure all documentation is appropriately filed in RMS.
4. Ensure the controlling office conducts data entry.

4.6.8.2 Process details - safety observations

A safety observation is used to provide an AH with written notice of the following:

- of latent conditions resulting in system deficiencies that, while not constituting a legislative or procedural breach, have the potential to result in a breach if not addressed; or
- identified latent conditions resulting in system deficiencies that, while not constituting a breach, have the potential to result in a breach if not addressed; or
- to put in place measures to mitigate potential regulatory breaches and risks to aviation safety.

The safety observation must indicate the identified latent conditions that the issuing inspector believes has resulted in a system deficiency.

A safety observation must be peer reviewed by a member of the surveillance team, a relevantly experienced inspector or the surveillance team, prior to issue to ensure it meets the requirements for a safety observation.

The aim of issuing a safety observation is not to provide consultancy or tell the AH what to do. It is always the AH's responsibility to investigate and identify the appropriate means to address potential improvements to safety performance. In identifying any opportunity for improving safety performance, the issuing inspector must do so without providing a specific solution.

While an AH is not obligated to respond formally to a safety observation, the way in which an AH manages safety observations provides an indication of the level of maturity of their management system.

All safety observations must be associated with a surveillance event and recorded in sky sentinel. Safety observations are issued to the AH with the relevant surveillance report.

Under normal circumstances, the surveillance team member who initially made the observation is the author of the safety observation (issuing inspector) and also responsible for recording any associated responses, or any other relevant interactions with the AH.

4.6.9 Aircraft Survey Report

4.6.9.1 Process - issuance and acquittal of Code 'A' ASR's

Issuing Inspector

1. Identifies what is believed to be a serious safety-of-flight defect in an aircraft, and the Issuing inspector can verify the aircraft's airworthiness status is such that rectification must be conducted prior to further flight.
2. Immediately contacts the surveillance lead and SM who then contacts the NMS to alert them of the potential identification of a Code A ASR.

Issuing inspector, surveillance lead, surveillance manager and National Manager Surveillance

3. Discuss and categorise safety concerns and decide whether a Code A ASR should be issued with the surveillance manager and NMS particularly taking into account the discretionary scope allowed in the regulatory decision-making considerations set down in this manual (see section on – Key considerations for regulatory decision making).

Issuing inspector

4. Drafts the Code A ASR using the sky sentinel ASR Form 996. Output on the event. Or uses the quadruplicate paper form. Prior to issue notifies the SM, NMS and Manager of litigation, surveillance@casa.gov.au and surveillance lead when the Code A ASR is expected to be issued.

> Note: Code A ASRs must be recorded individually on separate forms to Code B and/or Code C ASR items.

If the ASR is recorded on-site using a hardcopy, the ASR must then be recorded in sky sentinel using the same ASR number as printed on the hardcopy form.

Issues the Code A ASR to the registered operator and AOC holder if applicable and the person who has control of aircraft at the time of issue. When issuing the Code A ASR, the issuing inspector must ensure the registered operator clearly understands and acknowledges the details and implications of a Code A ASR direction.

> Note: Code A ASRs are legal directions and can only be issued by CASA officers holding the appropriate delegated authority under CASR 11.245.

5. Determines whether the AH (AOC holder / AMO) has contributed to the non-compliance and, if so, raises a safety finding against the AH.

Surveillance Technical Officer

1. On receipt of the 'issued' Code A ASR – add an alert on the VH on EAP referencing the ASR. The ASR should also be attached alternatively within to both the RMS aircraft file and the registered owner's file

> Note: In the unlikely event that the issuing inspector is not able to establish communication to discuss the issuance of the Code A ASR with the NMS or the SM, and a serious safety concern continues to exist, the issuing inspector must issue the Code A ASR and make the appropriate notifications as soon as possible.

Registered operator

2. Receives the Code A ASR.
3. Immediately ceases operation of the aircraft, if directed.
4. Considers available options and either:
   a. Accepts the finding or
   b. Objects with supporting evidence. See process below.

Notification for information only

National Manager Surveillance

5. Notifies the manager LIRA and the EMROD, of the action being taken. Also notifies the EMROD if required if the directive relates to a Class A aircraft or an aircraft used in Air Transport Operations under CASR Parts 121, 133 and 135.

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

If the Code A ASR is accepted by registered operator

Registered operator

1. Completes rectification of the defect within a self-determined timeframe that is achievable and suitable.
2. Responds to the Code A ASR within twenty-one (21) calendar days by advising details of the rectification work undertaken, or by providing an action plan to address the defect.

Issuing inspector

3. If the issuing inspector is unsure or a problematic response is received, a peer review of the response should be sought in liaison with the surveillance manager.
4. If necessary, continues to liaise with the registered operator until satisfied.

> Note: If the registered operator is repeatedly unable or unwilling to provide an adequate response, or they are not willing to address the defect, the CEP must be initiated IAW section on enforcement with the NMS approval via EICMS.

5. Acquits the Code A ASR by recording the acquittal date and noting associated evidence in sky sentinel.
6. Advises surveillance@casa.gov.au that the Code A ASR has been acquitted
7. Notifies the surveillance manager and NMS that the Code ‘A’ ASR has been acquitted.

Surveillance Technical Officer

8. Formally advises the registered operator that the Code A ASR has been acquitted. End the Alert date on EAP.

If Code A ASR is objected to by registered operator

> Note: See section on response/objection received for further details

Issuing inspector

9. Within seven (7) calendar days from the finding issue date, receives the registered operator's objection with supporting evidence.
10. Refers objection and supporting evidence to SM with any pertinent background information.

Surveillance manager

11. Considers the objection and supporting evidence put forward and either:
    a. Upholds the objection with the Code A ASR withdrawn by CASA, or
    b. The Code A ASR proceeds.
12. Notifies issuing inspector of decision.

If objection to Code A ASR is accepted

Issuing inspector

1. Notifies the registered operator of acceptance of objection.
2. Record withdrawal of Code A ASR in sky sentinel accordingly (see section on – Managing objections to findings).
3. Formally advises the registered operator that the Code A ASR has been withdrawn.
4. Considers, if necessary, the issue of a Code B or Code C ASR
5. Advises surveillance@casa.gov.au to remove the Alert on EAP.

Note: The Inspector should consider the effect on any associated safety findings.

Surveillance Technical Officer

6. Removes the alert from the VH on EAP and ensure all documentation is in RMS.

If objection to Code A ASR is NOT accepted

Issuing inspector

1. Notifies the registered operator of non-acceptance of objection and confirms the need for immediate cessation of operation of the aircraft - if directed, and obligation to provide recipient's response within 14 calendar days from the date of issue.

Registered operator

2. Completes rectification of the defect within the newly specified timeframe (up to twenty-one (21) calendar days).
3. Responds to the Code A ASR advising of rectification work that has been undertaken, or by providing an action plan to address the defect.

Issuing inspector

4. Assesses the registered operator's response.
5. If necessary, continues to liaise with the registered operator until satisfied.

Notes: If the registered operator is repeatedly unable or unwilling to provide an adequate response, or they are not willing to address the defect, the CEP must be initiated IAW section on enforcement.

The ASR must also be attached ‘alternatively within’ both the RMS Aircraft file and the registered operator's file.

6. When satisfied acquits the Code A ASR by recording acquittal and noting evidence in sky sentinel and RMS by using the edit function against the ASR in sky sentinel.
7. Formally advises the registered operator that the Code A ASR has been acquitted

After Acquittal of Code A ASR

Surveillance manager

1. In consultation with the NMS, decides whether the EMROD should be advised of acquittal and actions accordingly.
2. Takes appropriate action to ensure that standardisation and consistency is maintained in what the ASR has been created for.

Surveillance lead or surveillance team member

3. Ensures all documentation is appropriately filed in RMS.
4. Ensures the data entry is conducted in sky sentinel and EAP in consultation with the STO.

Notes: A separate safety finding must also be issued with the surveillance report if a Code A ASR has been issued for a deficiency related to a potential systemic failure, and where there is a benefit to aviation safety through the identification of the root cause of the deficiency (as outlined in the section below).
For ASRs raised by an inspector from an office other than the oversighting controlling office, reviewers/approvers from the oversighting controlling office can access all relevant surveillance documents in sky sentinel.
While the issuing inspector is responsible for acquitting the ASR, the SM is responsible for the approval and management of the ASR.

4.6.9.2 Process - issuance and acquittal of Code B or Code C ASR's

Issuing inspector

1. Identifies an aircraft defect.
2. Determines the level of finding based on the deficiencies identified following the survey of an aircraft and/or its associated records.
3. Drafts the Code B or Code C ASR using ASR Form (Form 996) in sky sentinel or, if issued on site, using a hardcopy form.
4. Issues the Code B or Code C ASR to the registered operator, AOC holder and/or person in control of aircraft.
5. Advises surveillance@casa.gov.au to ensure that an alert is placed against the VH on EAP.
6. Determines whether the AH (AOC holder / AMO) has contributed to the non-compliance and, if so, raises a safety finding against the AH in addition to the ASR issued to the registered operator.

Notes: Code B ASRs is legal directions and can only be issued by CASA officers holding the appropriate delegated authority.
ASRs issued on site (on quadruplicate paper forms) must still be recorded in sky sentinel on return to the office referencing the paper form prepopulated number.

Surveillance Technical Officer

7. On receipt of the Code B or Code C ASR – add an alert on the VH on EAP referencing the ASR. The ASR should also be attached alternatively within to both the RMS aircraft file and the registered owner's file.

Registered operator

1. Receives Code B or Code C ASR and acknowledges receipt of the direction

> Note: If neither Code B nor Code C ASR are issued on-site as a hard copy, this acknowledgement should be made by return e-mail.

2. Considers available options and either:
   a. Accepts the Finding, or
   b. Objects to the Code B or Code C ASR with supporting evidence.

If Code B or Code C ASR is accepted by registered operator

Registered operator

1. Completes rectification of the defect or outstanding regulatory requirement, depending on the circumstances within a self-determined timeframe that is achievable and suitable.
2. Responds to the Code B or Code C ASR within twenty-one (21) days by advising of rectification work that has been undertaken, or by providing an action plan to address the defect.

Issuing inspector

3. Monitors the ASR to ensure that a response is received by the due date
4. If no response is received by the due, contact the RO to establish when the RO intends to respond to the ASR and update the ASR comments in sky sentinel
5. Assesses the registered operator's response.
6. If necessary, continues to liaise with the registered operator until satisfied.

> Note: If the registered operator is repeatedly unable or unwilling to provide an adequate response, or they are not willing to address the defect, the CEP may be initiated with the NMS approval in accordance with section on enforcement.

7. Acquits the Code B or Code C ASR by recording acquittal and noting evidence in RMS and sky sentinel by using the edit function against the ASR.

Surveillance Technical Officer

8. Formally advises the registered operator that the Code B or Code C ASR has been acquitted.
9. Removes the alert from the VH on EAP and ensure all documentation is in RMS.

If Code B or Code C ASR is objected to by registered operator

Issuing inspector

1. Within seven (7) calendar days from the finding issue date receives registered operator's objection with supporting evidence.
2. Refers objection and supporting evidence to SM with any pertinent background information.

Surveillance manager

3. Considers the objection and supporting evidence put forward and either:
   a. Upholds the objection with the Code B or Code C ASR withdrawn by CASA or
   b. The Code B or Code C ASR proceeds
4. Notifies Issuing inspector of decision.

If objection to Code B or Code C ASR is accepted

Issuing inspector

1. Notifies the registered operator of acceptance of objection.
2. Record the withdrawal of Code B or Code C ASR in sky sentinel accordingly (see section on – Managing objections to Findings).
3. Formally advises the registered operator that the Code B or Code C ASR has been withdrawn.
4. Advises surveillance@casa.gov.au to remove the alert on EAP.

> Note: The inspector should consider the effect on any associated safety findings.

If objection to Code B or Code C ASR is NOT accepted

Issuing inspector

1. Notifies the registered operator of non-acceptance of objection and reaffirms requirements associated with the initial issue of the ASR, and obligation to provide recipient's response within 14 calendar days from the date of issue.

Registered operator

2. Completes rectification of the defect within the newly specified timeframe (up to twenty-one (21) calendar days).
3. Responds to the ASR advising of rectification work that has been undertaken, or by providing an action plan to address the defect.

