

	SIERRA LEONE CIVIL AVIATION AUTHORITY	Reference	FORM:O-OPS001-1
	AIR OPERATOR CERTIFICATION JOB AID AND SCHEDULE OF EVENTS FOR COMMERCIAL AIR TRANSPORT OPERATORS	Revision	01
		Date	

FORM-O-OPS001-1 SCHEDULED OF EVENTS

OFFICIAL NAME OF COMPANY	LOCATION ADDRESS																																														
	Scheduled Date	Inspectors Initial	Date Received/ Accomplished	Date Returned for Changes	Folio No.																																										
I. PRE-APPLICATION PHASE																																															
A. Initial Orientation: Inspector: 1. Certification Advisory Circular provided to applicant. 2. Pre-Application Statement of Intent (PASI). a. Forwarded to the Authority.	12/3/2023																																														
B. Certification Team Designated (at least one operations, one airworthiness inspector) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 20%; text-align: center;">Name</td> <td style="width: 20%; text-align: center;">Speciality</td> <td colspan="3"></td> </tr> <tr> <td>CPM</td> <td>_____</td> <td>_____</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td colspan="3"></td> </tr> </table>		Name	Speciality				CPM	_____	_____					_____	_____					_____	_____					_____	_____					_____	_____					_____	_____								
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C. Conduct Pre-application Meeting

1. Verify PASI Information
2. Overview of Certification Process
3. Provide Certification Package
Containing:
 - a. Certification Job Aid
 - b. Schedule of events
 - c. Model Operations Specifications
 - d. Other Applicable Publications
and Documents
4. Explain Formal Application
Submissions

PHASE I CLOSED : (date)

Remarks:

_____ **FOPS** _____ **FOPS** _____ **FOPS**

_____ **A/W** _____ **A/W** _____ **A/W**

**AIR OPERATOR CERTIFICATION JOB AID AND SCHEDULE OF EVENTS
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II. FORMAL APPLICATION PHASE	Scheduled Date	Inspectors Initial	Date Received/ Accomplished	Date Returned for Changes	Folio No.
Formal Application Submission					
A. Review Applicant's Submission					
1. Formal Application Letter/Form. Contents should include;					
a. Full and Official name (Legal)					
b. Mailing Address					
c. Primary Operating Location (Principal Operations/ Maintenance Base)					
d. Key Management Personnel Names					
2. Formal Application Attachments					
a. Schedule of events					
b. Initial compliance statement					
c. Company Manuals					
i. Operations Manual.					
ii. Maintenance Control Manual					
iii. Aircraft Maintenance Programme					
iv. Safety Management Manual					
v. Quality Manual					
vi. Checklists					
vii. Cabin Attendant Manual					
viii. MEL/CDL					
ix. Applicable Manufacturer Manuals					
d. Initial new hire training curricula (Crewmembers & Flt/Ops/Officers)					
e. Management and Key Staff qualifications/resumes					
f. Documents of purchase/ contract(s)/lease(s)/letters of intent					
B. Evaluation of Authority Resources Based on Schedule of Events					
Remarks:					

_____ FOPS _____ FOPS _____ FOPS

_____ A/W _____ A/W _____ A/W

C. Formal Application Meeting

1. Schedule of events

Date: _____ Time: _____

2. Discuss each Submission

3. Resolve Discrepancies/Open Items

4. Review Certification Process

5. Review Impact if Schedule of Events
items are not met

D. Issue Letter Accepting/Rejecting Application

PHASE II CLOSED : (date)

Remarks:

Jointly closed by:

_____ FOPS _____ FOPS _____ FOPS

_____ A/W _____ A/W _____ A/W

**AIR OPERATOR CERTIFICATION JOB AID AND SCHEDULE OF EVENTS
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III. DOCUMENT EVALUATION PHASE	Scheduled Date	Inspectors Initial	Date Received/ Accomplished	Date Returned for Changes	Folio No.
A. Evaluate Applicable Training Programmes 1. Flight Crew & Cabin Crew Curricula					
a. Company Procedures Indoctrination					
b. Emergency Equipment Drills Training					
c. Ground Training (Handling/Service/De-icing)					
d. Flight Training					
e. Recurrent Training					
f. Transition/Upgrade Training					
g. Differences Training					
h. Re-Qualification Training					
i. Specialised Training					
j. Security					
k. Dangerous Goods					
l. Instructor and Check Pilot/Cabin Evaluator					
m. Crew Resource Management					
2. Flt/Ops/Officer Training					

a. Initial Training					
b. Recurrent Training					
c.					
d. Familiarisation Training					
e. Dangerous Goods					
f. Security					
g. Crew Resource Management					
h. Instructor Training					

Remarks:

_____ FOPS _____ FOPS _____ FOPS

_____ A/W _____ A/W _____ A/W

B. Evaluate Management Qualifications					
1. Accountable Manager					
2. Head of Operations					
3. Head of Maintenance					
4. Head of Quality					
a. Head of Quality for Operations (if applicable)					
b. Head of Quality for Maintenance (if applicable)					
5. Chief Pilot					

6. Head of Safety					
8. Request for Deviation Letter (If Applicable)					
9. Other					

Remarks:

_____ FOPS _____ FOPS _____ FOPS

_____ A/W _____ A/W _____ A/W

**AIR OPERATOR CERTIFICATION JOB AID AND SCHEDULE OF EVENTS
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III. DOCUMENT EVALUATION PHASE (CONTINUED)	Scheduled Date	Inspectors Initial	Date Received/ Accomplish ed	Date Returned for Changes	Folio No.
C. Evaluate Operator's Manual System					
1. Completed Operations Manual					
a. Operations Manual Part A					
b. Operations Manual Part B					
c. Operations Manual Part C					
d. Operations Manual Part D					
e. Emergency exit plan					
f. Carry-on Baggage plan					
2. Completed Maintenance Control Manual					
3. Authority Accepted Aircraft Flight Manual					
4. Aircraft Checklists					
a. Normal					
b. Abnormal					
c. Emergency					
5. Cabin Attendant Manual					
6. Safety Management Manual					
7. Company Emergency Response Manual					
8. Quality Manual					
9. Performance Manual (if applicable)					
10. Minimum Equipment List					
11. Configuration Deviation List					
12. Aircraft Maintenance Procedures Manual					
13. Ground Handling Manual (if applicable)					

14. Mass and Balance Control Programme					
15. Dangerous Goods					
16. Security					
17. Reliability Programme					
18. Passenger Briefing Cards					

Remarks:

_____ FOPS _____ FOPS _____ FOPS

_____ A/W _____ A/W _____ A/W

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III. DOCUMENT EVALUATION PHASE (CONTINUED)	Scheduled Date	Inspector s Initial	Date Received/ Accomplishe d	Date Returned for Changes	Folio No.
D. Other Evaluations					
1. Aircraft Lease					
2. Maintenance Contracts/Agreements					
3. Servicing Contracts/Agreements					
4. Exemption/Deviation Requests/Justification					
5. Plan for Emergency Evacuation Demonstration					
6. Plan for Ditching Demonstration					
7. Plan for Demonstration Flight					
8. Final Compliance Statement					
9. Training Contracts					
10. De-icing/Anti Icing					
11. Any other evaluation					

PHASE III CLOSED : (date)

Remarks:

_____ **FOPS** _____ **FOPS** _____ **FOPS**
 _____ **A/W** _____ **A/W** _____ **A/W**

**AIR OPERATOR CERTIFICATION JOB AID AND SCHEDULE OF EVENTS
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IV. DEMONSTRATION & INSPECTION PHASE	Scheduled Date	Inspectors Initial	Date Received/ Accomplish ed	Date Returned for Changes	Folio No.
A. Evaluate Operator Conducting Training					
1. Training Facilities					
2. Training Schedules:					
3. Flight Crewmember Training					
a. Company Procedures Indoctrination					
b. Emergency Equip. Drills Training					
c. Ground Training					
d. Flight Training					
4. Check Pilot/Instructor					
5. Cabin Crew Training					
a. Company Procedures Indoctrination					
b. Emergency Equip. Drills Training					
c. Initial Training					
d. Instructor/Evaluator					
6. Crew Resource Management					
7. Flight Operations Officer Training					
a. Indoctrination					

b. Initial Training					
c. Familiarisation					
d. Instructor					
8. Dangerous Goods Training					
a. Crewmembers					
b. Ground personnel					
9. Security Training					
10. Safety Management Training					
11. Crew Resource Management					

Remarks:

_____ FOPS _____ FOPS _____ FOPS

_____ A/W _____ A/W _____ A/W

**AIR OPERATOR CERTIFICATION JOB AID AND SCHEDULE OF EVENTS
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IV. DEMONSTRATION & INSPECTION PHASE (CONTINUED)	Scheduled Date	Inspector Initial	Date Received/ Accomplished	Date Returned for Changes	Folio No.
B. Testing/Certification					
1. Pilots					
2. Flight Engineers					
3. Flt/Ops/Officers					
4. Cabin Crew Members					
C. Main Operations Base					
D. AOC Maintenance Participation					
E. Dangerous Goods Inspection					
F. Station/Facilities					
G. Emergency Evacuation Demonstration					
H. Ditching Demonstration					
I. Demonstration Flight Evaluation					
J. Proof of Economic Authority (ASL)					
PHASE IV CLOSED : (date)					
Remarks:					
_____ FOPS _____ FOPS _____ FOPS					
_____ A/W _____ A/W _____ A/W					

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V. CERTIFICATION PHASE	Scheduled Date	Inspectors Initial	Date Received/ Accomplished	Date Returned for Changes	Folio No.
A. Approve Operations Specifications					
B. Present Certificate & Operations Specifications					
Remarks:					
C. Prepare Certification Report					
1. Assemble Report					
a. Section 1 - A copy of the AOC and Operations Specifications					
b. Section 2 – Copy of the Formal Application Letter					
c. Section 3 - A copy of the certification report					
d. Section 4 – A copy of all operations approvals issued					
e. Section 5 – A copy of the final compliance report					
f. Section 6 – Copies of the operations inspection and demonstration reports					
g. Section 7 – Copies of the airworthiness inspection and demonstration reports					
h. Section 8 - A summary of major difficulties					
2. Distribute Report					
Remarks:					
D. Develop Post Certification Surveillance Programme					
Remarks:					