



Section/division
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FLIGHT OPERATIONS
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Form Number: CA127-04
Fax Number: 011-545-1350
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SURVEILLANCE REPORT (PART 127)

OPERATOR		FILE NUMBER	
LOCATION		DATE	
INSPECTOR		INSPECTOR	
NOTES FOR THIS INSPECTION			
ADMINISTRATION			
FINDINGS			
CORRECTIVE ACTION	DUE DATE		
FACILITIES AND EQUIPMENT			
FINDINGS			
CORRECTIVE ACTION	DUE DATE		

STANDARD OF OPERATIONS		
FINDINGS		
CORRECTIVE ACTION	DUE DATE	
GENERAL COMMENTS / RECOMMENDATIONS		
SIGNATURE OF INSPECTOR	NAME IN BLOCK LETTERS	DATE
I was de-briefed on the inspection/audit, have read and accept*/do not accept* the findings and observations of the flight operations inspector/s and have received a copy of the report. <i>*Delete which is not applicable</i>		
SIGNATURE OF OPERATOR'S REPRESENTATIVE	NAME IN BLOCK LETTERS	DATE
COMMENTS / REMARKS BY MANAGER: PART 127		
SIGNATURE OF MANAGER: PART 127	NAME IN BLOCK LETTERS	DATE