Issuing inspector

4. Assesses the registered operator’s response.
5. If necessary, continues to liaise with the registered operator until satisfied.

> Note: If the registered operator is repeatedly unable or unwilling to provide an adequate response, or they are not willing to address the defect, the CEP may be initiated with the NMS approval in accordance with section on enforcement.

6. When satisfied, acquits the ASR by recording acquittal and noting evidence in sky sentinel.
7. Formally advises the registered operator that the ASR has been acquitted.

After Acquittal of Code B or Code C ASR

Surveillance manager

1. Takes appropriate action to ensure that standardisation and consistency is maintained.

Surveillance lead or surveillance team member

2. Ensures all documentation is appropriately filed in RMS.

3. Ensures the data entry is conducted in sky sentinel and EAP in consultation with the STO.

IMPORTANT

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 maintenance release under CAR 50. 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. In such circumstances, the internal notification instructions required for a Code A ASR (under heading Notification for information only) must be applied.

Note: The issuing inspector is responsible for acquitting the ASR
Where possible, the inclusion of photographs to support the observed defect should form part of the ASR direction. Note that Sky Sentinel does not have the capability to capture and store photos accordingly, all relevant photographs are required to be appropriately titled and stored in RMS.
A separate safety finding may also be issued with the surveillance report if a Code B or Code C ASR has been issued for a deficiency related to a potential systemic failure, and where there is a benefit to aviation safety through the identification of the root cause of the deficiency.
For ASRs raised by an inspector from an office other than the oversighting controlling office, reviewers/approvers from the oversighting controlling office can access all relevant surveillance documents in sky sentinel.

4.6.9.3 Process detail - issuance and acquittal of ASRs

ASRs are only issued to the registered operator of the aircraft (see CASR 47.100) who may or may not be the AH operating the aircraft at the time the ASR is issued. The ASR notifies the registered operator of any airworthiness deficiencies identified following the survey of an aircraft and/or its associated records.

Typically, an ASR is issued to the registered operator with an associated surveillance report if the ASR is raised as part of a scheduled surveillance event. However, if the ASR is issued on-site as part of an unscheduled event, e.g., a ramp check carried out utilising the applicable ramp check form, the surveillance report does not need to be forwarded to the registered operator unless it is considered necessary.

Notes: While a surveillance report may not be forwarded to the registered operator, a surveillance event must still be created, and a surveillance report generated in sky sentinel with the summary details recorded in the executive summary section of the report.
The ASR (Form 996) can be downloaded from CASA's intranet or generated from sky sentinel. If the ASR is recorded in a hardcopy format the ASR must still be entered into sky sentinel.

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. Copies of ASRs are kept in the aircraft RMS file in each relevant controlling office and in the relevant AH's RMS file.

Careful consideration must be given to the code applied. Detailed descriptions of ASR codes are provided in Annex 1 (see section on – ASR Codes).

ASRs may be accompanied by a safety finding where there is a particular breach. If the AH (AOC holder / AMO) can be identified as contributing to the non-compliance, a safety finding must also be raised on that AH to ensure appropriate remedial and corrective 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.

All ASRs must be recorded in sky sentinel and must be associated with a surveillance event.

If a hardcopy ASR is issued on site and the hardcopy form has a number annotated in the top right-hand corner, this number must be entered into sky sentinel as the reference of the ASR issued on-site and must be the same as the ASR number recorded in sky sentinel. If the issued hardcopy form does not show an

annotated number, sky sentinel will automatically generate a discrete number when it is entered in the system.

On return to the CASA office the STO is advised of the issuance of an ASR and the details and will add a file note to EAP against the VH mark. A scanned copy of the issued ASR will also be alternatively within both the RMS aircraft file and the registered owner's file.

Acquittal of ASRs

All ASRs with the exception of Code C must be responded to by the registered operator with the response recorded in the comments field against the relevant ASR in sky sentinel. If a problematic response is received or there is doubt as to the response, a peer review of the response should be sought in liaison with the surveillance manager. All ASRs must be acquitted with appropriate evidence recorded in RMS.

Acquittal of all ASRs requires a registered operator to advise CASA within twenty-one (21) calendar days of the action taken or being taken to address the identified defect(s).

Under normal circumstances, the issuing inspector who initially identified the breach is the author of the ASR and also responsible for the acquittal process.

Physical verification of ASRs prior to acquittal is not generally required unless the Issuing Inspector has reason to believe verification is necessary.

Under normal circumstances, the inspector who initially issued the ASR is responsible for the acquittal process. The SM must select an alternative inspector who will take responsibility for verifying action taken and the acquittal process if the issuing inspector is unavailable.

Use the edit function on the ASR in sky sentinel to acquit.

Timeframes

Code A ASRs: 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 issuing inspector. No specific timeframe is set by CASA for completion of the defect rectification. The timeframe 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 twenty-one (21) calendar days, advising details of the rectification work undertaken or by providing an action plan to address the defect.

Code B and Code C ASRs: The registered operator should respond within twenty-one (21) calendar days, indicating the rectification action undertaken. Once the response is received and the inspector is satisfied the required action has been completed, the issuing inspector can acquit the ASR in sky sentinel and notify the registered operator.

The ASR is then acquitted in sky sentinel using the edit function on the deficiency line.

ASR example defects

CODE A

- engine not making take-off power as specified in data, i.e. flight manual/maintenance manual structural component has a visible crack, such as propeller, lift strut, undercarriage leg damage sustained that may affect the structural integrity of the aircraft required equipment specified in CASR 91.095 or the flight manual is damaged or missing, e.g. airspeed indicator damaged or missing.

CODE B

- fuel leak is identified; however, further investigation may determine the fuel leak is within allowable limits aircraft returned to service as an IFR aircraft, but equipment later found to be unserviceable. In this circumstance, the Inspector recognises the aircraft could continue to be operated VFR with the equipment defective; however, with rectification, it could return to IFR operation.

CODE C

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.

> Note: For further information on ASRs see Annex 1 to the CASA Surveillance Manual.

Reissue of an ASR after 365 calendar days pursuant to 11.250 of the CASR 1998

Code A and Code B ASRs are directions issued by CASA under reg. 11.245 of CASR 1998. Relevantly, reg. 11.250 specifies the following period of effect of any direction issued under reg. 11.245.

11.250 Period of effect of direction

A direction under regulation 11.245 ceases to be in force:

- if it specifies a day on which it ceases to be in force - on the specified day; or
- if it does not specify a day for that purpose - 1 year after the day it commences

Although in most instances' satisfactory acquittal of Code A and Code B ASRs would have taken place within a 1-year 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 either reissue a new ASR for a further period of time, or for other action to take place that may be deemed necessary, such as suspension or cancellation of the aircraft certificate of airworthiness. The surveillance manager of the oversighting office of the aircraft shall be responsible for making such determination in consultation with the NMS. This may also involve input from the inspector who issued the ASR, if considered necessary. If the requirement is to issue another ASR, the process should be repeated.

4.6.9.4 Accountabilities - surveillance event reporting

Table 9. Position and accountabilities

Position	Accountabilities
National manager surveillance / Branch manager	Notify the relevant EMROD of any safety alerts and subsequent acquittal
	Discuss and categorise safety concerns relating to an AH to decide whether a safety alert or Code A ASRs should be issued exercising the discretion allowed as part of the regulatory decision-making considerations set down in this manual
	Notify the Manager, Litigation, Investigations and Enforcement of any safety alerts and subsequent acquittal
	Approve matters for referral to coordinated enforcement as necessary within the requirements of this manual
	Approve extensions to the timeframe for providing the surveillance report beyond thirty (30) business days
	Approve Surveillance Reports and associated findings
Surveillance manager (SM)	Ensure surveillance reports are issued within the required twenty (20) business days within the requirements of this manual

Position	Accountabilities
	Refer matters to the NMS for coordinated enforcement as necessary within the requirements of this manual
	Ensure standardisation and consistency of surveillance reports and findings for quality and correctness while meeting all procedural requirements, exercising the discretion allowed as part of the regulatory decision-making considerations set down in this manual
	Discuss and categorise safety concerns to decide whether safety alerts or Code A ASRs should be issued, exercising the discretion allowed as part of the regulatory decision-making considerations set down in this manual
	Approve extensions to the timeframe for providing the surveillance report beyond twenty (20) business days up to thirty (30) business days.
Surveillance lead	Consolidate surveillance information
	Review findings, or ensure such reviews are completed to ensure findings meet requirements for quality and consistency prior to issue
	Ensure production of the surveillance report and associated findings is to standards and in line with instructions in this manual
	Ensure the surveillance report is distributed by the STO to the AH within the stipulated twenty (20) business day timeframe
	Discuss and categorise safety concerns to decide whether safety alerts or Code A ASRs should be issued
	Provide support to Issuing Inspector as required throughout the findings issuing process
	Ensure all relevant documentation is appropriately filed in RMS.
	Manage acquittal of findings.
Issuing inspector	Consult with SM on whether safety alerts should be issued
	Raise findings
	Issue the safety alert advising the AH to respond within five (5) calendar days, detailing the immediate remedial action to be taken
	Notify the SM of safety alert issue and subsequent acquittal
	Ensure all relevant documentation is appropriately filed in RMS.
Surveillance team member	Collate and pass all relevant surveillance information to the surveillance lead
	Peer-review findings to ensure they meet requirements prior to issue
	Assist in compiling and reviewing the surveillance report, including discipline summaries if relevant
	Enter report data into sky sentinel

Position	Accountabilities
	Ensure all relevant documentation is appropriately filed in RMS. If relevant, as a team, analyse all surveillance event evidence
Surveillance Technical Officer (STO)	Monitors sky sentinel and reminds the surveillance lead to ensure reports are issued within twenty (20) business days.
	Formats the surveillance report
	Distributes the surveillance report, using the centralised surveillance mailbox, to the AH with a covering e-mail
	Ensure all relevant documentation is appropriately filed in RMS.

4.7 Response to findings - update system information

4.7.1 Purpose

The update system Information section is the point at which the process loops back in its continuum. This section provides direction on collecting relevant information based on its importance, relevance, completeness, quality and verifiability, and the finalisation phase where the surveillance event is completed in a timely and effective manner, including the management of surveillance findings.

4.7.2 References

The following materials are applicable to the update system information – finalisation phase

Reports

Systems and Elements (refer to relevant technical annex)

Forms (Available in the Document Catalogue)

CASA-04-0605 – Further Evidence Requested Letter (Form 1291)*

CASA-04-0617 – Safety Finding Overdue Letter (Form 1302)*

CASA-04-0618 – Safety Finding Acquittal Letter (Form 1303)*

CASA-04-0637 – Safety Finding Extension Acceptance Letter (Form 1455)*

CASA-04-0638 – Safety Finding Extension Rejection Letter (Form 1456)

CASA-04-3001 – Safety Finding Response to Objection Letter (Form 1543)

*Generated in Sky Sentinel

4.7.3 Finding response assessment

Authorisation holder

Within the specified twenty-one (21) calendar day timeframe, considers available options and either:

- accepts the safety finding by responding with details of all actions taken to return to a compliant state, root cause analysis and corrective actions taken; or
- objects to the safety finding with supporting evidence

Issuing inspector/ Surveillance technical officer

On receipt of a response or objection from the AH regarding a safety finding:

1. If the AH accepts the safety finding, select response received status in sky sentinel with appropriate date and details:
   a. STO to advise the issuing inspector and event lead by email with the response received OR issuing inspector to advise STOs of same if either is not cc'd in AH response.
   b. The issuing inspector has twenty-one (21) calendar days to review the response and advise the AH whether the response is accepted or rejected
2. If the AH objects to the safety finding, select objection status in sky sentinel with appropriate date and details excluding the decision field:
   a. STO to advise the issuing inspector, surveillance lead, and SM by email with the response received OR issuing inspector to advise STOs and SM of same if either is not cc'd in AH response.
   b. SM to follow the managing objections to findings section.
   c. Capture receipt of the response/objection and any administrative action taken in RMS and sky sentinel.
3. Monitors open safety findings in sky sentinel to ensure response is received within twenty-one (21) calendar days or an objection received within seven (7) calendar days of the finding issue date:
   a. Notify the SM if safety findings are overdue
4. Ensures all AH responses received in the surveillance@casa.gov.au mailbox are registered in RMS.

