



AIR SAFETY OPERATIONS NON-COMPLIANCE FOLLOW UP AUDIT

NON COMPLIANCE REGISTER NUMBER:							
Note: The purpose of the follow-up audit/oversight is to confirm that the Air Operator/ATO has successfully implemented the approved Corrective Action Plan and the maintenance thereof.							
Part 1 - DETAILS							
AIR OPERATOR		Certificate Number					
AVIATION TRAINING ORG		Certificate Number					
PERSONNEL LICENSING		Licence Number					
Date of Non Compliance		Date of follow up Audit					
Part 2 – NON COMPLIANCE CORRECTED AS PER APPROVED CORRECTIVE ACTION PLAN				Yes		No	
ASO INSPECTOR COMMENTS:							
Part 3 - DURATION OF FOLLOW UP AUDIT (hours/minutes)							
SIGNATURE OF AIR SAFETY OPERATIONS INSPECTOR		NAME IN BLOCK LETTERS			DATE		
I, the undersigned, acknowledge that I was de-briefed on the follow up audit and I will be required to pay the relevant fees for the follow up audit as per SACAR Part 187.							
SIGNATURE OF AIR OPERATOR /ATO REPRESENTATIVE/ RATING HOLDER		NAME IN BLOCK LETTERS			DATE		
CONTACT NUMBER(S)		FAX NUMBER			E-MAIL ADDRESS		
NON COMPLIANCE CLOSED BASED ON SUBMISSION OF INSPECTOR FOLLOW UP AUDIT REPORT							
SIGNATURE OF NON COMPLIANCE SPECIALIST		NAME IN BLOCK LETTERS			DATE		