While it is a requirement that a formal response to a safety finding be received from the AH within twenty-one (21) calendar days or an objection received within seven (7) calendar days of the finding issue date (see section on – Process Details – Writing safety findings), it is not uncommon in the ongoing management of a safety finding 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 action plans that include timeframes and milestones.

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

Any subsequent responses/notifications of a substantial nature, particularly if required to satisfy action plan milestones, must be managed by selecting entering a new response with the appropriate status in sky sentinel (see section on Findings Management) and setting due dates. When an action plan is submitted, the action plan status option is selected in sky sentinel and saved which then allows for multiple milestone dates to be added. All milestone dates and response-received dates set in sky sentinel must be accompanied by the justification and details of the response.

Note: **Safety observation** - While there is no obligation to respond to safety observations, CASA considers that providing an acceptable response to a safety observation is indicative of an enhanced level of organisational maturity.
Safety alert - While the process for received responses detailed above generally applies to all finding types, a response to a safety alert 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 a safety alert within five (5) calendar days must be considered for enforcement action (For more information, see section – Process Details – Issuance and Acquittal of Safety Alerts).

4.7.3.1 Process - assess response

Surveillance manager

1. Decides who is responsible for assessing a safety finding in circumstances where the issuing inspector is unavailable. The issuing inspector cannot be changed on sky sentinel.

If safety finding accepted authorisation holder

Surveillance technical officer

2. Receives AH response of acceptance of safety finding and enters this as a response received in sky sentinel and forward email to issuing inspector and event lead.

> Note: Any response from the AH which addresses the safety finding should be recorded as response received, as it is not the quality of the response, which is pertinent here, but the fact that there is a response at this point. Should the response be deemed insufficient to acquit, then the inspector would next update the safety finding's status to 'further evidence required'.

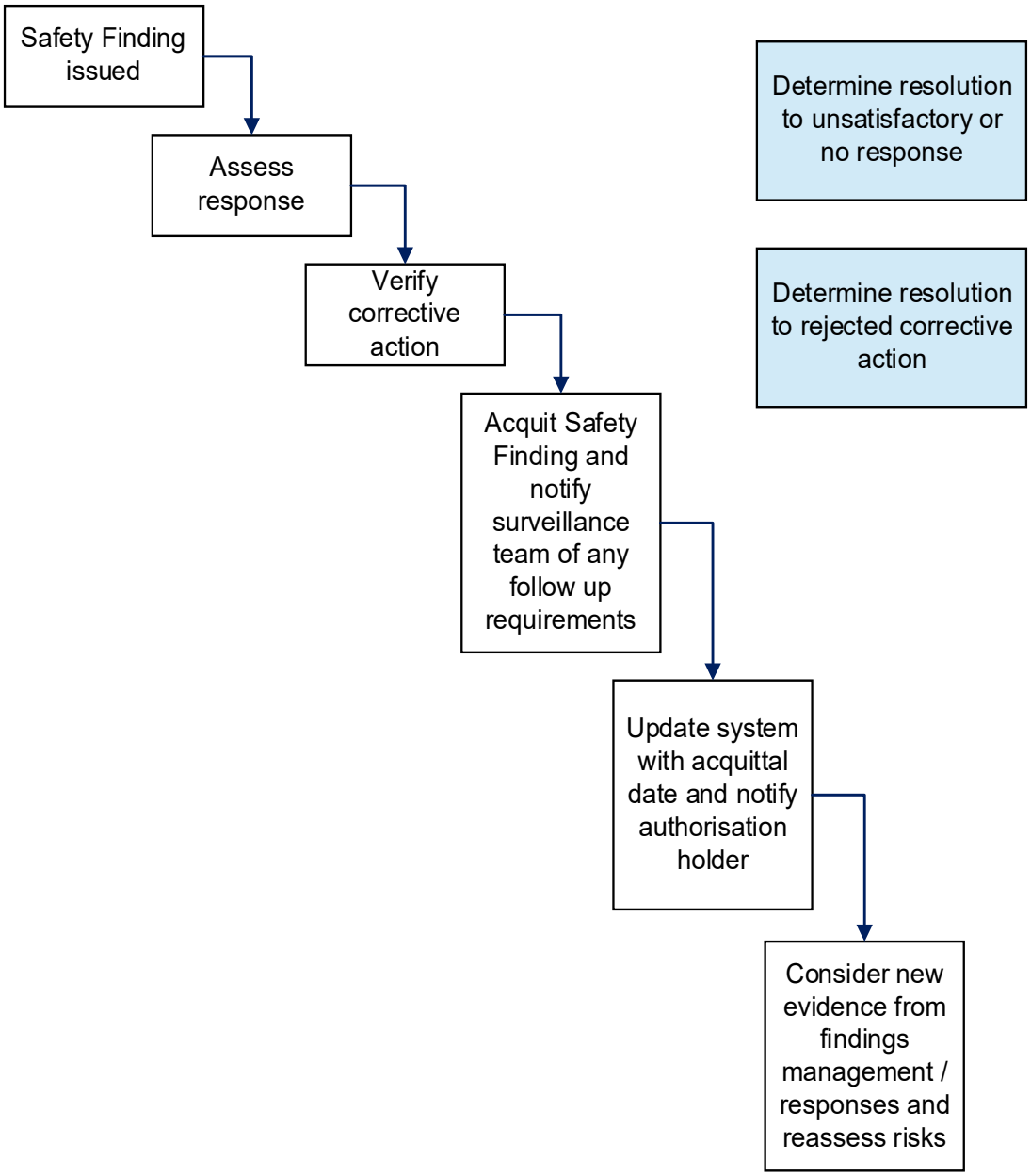
Issuing inspector

3. Receives email from STO re AH response of acceptance of safety finding.
4. Assesses the response within twenty-one (21) calendar days of receiving the response by reviewing against the criteria.
5. Selects the acquitted status in sky sentinel.
6. Adds the MSM attribute and appropriate responses/comments in the finding response fields within the relevant safety finding page in sky sentinel.
7. Provide email advice to STO who will email the AH Finding acquittal letter and verify the status has been set to acquitted by the Issuing Inspector.

If Safety finding objected to by authorisation holder

8. Issuing inspector and SM receives AH's objection with supporting evidence.
9. Refers the objection and supporting evidence to the SM with any pertinent background information.

Figure 8. Manage safety findings



4.7.3.2 Finding process details - assess response

Under normal circumstances, the surveillance team member who initially identified the breach is the author of the safety finding (issuing inspector) and responsible for assessing the response. The SM must decide who is responsible for assessing a safety finding if the issuing inspector is unavailable. The issuing inspector cannot be changed on sky sentinel.

The response to a safety finding must take the form of either an initial response indicating acceptance of the safety finding (response to remedial action / root cause analysis / corrective action), or an objection to the safety finding received within **seven (7) calendar days** from the finding issue date, including supporting evidence. If it is an objection, see section managing objection to findings process.

The initial response to a safety finding from the AH must include advice covering the following requirements:

- the remedial action that has been taken to return to a compliant state
- the root cause analysis that has been completed
- the corrective action that has been completed.

Surveillance Inspector to additionally advise

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

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

The response must provide evidence to satisfy the issuing inspector that the AH:

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

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

While it is understood that completion of the required corrective action may not be achievable within the twenty-one (21) calendar day timeframe for large organisations, or where the corrective action is complex, the expectation is that the AH will (within the above-mentioned 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 an action plan detailing all significant milestone dates, with actions to be taken against such dates.

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

Status options in sky sentinel available to the issuing inspector when assessing a response include:

- response received – STO to complete entry in Sky Sentinel

  > Note: May be entered by the STO in the absence of the issuing inspector.

- no response received – STO to complete entry in Sky Sentinel
- action plan – STO / Issuing Inspector / TL / SM to complete entry in Sky Sentinel
- extension of time – STO / Issuing Inspector to complete entry in Sky Sentinel

  > Note: Only to be selected when request for extension is submitted by AH (see section on – Request for extension), SM approval email saved in RMS, or, when a reject objection is selected, then an extension of time is provided to the AH.

- further evidence requested – STO / Issuing Inspector to complete entry in Sky Sentinel
- verification required – STO / Issuing Inspector to complete entry in Sky Sentinel
- objection – STO to complete entry in Sky Sentinel
- enforcement action – STO / Issuing Inspector / TL / SM to complete entry in Sky Sentinel
- acquitted – Issuing Inspector to complete entry in Sky Sentinel

Assessment of remedial action is reviewed against the following criteria:

- did the AH state the remedial action taken to remedy the identified breach?
- did the remedial action adequately provide a short-term treatment for the identified deficiency?
- has sufficient and conclusive evidence been provided to satisfy the inspector that all requirements have been met and the AH has returned to a compliant state?

Assess the adequacy of the corrective action taken by considering:

- have the root causes been identified?
- are the corrective actions necessary to address the breach and, if so, was it performed?
- when will the corrective action be completed?
- is there sufficient validation of the response to acquit the safety finding?
- is there any flow-on effect that could impact on other processes? If so, has this impact been considered?
- has the corrective action been implemented in all relevant areas of the AH's organisation?
- what monitoring system has been implemented to track the effectiveness of the corrective action?

If there is uncertainty, the CEP must be considered in accordance with section on enforcement.

Verification required means the AH's response has adequately addressed each of the response elements, namely remedial action, root cause and corrective action, but this has not yet been verified. Verification in this context means evidence providing a high degree of assurance that the intended outcomes were accomplished, and verification has been scheduled for follow-up by CASA. Such findings are recorded in sky sentinel as having a status of Verification required by CASA.

Verification Required should only be used where a further site visit is required, not for manual updates. If a manual is required to be updated, then Further Evidence Requested should be selected and the finding remains open.

If a further site visit is required, then the inspector needs to decide in conjunction with the SM if that needs to be done immediately. If the finding is not of a serious safety concern, then the finding can be acquitted, and a formal comment placed in sky sentinel that verification should be conducted at the next surveillance event.

4.7.4 Findings management

It is the responsibility of surveillance services to process any responses to safety findings and other findings when a response is received to update sky sentinel, provide to the issuing inspector and to ensure adequate records are maintained. However, other offices acting on behalf of a surveillance team may issue findings. It is the role of the issuing inspector, who initially identified the breach during the surveillance event, to issue the finding and then continue to manage the finding to its finalisation. This should be done in conjunction with the STO and is overseen by the surveillance lead

The surveillance manager and the STO can provide more information on open findings, as required, to the SRM on safety findings and ASRs, which are accessible through PBI. Information can also be viewed at any time from sky sentinel to determine overdue safety findings, observations and ASRs. Overdue safety findings are managed and followed up by the controlling office through sky sentinel.

In the ongoing management of findings, surveillance managers should at all times exercise discretion on how to apply the regulatory decision-making considerations set down in this manual (see section on – Key considerations for regulatory decision making), e.g. how any follow-up action should be applied.

Throughout the findings management process for safety findings, the relevant status must be set manually in sky sentinel, with the user prompted to provide the necessary associated details. The following provides a brief description of when and how to use the available finding status options in sky sentinel (presented in the order they are likely to occur), while a detailed description of the actual process of actioning these statuses can be found in the following sub-sections.

- **Issued** – This is the initial status of a finding after the surveillance report has been issued by the STO. An operator has 21 days to provide a response. Once a finding status has been changed from Issued to any other status, it cannot be changed back to Issued. Note that following an amended or rejected objection the finding will once again be set to issued status.
- **Response Received** – the option selected when AH has specifically responded to the relevant finding. This is not a reflection of the adequacy of the response, just that they have provided a response.
- **Further Evidence Requested** – the status selected when the issuing inspector is not satisfied with any aspect of the acquittal evidence provided by the AH, and further evidence is sought.
- **Extension of Time** – the option selected when an AH's request for additional time to address outstanding remedial action, root cause analysis or corrective action is approved in line with the requirements set

down in section on – Request for extension. An extension of time is taken from the initial response due date and is to be approved by the SM.

- **Action Plan** – selected when the AH response is in the form of an action plan which sets out milestone date/s for completion of any remedial action, root cause analysis, or corrective action working towards acquittal. This plan must be agreed upon in writing by the AH. Should the Action Plan be for a period over 3 months then this must go through the CEP.
- **Objection** – this status option must be selected when the AH submits an objection to the finding with supporting evidence within seven (7) calendar days from the finding issue date (see section on – Managing objections to Findings). Objections should be peer reviewed using Form CASA-04-5630.
- **Withdrawn** – selected when an objection is lodged and accepted, and the subject Finding is withdrawn by CASA.
- **Verification required by CASA** – selected when the AH's response has adequately addressed all response elements with no additional evidence required; however, the evidence provided has not yet been verified by CASA with the finding remaining as outstanding.

> Note: Verification required by CASA differs from Further Evidence Requested and should not be used when seeking additional information, only to indicate the proof of current information is pending.

- **Acquitted** – the option selected for when all finding response elements are accepted by the issuing inspector after supporting evidence is received and verified.

The following are actions and are not shown as a status change:

- **No Response Received** – an Overdue letter is sent to the AH after the twenty-one (21) days response period has passed with no response from the AH. The status of the finding is not changed (eg, Issued, or Further Evidence Required), but the safety finding due date is amended to the date the letter has been sent. A comment must be made in the SF comments by the STO to record that an Overdue letter has been sent to the AH. In the case of an ASR with No Response Received entered for every element, this status will then be visible in Sky Sentinel.
- **Downgrade to Safety Observation** - this status is selected when an objection to a safety finding has been objected to, and the decision has been made by the SM to downgrade it to a safety observation.
- **Enforcement Action** – the option selected when the relevant finding is the subject of current enforcement action, including coordinated enforcement. See enforcement section. This action occurs at the AH level, not Individual Finding.

4.7.4.1 Issued - Process

All findings are automatically issued in Sky Sentinel when the surveillance report to which they are attached is issued. There is no further process to follow.

However, responses to issued SFs are monitored as they are due 21 days after issue.

Occasionally, a finding will need to be extended for administrative purposes after being issued and before a response is expected, such as when one or more public holidays fall within the response period, or if the surveillance report requires edits and it can only be approved one or more calendar days after the issued date. In such instances, the status of the finding/s affected will be directly changed to Extension of Time.

4.7.4.2 Response Received - process

All safety findings have an initial response of 21 days from the Issued date.

An email from the AH should be received by surveillance@casa.gov.au and/or the issuing inspector. Should any of these not have received the email, then it is up to whoever has received it to forward it to the relevant person/s.

Upon receipt, **all responses** from the operator should be filed in RMS by either the STO or inspector **as soon as practical after they have been received.** This ensures that the CASA response timeframe will be correctly applied to that finding, and all replies to the operator will have the most recent information to hand.

Responses which do not adequately address the finding's criteria then progress to further evidence required. It may be that there will be numerous such status changes in the history of a finding as each new response is received.

If the response form includes a response in all 4 sections (i.e.., remedial action/s, root cause/s, corrective action/s, and objection), then this should be entered as response received status, forwarded by STO to the SM (cc the lead and issuing inspector) to request if it is to be treated as an objection or as a response received.

4.7.4.3 No response received - Process

A response from the operator must be received within the specified timeframes. If no response is received, a safety finding overdue letter should be sent by the STO and the details entered in Sky Sentinel by the STO as the RMS reference to the overdue letter is to be entered as a comment and the new due date selected as the date of the letter.

Note: **Safety Alert** - In circumstances where a safety finding is associated with a safety alert and the AH has failed to respond, the NMS must be alerted, and the CEP initiated in accordance with section on Enforcement
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 safety alerts. If no due date was provided on the ASR, it is in force 365 days after the direction was issued (CASR 11.245).

If the AH fails to respond, the following options must be considered. One or several options can be considered and/or actioned:

- contact the AH's representative who is accountable to determine a way of resolution.
- Document all communication and retain on the appropriate RMS file escalate to SM review.

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

If the AH fails to respond after being reminded of their responsibilities, the NMS must be alerted, and the CEP initiated in accordance with section on enforcement.

Note: Any request for an extension of time received during the fourteen (14) calendar day response period, and made subsequent to a reminder letter, must be dealt with by the SM on a case-by-case basis as per the processes set out in section on – request for extension.

Surveillance technical officer

1. Following consultation with the issuing/nominated inspector, issues a safety finding reminder letter (safety finding overdue letter Form 1302).
2. Add a comment in sky sentinel, overdue letter sent, with new due date the date the letter was sent.

Issuing Inspector/Surveillance Lead

3. Determines the appropriate option, e.g.:
   a. Contact the AH's representative to determine a way of resolution
   b. Schedule an additional surveillance event to verify the current situation

Note: Option b may depend on when the next surveillance is scheduled, the availability of resources, and may generate further safety findings.

4. Documents all communication and actions/inactions in sufficient detail in sky sentinel and/or RMS to support any possible enforcement action.
5. Ensures all actions taken are entered appropriately as a comment in the relevant sky sentinel safety finding page. The status remains at issued but will revert to overdue once new date is arrived at.
6. Reviews progress and options regularly and, if the issue persists, discuss options with the SM.
7. Option: to provide an extension of time to the AH to respond.
8. If AH fails to respond after being reminded of their responsibilities, SM alerts the NMS.

National Manager Surveillance

9. Initiates action to refer the safety finding to the CEP in accordance with section on enforcement.

4.7.4.4 Further evidence requested - process

An unsatisfactory response means that some or all elements of the response failed to satisfy the issuing inspector that the safety finding had been appropriately addressed. The AH must be advised in writing (Further Evidence Requested Letter Form 1291), including the reasons the response was rejected and setting a revised due date (a maximum of fourteen (14) calendar days from the date of the letter) to respond with satisfactory remedial, root cause analysis and corrective action.

> Note: The issuing inspector should consider whether the information required can be provided to CASA sooner than 14 days and adjust the due date accordingly.

Until satisfactory remedial and corrective actions have been provided and verified, the safety finding must not be acquitted.

The response to a safety finding may be unsatisfactory if:

- corrective actions have not addressed the root cause of 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 sky sentinel, i.e. the status of the acquittal process as the AH may not have responded in full.

> Note: **Safety alert** - In circumstances where a safety finding is associated with a safety alert and the AH has failed to adequately respond, the NMS must be alerted, and the CEP considered in accordance with section on enforcement
> **ASR** - If the registered operator fails to adequately respond to a Code A or Code B ASR, the NMS must be alerted, and the CEP initiated, following the processes as detailed above for safety alerts.

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 RMS file, scheduling an additional surveillance event 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 safety findings.

Surveillance technical officer

1. Following consultation with the issuing/nominated inspector, who can provide additional details for the authorisation holder, advises the AH in writing (Further Evidence Requested Letter Form 1291) setting a revised due date of a maximum of fourteen (14) calendar days from the date of safety finding response due date in which to satisfy remedial, root cause analysis and corrective action requirements

Surveillance manager

2. Determines the appropriate option, e.g.:
   a. Contact the AH's representative to determine a way of resolution.
   b. Schedule an additional surveillance event to verify the current situation.

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

3. Select further evidence requested as the new status in sky sentinel and enter the new due date.
4. Documents all communication and actions/inactions in sufficient detail in sky sentinel and/or RMS to support any possible enforcement action.
5. Ensures all actions taken are entered appropriately as a comment in the relevant sky sentinel safety finding page.
6. Reviews the progress and considers available options regularly and, if the issue persists:
   a. Contacts the AH to determine a resolution, or
   b. Proposes a new surveillance event request through sky sentinel.
7. 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, alerts the NMS.
8. NMS: Initiates action to refer the safety finding to the CEP in accordance with section on enforcement.

4.7.4.5 Extension of time - Process

Receipt and evaluation of requests

An AH is required to address the remedial action, root cause and corrective actions to satisfy the requirements of a safety finding. An AH may request an extension of time beyond the specified timeframe (twenty-one (21) calendar days) to address any outstanding remedial, root cause analysis or corrective action.

A request for an extension can occur at any stage in the findings management process, with the process detailed above applied to any extension. 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 safety finding 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 the twenty-one-one (21) calendar-day period, but will be completed within the agreed timeframe.

Requests for extension greater than three months

If the extension being sought is for a period greater than three (3) months, the NMS or applicable Branch Manager must approve the request.

All requests for extension referred to the NMS or applicable Branch Manager 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 authorisation holder and follow-up action

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

- safety finding – Extension Acceptance letter (Form 1455) notifying the AH of the acceptance of the request for extension, including details of the revised due date, or
- safety finding – Extension Rejection letter (Form 1456) notifying the AH of the non-acceptance 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 (Form 1456). A maximum of fourteen (14) calendar days (in addition to the original twenty-one (21) calendar day response deadline), can be granted to enable the AH to respond with details of remedial, root cause analysis and corrective action taken to satisfy the requirements of the safety finding.

Should the request for an extension be accepted (to ensure the AH satisfies any outstanding remedial, root cause analysis or corrective actions within an appropriate timeframe), the start date for the safety finding approved extension will commence at the end of the twenty-one (21) calendar day period (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 exceeds the twenty-one (21) calendar day period, then it is at the discretion of the NMS to set the commencement date for the extension. This is to be documented in sky sentinel and the AH's RMS file.

If the approved extension results in a new due date, the date must be recorded in sky sentinel. If multiple milestones are established, as each milestone is successfully completed, the next milestone date is entered. All new due dates entered sky sentinel must include supporting details. Response date(s) must also be recorded in sky sentinel with appropriate details.

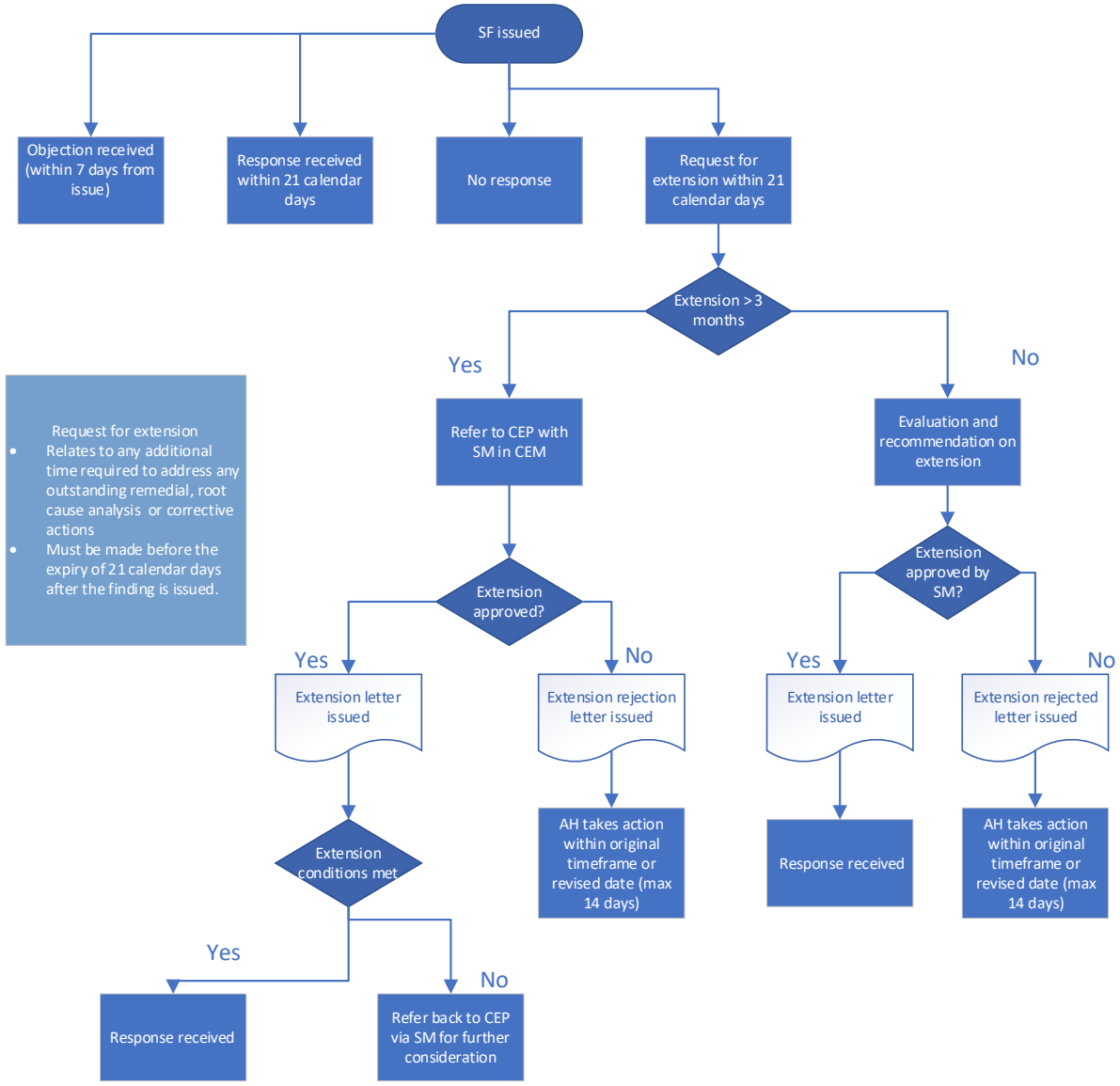
If an extension is approved, it must be made clear to the AH that the granting of an extension and/or the acceptance of an action plan, whether referred to the CEP or not, does not preclude CASA from taking enforcement action, in the interest of aviation safety, if it is considered necessary, or if there 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 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 an action plan (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 event, or which they realise, as a result of the conduct of the surveillance event, 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 9. Request for Extension



Receipt and evaluation of requests

Surveillance technical officer

1. Received the AH's request for extension.
2. Enters a response received into sky sentinel and forwards email to Surveillance Manager and issuing inspector. Exception for findings with the current status of Action Plan, as the issuing inspector will update these findings.

> Note: A request for extension can occur at any stage in the finding's management process. This process applies when the AH submits a request for any additional time required to address outstanding remedial action, corrective action or root cause analysis. An extension of time is approved by the SM not the issuing inspector.

3. Notifies the SM of the request and any other supporting documentation, e.g. action plan, submitted by the AH.
4. Evaluates the request, considering the following:
   a. Whether the extension being sought is for a period greater than three months (if so, the matter requires referral to the NMS for approval)

b. Whether the AH has shown a capacity and willingness to satisfactorily complete the actions within the specified timeframe.

Requests for extension less than three months

Refers the request to the SM for approval or otherwise.

Surveillance manager

5. After considering the matter, approves or rejects the extension request for periods less than three (3) months, or decides on whether the request should be referred to the CEP for any reason IAW section on enforcement.
6. Records the decision of acceptance or non-acceptance in the comments field for the relevant safety finding in sky sentinel.
7. Advises surveillance@casa.gov.au of outcome.

Surveillance Technical Officer

8. Updates Sky Sentinel with the date agreed/provided by the SM.
9. Draft safety finding extension acceptance with the date agreed.
10. Send to AH.

Requests for extension greater than three months

Refers extension request to the NMS/Branch Manager.

11. Depending on whether the NMS, decides to accept or reject the request, in consultation with the SM issues one of the following letters:
    a. safety finding – Extension acceptance letter notifying the AH of the acceptance of the request for extension, including details of revised due dates. Use the add response information selection to change the status of the safety finding to extension of time and enter the new due date and then enters details of the justification for the extension in sky sentinel; or
    b. safety finding – Extension Rejection letter notifying the AH of the non-acceptance of the request, the reason why the request was rejected, and the requirement to either meet the original timeframe, or setting a revised due date.
    c. Save email to AH in RMS

Note: The AH must be advised of the rejection in writing extension rejection or acceptance letter. A maximum of fourteen (14) calendar days from the initial due date can be granted to enable the AH to respond with details of satisfactory remedial, root cause analysis and corrective action taken to meet the requirements of the safety finding.

Issuing inspector

12. Monitors and follows up on agreed milestones, records in sky sentinel all significant responses received, and regularly reports to the surveillance lead on the progress.

Surveillance manager

13. Manages the monitoring and reporting process.

Note: If any deviations from an accepted action plan occur, including any variation from specified timeframes or milestones and unsatisfactory progress etc., the CEP must be considered in accordance with section on enforcement.

4.7.4.6 Action Plan - Process

Action Plan

Action plans of over three months are used where it is reasonable that the AH cannot meet shorter timeframes to institute a corrective action and where there is no immediate risk to aviation safety.

The action plan is developed by the AH in consultation with the SM and the issuing inspector and must be documented in RMS. The action plan can only be used for managing the AH back into compliance, it is not to be used for perceived improvements outside of regulatory requirements.

The SM or inspector may provide guidance such as a compliance matrix to assist the AH to meet the requirements of an approved action plan.

Examples of an action plan may be, but are not limited to:

- where a significant rewrite of procedures is required where no other breaches of legislation are identified e.g., what they are currently doing is compliant but is not reflected in the manual
- where their manual requires updates for changes in legislation but where the AH is otherwise already compliant with those changes
- where the AH may have to undertake significant capital works over an extended period of time to address the corrective action for a finding.
- where the AH is approved to undertake certain activities but does not currently have the necessary data, people or tooling and equipment e.g. component overhaul where their approved person has resigned

  Note: This does NOT apply to key personnel

- where corrective action will take time to develop e.g., training course needs to be developed and delivered

An action plan for greater than three months must include:

- that the remedial actions are effective
- that the proposed action covers all the issues
- the reason further time is required to complete the actions
- whether the milestones are realistic and have sufficient detail to be assessable
- clearly identified actions to be taken timeframes/milestones for each action or implementation phase
- details of what has already occurred (up to the point of requesting the extension) to rectify the breach
- whether a person could be exposed to a serious safety risk while the issues are being addressed.
- an explanation of how safety risks will be addressed in the interim period of the extension.

In the ongoing management of extensions, particularly for those that extend over a lengthy period and involve an action plan, it is important to ensure the plan directly addresses the breaches identified in the safety finding and will, when implemented, fully satisfy the specific requirements for all associated safety findings. The plan's milestones must also specifically align with the relevant safety finding and be recorded as such in the relevant safety finding page in sky sentinel.

Even in situations where administrative action, voluntary conditions or an Enforceable Voluntary Undertaking (EVU) are in place, specific breaches identified in safety findings must still be managed individually. The voluntary conditions, EVU or show cause notice requirements should specifically address the issues raised in the safety findings and any milestones set in managing the safety findings through to acquittal.

Surveillance Technical Officer

1. In Sky Sentinel, the first step is to select the status of 'Extension of Time', with the comment "Extension of time used to reflect final due date of Action Plan". The system will prompt for a new due date, and this should be the final milestone date of the Action Plan.
2. Next, the status of Action Plan is selected, and all of the details completed as per current process.

Issuing inspector

Actively monitors Action plan dates.

4.7.4.7 Objection – Process

Authorised Holders (AHs) have the right, under principles of procedural fairness, to object to a Safety Finding issued by CASA.

Objection period and submission

An objection must be submitted within seven (7) calendar days of the issue date of the Safety Finding.

This is separate from the standard 21-day response period for addressing findings.

Once received, the Surveillance Technical Officer (STO) enters the objection into Sky Sentinel and notifies both the issuing inspector and the relevant Surveillance Manager (SM).

Content of an Objection

The objection must include supporting evidence that directly addresses or challenges the specific deficiency described in the finding.

The AH is expected to consider the detail of the finding and submit evidence that supports their position that the finding is incorrect or unjustified.

Peer Review

The objection is referred for peer review by an independent SM and inspector using form

CASA 04-5630. The purpose of the peer review is to determine whether the original finding remains regulatorily applicable, based on the evidence and arguments presented in the AH's objection.

The peer review team assesses the objection and supporting evidence and provides a recommendation to the original SM.

Review and Decision-Making Process

The peer review is reviewed by the Surveillance Manager (SM), not the issuing inspector, to preserve objectivity and uphold procedural fairness.

The issuing inspector may provide contextual information if needed but must not be involved in the decision.

The SM may exercise discretion consistent with the regulatory decision-making principles outlined in this manual. If the SM decides not to accept the recommendation of the peer review, the decision must be approved by the NMS.

The SM may contact the AH for clarification or additional information to assist with the assessment.

Objections to Safety Observations

In some cases, an AH may object to a Safety Observation if they disagree with the identified risk or believe the observation misrepresents their system controls or safety measures.

Such objections must be handled in the same manner as those for Safety Findings.

If the objection is upheld, the observation must be withdrawn and recorded accordingly in Sky Sentinel.

The AH must be advised of the outcome using Response to objection letter

Objection outcome – withdraw finding

If an objection is upheld and the SM approves the withdrawal of the finding, the finding is withdrawn by selecting the withdraw finding status option in sky sentinel. The reason the objection is accepted must be captured in sky sentinel against the finding being withdrawn. This should include details of the supporting evidence provided by the AH, or the reference from the RMS where the evidence is saved. A withdrawn finding can still be accessed in sky sentinel.

Response to objection letter should be used to advise the AH.

Objection – downgrade Safety finding to a safety observation

An outcome of an objection could be the downgrading of a safety finding to a safety observation. This would apply in circumstances where the SM, after assessing the objection evidence, decides that, while no actual breach has occurred, a system deficiency still existed, or potential risk to aviation safety still exists.

Once the downgrade finding option is selected in sky sentinel, the safety finding is withdrawn, and a new safety observation is created for completion, approval and issue. Response to objection letter should be used to advise the AH.

Objection – rejected

When an SM rejects an objection after an assessment of the supporting evidence, the AH is notified accordingly. When the decision is recorded in Sky Sentinel, the finding status reverts to issued and the due date reverts to the original issued date.

Objection – amended finding

An objection may also result in the finding being amended and then re-issued. Amendments to the finding are completed by the issuing inspector, once approved to do so, by the SM. The STOs are notified to re-issue that finding and amend finding letter to the AH.

An additional twenty-one (21) calendar days from the date of notification is allowed for a response to the re-issued finding. Response to objection letter should be used to advise the AH.

Surveillance technical officer

1. Enters email into sky sentinel as an objection - excluding the decision field - with the details from the AH. Assign to SM.

Surveillance manager

2. On receipt of the automatic notification of an objection in sky sentinel then reviews the objection to ensure.
   a. There is objective evidence to support the finding
   b. All CSM processes have been followed in the issuing the finding
   c. That the finding was discussed at the exit meeting and there is evidence to support this discussion
   d. That CASA's regulatory philosophy is taken into consideration before deciding the next steps
   e. there is supporting evidence from the AH.
3. If there is no evidence to support the objection and all of the points above have been considered, the SM may reject the objection.
4. If there is supporting evidence, refer to the process below.

Issuing inspector

5. On receipt of the objection notification regarding a safety finding.
6. If the objection has not been captured in sky sentinel notify the STO of the objection.
7. To ensure the objection is reviewed independently within CASA, the issuing inspector cannot review the objection.

Surveillance manager

8. If the SM determines the operator has provided sufficient evidence to support the withdrawal, reissue or downgrade of a safety finding, then the SM may proceed with that decision and complete Response to objection letter If the objection is not accepted, the SM assigns an independent office to review the objection, safety finding and evidence from the event.

Assigned (independent) surveillance manager and reviewing inspector

9. Peer review by using form CASA-04-5630. Considers the objection and supporting evidence put forward and recommends to either:
   a. Withdraw finding – objection upheld, and the safety finding withdrawn.
   b. Downgrade finding – safety finding downgraded to a safety observation with the safety finding withdrawn, a new safety observation is automatically created, reworded and issued.
   c. Reject objection – the safety finding proceeds with the SM rejecting the due date remains as the original due date.
   d. Amend finding – using the objection process through the SM the safety finding is amended and then re-issued, with the amendment completed by the issuing inspector. An additional twenty-one (21) calendar days is provided for a response to the re-issued safety finding.
10. Send completed peer review to the independent SM, original SM and issuing inspector.
11. Capture any action taken in RMS and sky sentinel by selecting the applicable decision status.

Surveillance manager and issuing inspector

12. Completed peer review form returned for discussion on the outcome.

Surveillance Manager

13. Drafts the response to objection letter with the relevant details including the reasons the objection is accepted or rejected.
14. Electronically signs the letter.
15. Forwards the signed letter to Surveillance.

Surveillance technical officer

16. Emails the signed letter to the AH and saves sent email in RMS.

Notes: Clear and open communication with the AH must continue throughout the assessment process.
If the rejection of the objection may become contentious, the SM should advise the applicable Manager / Branch Manager or the NMS that they are about issue a rejection letter.

4.7.4.8 Verification Required by CASA - Process

This status is to be selected when the information such as changes to an Operators Manual required for acquittal has either been discussed or provided in draft format and the final verification of the information is necessary. In the instance that physical verification is required, this could be done at a future surveillance event or site visit. In cases, photographic events of completed works may be sufficient, or submission of an external report (eg an auditor's report). When an AH enters into voluntary suspension, any unacquitted findings are updated to verification required, with the understanding that when they return from suspension, such findings are addressed prior to resumption of regular activities. The other scenario is when the acquittal of a finding depends upon the submission of a significant change application to Reg Services.

Surveillance manager/Issuing Inspector

After consideration of the response and evidence from the AH, discussion on when the safety finding can be verified so that a future event can be planned if required.

Issuing Inspector

1. On sky sentinel against the safety finding number – Add response Information selects from the Status drop down "Verification required by CASA" and a new date is entered.

2. Email to STO for Verification required letter to be sent to the authorisation holder.

Surveillance technical officer

3. In consultation with the issuing inspector, notifies the AH in writing of the resulting status from their finding response. (CASA-04-6213 - optional).
4. Ensures the safety finding has the status of “Verification required by CASA” and email to the AH, with supporting finalisation documentation, is saved to the appropriate RMS file.

Surveillance manager/Issuing Inspector

5. Actively monitors the safety finding to ensure it is verified in a reasonable timeframe.

However, consideration should be given to acquitting the safety finding and adding a comment to AH's file in sky sentinel that verification is to be carried out at the next surveillance event.

Note: This status is not appropriate if any additional evidence is required from the AH perspective, that the AH not only understands why the breach occurred but also acted to reduce the chance of reoccurrence.
Should the decision be made that the safety finding status is “Verification required” the issuing Inspector emails to STO to provide the AH with a Verification required letter.

4.7.4.9 Acquittal - Process

Under normal circumstances, the surveillance team member who initially identified the breach is the author of the safety finding (issuing inspector) and also responsible for the acquittal process. The SM must select an alternative inspector who will take responsibility for verifying action taken and the acquittal process if the issuing inspector is unavailable. The issuing inspector cannot be changed on sky sentinel.

Management of safety finding – acquittal

Once a response has been accepted (see section on – Process Details – Assess response: Verification Required and acquittal), it may be considered for acquittal.

On occasions, a safety finding response may require the surveillance team to monitor the corrective action over time. This is particularly the case in circumstances involving larger organisations, changes in complex systems, the development of supporting procedures and documentation, or when training large numbers of personnel. This must be assessed on a case-by-case basis.

A safety finding must only be acquitted when the issuing inspector and/or SM is satisfied that the AH has addressed the remedial and corrective actions with all rectification action carried out within the agreed timeframe.

The issuing inspector must also not acquit the safety finding unless they have verified evidence that the remedial, and corrective actions have been satisfied. In doing so, the following principles must be considered:

The response provides satisfactory explanation and physical evidence that the remedial action taken removes all immediate threats to safe operations, while providing adequate and effective compliant short-term treatment. The response is supported by evidence of not only a credible investigation by the AH, but also a root cause analysis process, resulting in findings that clearly and unambiguously identify the causal factor(s) that contributed to the deficiency. However, it is a requirement that the surveillance team discuss the root causes of findings at the exit meeting, so if the AH has difficulty here, it indicates more discussion, and guidance is required by the issuing inspector. The response provides satisfactory explanation and physical evidence that the corrective action, already taken, will effectively eliminate or minimise any repeat of the deficiencies that led to the breach.

Note: If a significant change to the AH’s activities is required to address the corrective; a significant change application must be made through regservices@casa.gov.au

Satisfactory evidence – Safety finding verification, based purely on a proposed plan of corrective action, is not adequate for acquittal. Evidence must be direct and specific, rather than circumstantial. Unequivocal proof must be secured by way of material evidence, such as:

- documentation, e.g. manual amendments
- acquisition of hardware or software
- acquisition of plant or material
- addition of qualified staff
- observed behavioural changes, changes of procedures
- observed rectification of material damage or deficiencies.

Failure to verify – If the issuing inspector becomes aware an AH is unable to provide satisfactory evidence, or if corrective action cannot be verified, then the procedures for unsatisfactory response must be followed.

If the issuing inspector deems it necessary to follow up the verification at a future date before acquitting, this must be entered as a formal comment in sky sentinel.

Verification evidence and a record of all actions taken must be recorded in the comments box for the relevant safety finding in sky sentinel. The recorded verification evidence must reflect the complexity of the rectification activities undertaken by the AH. The appropriate MSM component must also be selected at this time in sky sentinel for data capture and reporting purposes. The component selected must be based on the root cause analysis information provided by the AH.

Noting the effective acquittal date in sky sentinel formally records the safety finding as acquitted.

Note: In line with the regulatory philosophy principles, a SM may apply discretion in accepting root cause analysis and corrective action provided in response to a safety finding where it is considered that there is no identifiable safety benefit to be realised by pursuing additional information. Remedial actions must still be of a satisfactory standard, ensuring a return to a compliant state.
If an AH is subject to current enforcement action, any safety finding relating to the activity that is the subject of that enforcement action must not be acquitted unless LIRA has been advised prior to the acquittal. Any such matters should be discussed with the Manager Litigation, Investigations and Enforcement.
By the time enforcement action is commenced, the AH will, most likely, be outside the time specified by CASA for response to the safety finding.
However, in most cases, it is anticipated that an AH will continue to address the subject of the outstanding safety finding during the enforcement process as a measure of its willingness and ability to do so. Nevertheless, where administrative action in the form of a show cause notice has commenced, the timeframe for response to the matters raised in the notice (including outstanding safety findings) will be dictated by the timeframe set out in the show cause notice for a response.
Safety alerts. The process for acquittal of a safety alert is detailed in section on – Process – Issuance and Acquittal of Safety Alerts.
ASR. The process for Acquittal of ASRs is detailed in section on – Process – Issuance and Acquittal of Code A ASRs, and section on – Process details – ASRs.

Surveillance manager

1. Decides who should be responsible for verifying and acquitting a safety finding when the issuing inspector is unavailable.

Issuing inspector (or other Inspector)

Following assessment and acceptance of the safety finding response.

2. Within sky sentinel on the safety finding page select add response information. Do not select the previously entered response received. From the finding response pop up enter the details and select status field of acquitted.

3. Records the verification evidence and action taken in the relevant comments box in sky sentinel. (MSM attribute. remedial action, root cause analysis and corrective action.

> Note: The RMS file reference, where details of the verified evidence details are recorded, should be entered in sky sentinel and should be the document that contains the information regarding the specific safety finding response. Alternatively, details of the relevant response can be entered directly into sky sentinel and supported by an RMS reference.

4. Selects the appropriate MSM component in sky sentinel, for data capture and reporting purposes, based on the root cause analysis provided by the AH (safety findings and safety alerts only).
5. Records the acquittal of the safety finding in sky sentinel by noting the acquittal date with supporting comments. Advises STO of acquittal.

Surveillance technical officer

6. In consultation with the issuing inspector, notifies the AH in writing of the acquittal of the safety finding (safety finding Acquittal Letter Form 1303) (optional).
7. Ensures the acquitted safety finding email to the AH, with supporting finalisation documentation, is saved to the appropriate RMS file.

> Note: A safety alert can be acquitted once the issuing inspector is satisfied the AH has undertaken the required immediate remedial action to rectify the identified safety concern (For more information, see section on– Process Details – Issuance and Acquittal of Safety Alerts).

4.7.4.10 Closed Not Acquitted Finding - Process

Surveillance manager

1. Records closure in sky sentinel.
2. Completes the reason for the closure (mandatory).

A safety 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.

> Note: If a safety finding is the subject of an objection that is upheld, the safety finding will be moved to a withdrawn status in sky sentinel NOT closed.

4.8 Self-reported deficiencies (SRD)

4.8.1 Process - self-reported deficiencies

At any time during the course of the surveillance cycle, a deficiency or other information may come to CASA's attention as a result of the AH's self-auditing, or its own continuous improvement processes. Such self-reporting should be encouraged and may be accepted by inspectors 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 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 must be captured in RMS and sky sentinel.

If the self-reported deficiency constitutes a regulatory breach, no safety finding is issued by CASA; however, the surveillance team must engage with the AH to achieve a satisfactory outcome, following the principles set down in section on – AH engagement.

An SRD can only be accepted by email. This is because the AH must supply their remedial and corrective actions to remedy the breach. Some corrective actions may take some time and will then need to be reviewed at the next scheduled surveillance event.

However, particular attention needs to be taken to remedial actions, and the seriousness of the deficiency.

Where a self-reported deficiency results in the surveillance team determining that the initiation of the enforcement process warrants consideration, the NMS should be consulted. After consideration of Subpart 13K of CASR 1998 – Aviation Self Reporting Scheme, if the NMS believes that the breach is of such a serious nature the coordinated enforcement process must be initiated in accordance with section on enforcement.

AH's should be encouraged to continually share any ongoing progress with CASA, with the details captured in RMS and sky sentinel with progress monitored in subsequent surveillance events.

4.8.2 Information sources

The following is a non-exhaustive list of information sources that can be accessed to support the assessment of a factor:

- formal comments recorded in sky sentinel
- completed Surveillance Request for Information forms
- regulatory history – findings (safety findings)
- past surveillance reports and findings (safety findings and safety observations)
- EAP information
- DRS information
- regulatory service activity
- information gathered by the AH
- external information gathered from industry or other government agencies
- enforcement action
- past accident/incident history
- action plans provided by the AH.

Most of this information is available to CASA staff using the PBI application.

4.8.3 Process details - SRDs

Authorisation holder

1. Reports to CASA a deficiency, as a result of its self-auditing or continuous improvement processes, which would constitute a regulatory breach.
   a. Non-ROD – SRDs should be sent to surveillance@casa.gov.au by the AH. Where this has not happened the inspector that receives the information should forward to surveillance@casa.gov.au or
   b. ROD – Office SRDs should be sent to response.surveillance@casa.gov.au by the AH. Where this has not happened the inspector that receives the information should forward.

> Note: SRDs cannot be accepted by phone or word of mouth

Non – ROD surveillance teams

If not already provided, requests the AH to submit details of remedial action and corrective action taken, or to be taken, to rectify the breach.

1. The assigned inspector evaluates the remedial and corrective action taken, or to be taken.

2. Captures full details of the self-reported deficiency and action taken in sky sentinel and in RMS in the Safety Compliance – Investigations file.
3. Depending on whether the action taken is satisfactory or not, either:
   a. Notifies the AH of acceptance, or
   b. Contacts the AH and engages with the AH, as necessary, to achieve the desired compliance outcome
4. Records all discussions and actions as required in RMS, with appropriate notes captured in sky sentinel
5. Enters the details of the follow-up actions

   Monitor - this means the assigned inspector will monitor the corrective actions.

   Review at next event - this means the SRD should be reviewed and added to the next event.

> Note: SRDs with a status of "Review at next event" and "Monitor" are not automatically added to the scope of the next event if the event is a bulk-loaded event for scheduled surveillance. Please check the Authorisation Holder Profile Report for open SRD details.

   No Further Action - this means it has been assessed and should now be verified.

   Verified - this means it has been assessed, has a verified date and is closed

   Other - do not use

If no further action or verified by CASA, amend the SRD details as a status of verified, date verified and justification.

Monitoring and response surveillance team (MRST)

If not already provided, requests the AH to submit details of remedial action and corrective action taken, or to be taken, to rectify the breach.

1. Evaluates the remedial and corrective action taken, or to be taken.
2. Captures full details of the self-reported deficiency, including entering the system element and action taken in Sky Sentinel and RMS.
3. Notifies the AH that their report has been accepted as an SRD
4. Selects 'No Further Action"
5. Enters the date verified; then
6. Assigns to the SM oversighting the AH in the 'Responsible Inspector' field.

> Note: The SRD must have a "Date Verified entered" which will remove the SRD from the Surveillance Overview report as being an outstanding SRD.
> "No Further Action" means the remedial and corrective actions have been accepted.

Surveillance Manager (SM) / MMRS

7. Ensures the remedial and corrective actions are reviewed at the next scheduled surveillance event where appropriate, depending on the safety implications of the breach.

> Note: All SRDs will still appear on the Authorisation Holder Profile Report and must be taken into consideration when scoping the next surveillance event.

8. Records all discussions and actions as required in RMS, with appropriate notes captured in sky sentinel

Note: No safety finding is issued by CASA as a result of a self-reported deficiency.

4.9 Issue of new authorisation and Post-Authorisation Review (PAR)

4.9.1 Process - issue of new authorisation and post-authorisation review

Surveillance Technical Officer

1. Receives notification of the approval of a new authorisation.
2. Enters the details of the new authorisation in sky sentinel.

Note: If the new authorisation is issued to an AH that is not already in sky sentinel, new AH details must also be recorded in liaison with the SM.

Surveillance technical officer

3. Records details of the responsible surveillance team in sky sentinel.

4.9.2 Process details - issue of new authorisation and post-authorisation review

Issuing of an authorisation approval triggers the recording of the new authorisation in sky sentinel for ongoing surveillance monitoring. A surveillance team must also be assigned and recorded in sky sentinel at this time, as well as new AH details if necessary.

A post-authorisation review is conducted to check compliance with the applicable regulatory requirements are being met in the form of a level 1 surveillance event, post-authorisation review utilising a fixed scope. Depending on the authorisation type issued, this type of surveillance must be conducted within twelve (12) to eighteen (18) months following the initial issue. The scope of a post-authorisation review must be based on the authorisation type issued.

4.10 Voluntary suspension of authorisation

4.10.1 Process - voluntary suspension of authorisation

Surveillance Services

1. Receives written request from the Accountable Manager of the AH to suspend authorisation.
2. The STO actions the request in sky sentinel and EAP IAW the STO Procedures Manual
3. If the AH requesting the suspension has open Safety Findings the Surveillance Services Manager will draft the suspension letter and attached a copy of the findings to the letter.
4. The Manager Surveillance Services will issue the letter action the suspension in EAP and will amend each open Safety Finding status in SS to “Verification Required by CASA”.
5. An expiry date for the suspension must be entered in EAP and sky sentinel
6. An alert must be entered in EAP to ensure that Surveillance is contacted if the AH applies to remove the suspension

7. Two months prior to the suspension ending an EAP system generated email will be sent to Surveillance Services.
8. Upon receipt of the email, Surveillance Services notifies the applicable Surveillance Manager of the impending suspension expiry, and the AH is contacted by the SM with regards to future requirements.

Surveillance Manager or designated team member

9. Contacts the Authorisation Holder to establish what their future intensions are with the authorisation.

4.10.2 Process details - voluntary suspension of authorisation

Legislation allows for holders of authorisations to temporarily suspend their authorisation by submitting a request in writing to CASA. Receiving such a request triggers the application of the voluntary suspension flag in sky sentinel and EAP for that authorisation.

The STO processing the request must verify that the request is valid prior to it being actioned, in consultation with the surveillance manager. Advice should be sought from the Manager Legal Servies Branch in LIRA if they unsure so that such requests for suspension may be assessed to meet the legislative requirements.

> Note: All Authorisation Holders should have their certificates suspended until the expiry date of their current permission except for CAR 30 Certificate holders which have their certificates suspended for 12 months.

Surveillance teams contact the AH and make a record of that contact in sky sentinel one month prior to the suspension ending.

Surveillance teams should consider whether a surveillance event should be conducted at the end of the suspension period.

Should an AH under voluntary suspension wish to return to operations, then the SM together with the NMS should manage any and all related outstanding, including closed safety findings. The AH should advise their CASA representative of the date they wish to re-commence operations and consult the process for managing safety findings outlined in section on managing safety findings of the CASA Surveillance Manual. An appropriate corrective action plan for any outstanding safety findings should be presented. A proposal of a surveillance event should also be considered.

The Surveillance Manager should also ensure that the AH meets all of the current regulatory requirements to recommence operations under their permission.

The Surveillance Manager should also ensure that the AH has provided suitable responses to any open Safety Findings with a “Verification Required by CASA” status

This approach aims to guarantee that AH's ceasing voluntary suspension are in a state of compliance when operations re-commence. At any stage, advice may be sought from the LIRA branch to ensure that legislative requirements are met.

4.11 Accountabilities - update system information

Table 10. Position and accountabilities

Position	Accountabilities
National manager surveillance (NMS)	Notify the Manager Legal Services Branch in LIRA about a safety alert when no response has been received within the specified timeframe
	Refer matters for coordinated enforcement as necessary within the requirements of the manual
Surveillance manager	Ensure surveillance reports are actioned when received through sky sentinel

Position	Accountabilities
	Ensure approved processes are in place to follow-up and acquit Findings
	Exercise discretion on how to apply the regulatory decision-making considerations set down in this manual (see section on – Key considerations for regulatory decision making)
	Enforcement Assign responsibility for peer review for objections to SF
	Assign responsibility for a new AH to a SM and team
	Participate in collaborative decision-making process for more complex requests for extensions for safety findings
	Assist issuing inspector in finalisation of a surveillance event to follow-up and acquit findings.
Issuing inspector	Ensure surveillance reports are actioned within appropriate timeframes.
	Follow up and acquit finding
	Notify the SM if no response is received in the case of a safety alert
	Ensure that the safety finding follow-up data is provided to the relevant action officer and is entered into sky sentinel
	Accept requests for an extension for safety findings and notify SM and controlling office
	Notify AH as to whether requests for extension are accepted or not accepted for safety findings
	Monitor milestones on safety finding extensions and report to surveillance team
Surveillance team members	Consider conducting a follow-up control effectiveness review of any systems risks that may have changed sufficiently to constitute a change in the mitigated systems risk rating
	Assist issuing inspector in finalisation of a surveillance event to follow-up and acquit findings
	Exercise discretion on how to apply the regulatory decision-making considerations set down in this manual (see section on – Key considerations for regulatory decision making)
	issuing inspector Finding
	Evaluate and approve requests for extension for safety findings of a straightforward nature in consultation with the issuing inspector
Surveillance team	Collect relevant information to assist in assessment and record in sky sentinel
	Conduct a review of the new AH

Position	Accountabilities
Surveillance technical officer (STO)	Action auto-generated emails from sky sentinel in a timely manner
	Issue surveillance reports in a timely manner with proofing and editing completed.
	Add response correspondence to sky sentinel when received
	Monitor sky sentinel for surveillance reports/events timing
	Monitor sky sentinel and issue applicable letters for SF
	Ensure status is correct on surveillance events
	Ensure statis is correct on safety findings
	Update EAP for ASR alert (commence and Acquittal dates)
	Record details of the new AH and responsible surveillance team in sky sentinel

5 Monitoring and Response Surveillance

5.1 Intelligence Data Management (IDM)

Intelligence Data Management (IDM) refers to how CASA manages intelligence it becomes aware of. This intelligence is managed by the Monitoring and Response Team (MRST) in accordance with this section and Annex 1.

5.1.1 Intelligence data sources

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

- ATSB/CIRRIS reports
- AH safety reports
- Internal CASA correspondence
- Investigation reports (ATSB/NTSB/AAIB etc)
- 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.

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

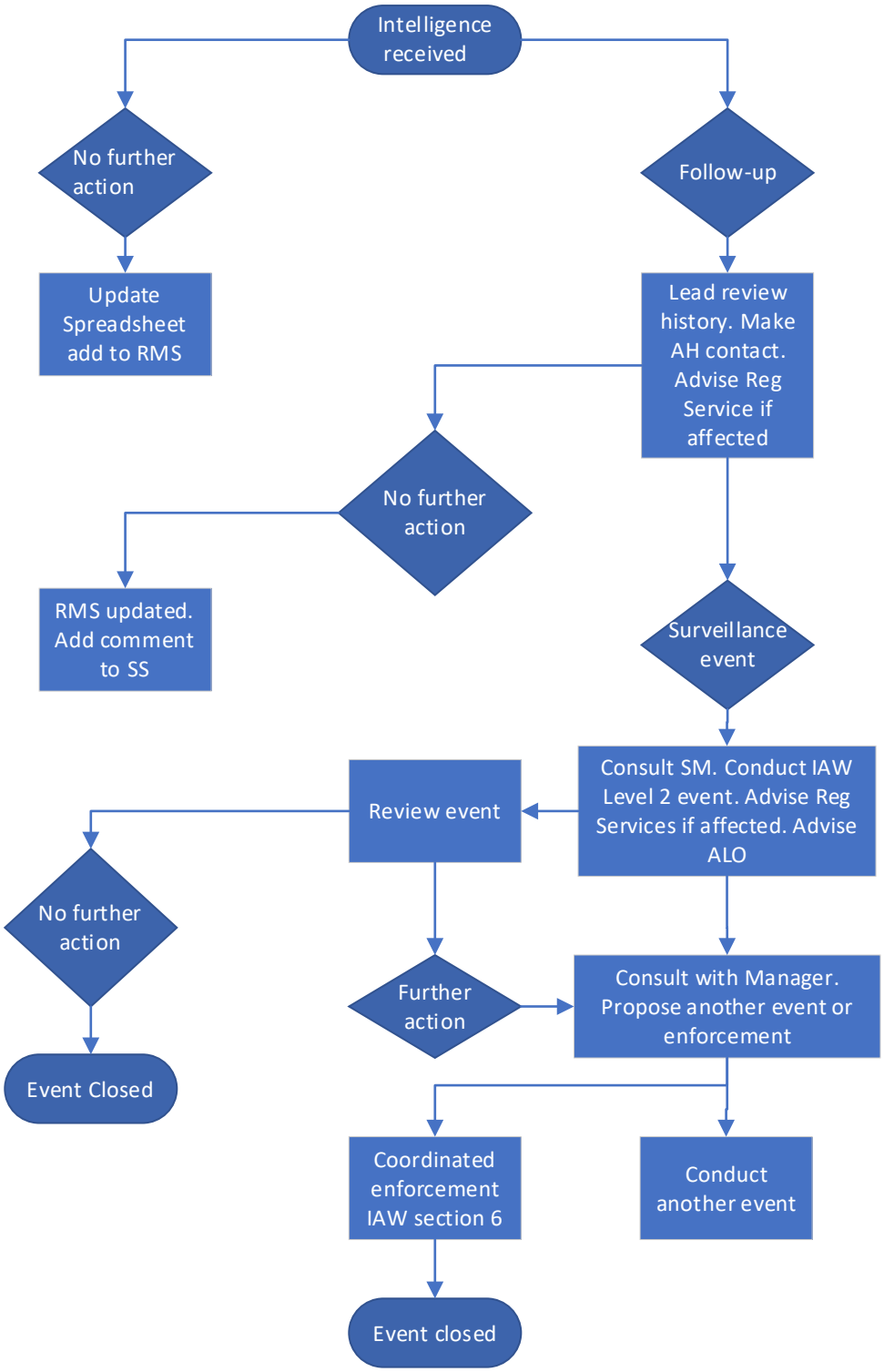
It is important that all intelligence received by CASA is reviewed by the MMRS to assess any impact on the current scheduled surveillance and regulatory services tasks or the operations of another division of CASA. Where it is determined the intelligence may impact another division the MMRS will email the relevant manager to ensure they are aware of the intelligence and any potential impact.

Once the intelligence is received the MMRS will determine if follow up action is required.

Deciding if a follow-up event is required is determined taking into account the following factors:

- consider carrying out a web/Facebook search for any adverts posted by the AH that may be advertising services that they are not permitted to provide
- any additional surveillance intelligence about the AH and their operation
- enforcement history
- outstanding safety findings and findings history
- the severity of the occurrence being reported
- time since the last level 1 or level 2 surveillance event.

Figure 10. Intelligence process



5.1.2 Process intelligence received

1. Intelligence reviewed by team.
2. Decide, no further action or follow-up.
3. No further action:
   a. Up-date spreadsheet, check intelligence is in RMS if required.

Note: ATSB/CIRRIS data automatically populates AH PBI report.

4. Follow-up:
   a. Allocate surveillance lead
   b. Review surveillance history
   c. Review current regulatory services tasks
   d. Make initial contact by phone call or sending a form 997 or 998 to the individual or organisation involved
   e. Ensure a record of conversation is completed at the conclusion of the phone call
   f. Advise regulatory services if intelligence impacts current tasks
   g. Advise relevant SM if intelligence impacts current or up-coming surveillance event.
5. Review information received by phone call or form returned:
   a. Decide – no further action (NFA) or level 2.
6. If no further action:
   a. Place comment for AH in RMS reference
7. If level 2 recommended: Note if level 2 is raised for ATSB report ALO needs to be notified:
   a. Review surveillance history
   b. Review regulatory services history including current tasks
   c. Advise regulatory services if proposed action affects current tasks
   d. Raise level 2 for authorisation holder, only use below for MRS events:
      i. Level 2 – Unscheduled – Occurrence – Desktop
      ii. Level 2 – Unscheduled – Occurrence - Site.
      iii. Level 2 – Unscheduled – Occurrence – Ramp check
   e. Scope event using form 1189 or approved alternative
   f. Consult with relevant SM for resources and timing of event
   g. Scheduled surveillance conduct event where MRS cannot.
8. Review result of level 2:
   a. Decide no further action,
   b. another event, or
   c. coordinated enforcement.
9. In consultation with relevant SM:
   a. Propose another event
   b. Recommend coordinated enforcement.
10. If coordinated enforcement recommended:
    a. Advise NMS of recommendation
    b. Initiate coordinated enforcement
    c. Take other action as recommended.

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

6 Enforcement in surveillance

6.1 Overview

6.1.1 Purpose

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

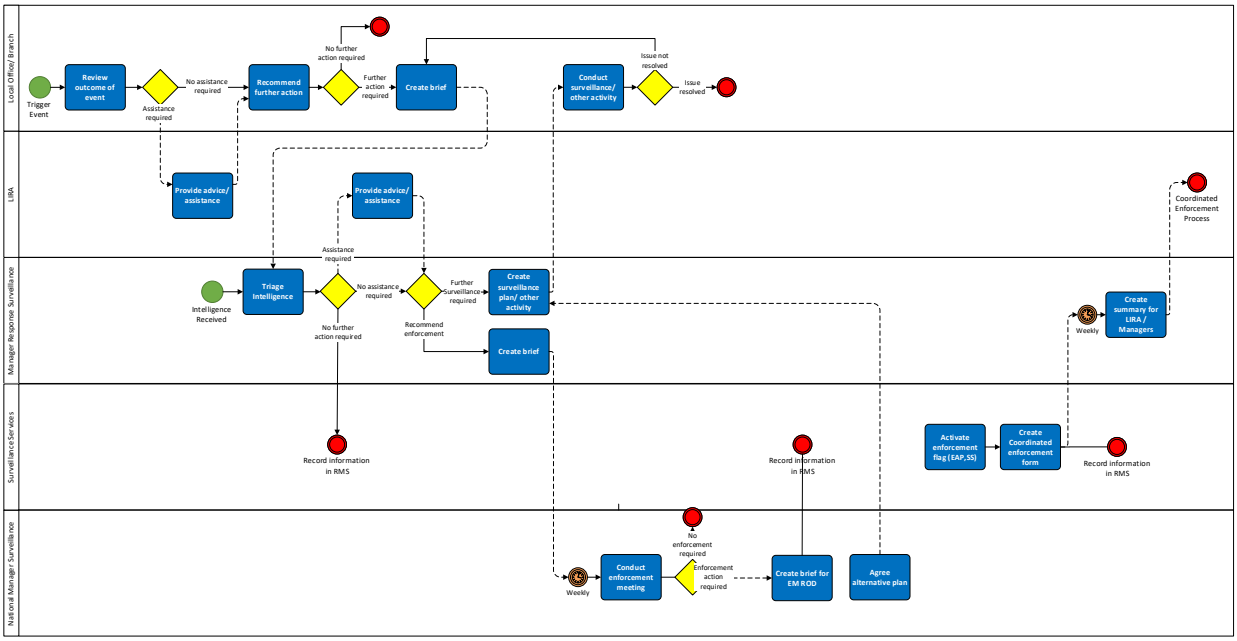
In accordance with the regulatory philosophy, CASA will not utilise its discretionary powers to vary or suspend a civil aviation authorisation for punitive or disciplinary purposes, but only for purposes reasonably calculated to achieve specified safety-related objectives, including the protection of 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 enforcement is recommended, factors to be considered in the Enforcement Manual must be reviewed.

6.1.2 Process

The diagram below provides a high-level view of the surveillance Enforcement process.

Figure 11. Surveillance enforcement process



6.1.2.1 Process - entry into enforcement

Surveillance manager

1. Review outcome of the event taking into consideration the CASA Regulatory Philosophy the CSM and Enforcement Manual.
2. Surveillance manager completes appropriate forms Coordinated Enforcement Referral – Non RPAS CASA-04-5575; or Coordinated Enforcement Referral - RPAS CASA-04-5577.
3. RPAS forms are emailed to investigations@casa.gov.au
4. Non-RPAS forms are emailed to Monitoring and Response Surveillance at response.surveillance@casa.gov.au.

Note: Referral at this stage is not considered as acceptance by LIRA.

Manager Monitoring and Response Surveillance

1. Triage intelligence.
2. Conduct weekly meetings with NMS.

National Manager, Surveillance

1. Recommends further surveillance.
2. Recommends coordinated enforcement.

Manager Monitoring and Response Surveillance

1. Enforcement recommended.
2. Forward referral form to Investigations@casa.gov.au, referring manager, Surveillance and NMS.
3. Recommend further surveillance.
4. Complete enforcement non-referral form and email to Investigations and the referring manager
5. Contact local office/branch with decision for further surveillance.

Monitoring and Response - Surveillance technical officers

When enforcement recommended and accepted by LIRA.

1. Activate enforcement flag in sky sentinel and via the Alert function in EAP
2. Record information in RMS.

6.1.2.2 Process detail - 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

e. agency seeking the issue of an AIN or other specified compliance or enforcement action (e.g., the issue of a counselling notice)

f. 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

g. Any matter in which an authorisation holder engages lawyers to dispute surveillance findings or raise questions about the holder's compliance obligations under the aviation legislation (only required if the situation cannot be resolved by the SM)

h. Any matter involving the issue of a safety alert to an authorisation holder

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

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

k. 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

l. 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 finding is unsatisfactory in circumstances where:

m. 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.

n. There has been no response from the AH following the issue of a safety finding (see section on No response received)

o. The period of a request for extension is for a period greater than three (3) months and an action plan has been proposed by the AH (see section on request for extension)

p. The requirements of an agreed action plan have not been met

When initiating referral to enforcement the surveillance manager of all AH's oversighted by Regulatory ROD will provide a brief to the Manager Monitoring and Response Surveillance (MMRS) using Form CASA-04-5575 Coordinated Enforcement Referral – Non RPAS in support of the enforcement action. The MMRS presents the form to the NMS at the weekly enforcement meeting. The MMRS will then initiate action to refer the matter to the CEP once clearance has been received to do so by the NMS.

Where the NMS does not support the enforcement action the MMRS will complete the Form 811, Coordinated Enforcement Non-Referral Form and forward to Investigations and the referring manager.

Note: A matter that has been referred to coordinated enforcement does not mean LIRA will automatically accept the referral.

If LIRA accept the referral an investigator may be assigned. Once that is done a meeting must be held between the assigned investigator, the relevant SM and inspector within two weeks where practicable.

If an AH has been referred to coordinated enforcement and that action is ongoing, and further information becomes known involving that AH, then the SM will email Investigations and the assigned Investigator the additional information rather than re-refer using another referral form.

In circumstances where the enforcement action requires a facts and circumstances document to be issued, the SM and the relevant inspector will assist the investigator or lawyer in drafting that document.

If an AH is subject to current enforcement action, any safety finding relating to the activity that is the subject of that enforcement action must not be acquitted unless LIRA branch has been advised prior to the acquittal. Any such matters should be discussed with the NMS and Manager Litigation, Investigations and Enforcement.

In circumstances where a safety finding is associated with a safety alert and the AH has failed to respond, the NMS must be alerted, and entry into enforcement initiated.

The CEM provides a forum for better decision-making and for discussing alternative options for dealing with the issue. The SM should ensure that they are fully briefed on any referral from them before the CEM including reviewing the CEM agenda to see where each case is currently. (For any queries in relation to this process, contact the Manager Legal Services branch.

Enforcement flag

It is important that all CASA personnel involved in surveillance and regulatory services activities are aware of any current enforcement action, and so the enforcement flag must be activated as an “Alert” in EAP and adding the “Under Enforcement” tag to the UID in sky sentinel this will be done by the MRS STO, upon notification, advice when an AH is referred to the CEP. Knowledge of the current enforcement status is important throughout all surveillance phases; however, it is particularly important when assessing a safety finding for acquittal. The enforcement flag is removed if the referral does not progress, following advice from LIRA, or if the action plan is accepted by the CEM and the request for extension is approved.

Note: If an AH is subject to current enforcement action, any safety finding relating to the activity that is the subject of that enforcement action must not be acquitted unless the matter has been discussed with LIRA prior to it being acquitted. Any such cases should be discussed with the Manager Legal Services branch. By the time that enforcement action is commenced, the AH will most likely be outside the time provided by CASA for response to the safety finding.
In most cases, it is anticipated that an AH will continue to address the subject of the outstanding safety finding during the enforcement process, as a measure of its willingness and ability to do so. However, where administrative action in the form of a show cause notice has commenced, the timeframe for response to the matters raised in that notice (including outstanding safety findings) will be dictated by the timeframe set out in the show cause notice for a response.

7 Information capture and access

7.1 Overview

7.1.1 Purpose

This chapter defines the management of information in relation to the capture and assessment of surveillance information. It also outlines the purpose of the information captured, request of analysis of information, and the release of information and associated protocols.

7.1.2 References

- Manuals/policies
- CASA Security Manual
- Information Management Procedures
- Protective Security Manual.

7.2 Safety analysis information support

The SSB supports all relevant divisions by providing safety analysis information to enhance decision-making through the identification of existing and emerging risks.

SSB works within the safety analysis framework to:

- assist in deciding what additional facts are needed
- ascertain factors underlying safety deficiencies
- assist in reaching valid conclusions.

7.2.1 Safety information

CASA's Power Business Intelligence (PBI) program enables access to important safety data, allowing centralised access to corporate information stored within the system.

PBI provides EAP certificate information at the individual operator level with information for most AH's.

Guidance material on accessing and using PBI is available on CASA's Intranet at: How to User Guide - Surveillance Power PBI Reports

PBI reports are available for EAP, delegates, ATSB and CIRRIS and sky sentinel data.

There are many options available for most reports including the ability to download previously prepared reports or customise search fields to access more specific information.

7.2.2 Ongoing information capture and sharing

Throughout all phases of the surveillance process and on an ongoing basis, inspectors and staff 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 sky sentinel. Capturing and recording this information is important when reviewing previous events, or if the matter is referred to CEP.

Any information collected regarding aviation activities should be made available to the surveillance manager. The nature of the information will determine the method by which it is communicated (verbally, e-mail etc.).

The SM 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.

7.2.3 Information quality control

Surveillance managers must periodically review their information quality to ensure surveillance information is complete, consistent, valid, and correct/accurate. This includes the ongoing review of safety findings, systems risk results and surveillance reports.

Surveillance managers must ensure all information relevant to their assigned AH's is entered into sky sentinel, including performing periodic reviews of work being undertaken by teams to ensure the highest information quality possible. The information contained in sky sentinel must not be altered to change or manipulate the surveillance work programs for the controlling offices. Any identified errors with data stored must be rectified by the information asset delegate.

Contact Group Transformation Team for details of information delegates and custodians. Information in the surveillance tool is used extensively for Safety Performance Analysis and national surveillance prioritisation.

7.2.4 Information elements

Each information element can be checked using some or all the following measures:

- **completeness** – all applicable fields contain the correct information. At this point, no assessment is made regarding the content of the field, only that the information has been entered
- **consistency** – records are checked for consistency with other information guidance; i.e. correct values are used for word pictures and in a consistent manner between Inspectoral team members
- **validity** – during information entry, appropriate and relevant peer-review processes have occurred ensuring consistency and standardisation
- **correctness/accuracy** – sky sentinel fields may contain information that meets completeness, consistency and validity criteria, but can still be incorrect. Regular review of surveillance information by surveillance managers and team members is a key step in correcting obvious typing errors, as well as identifying missing or incorrect information.
- Answering the following questions may be helpful in ascertaining information quality:
  - Are the surveillance team members using the surveillance tool?
  - Are timely entries being made?
  - Is the surveillance information complete, consistent, valid and accurate?
  - Are all surveillance records current for new AH's?
  - Are all comments entered in a way that makes the intent readable, meaningful, useful, and understandable?