



**AIR OPERATOR CERTIFICATE-LINE
MAINTENANCE STATION AUDIT**

Reference:

CL No: **O-AWS019A**

Revision:

Revision 0

Name of Operator/Organisation:

Approval Reference/AOC No:

Location Visited: Date:

Maintenance Support Provided for:

Operator	Aircraft Type	Level of Support	Number of Movements

Subcontracted Support: (Company)

Ramp Handling:

Refuelling: Pushback:

Line Mtce:

Is accommodation adequate? YES/NO
(If NO, give details)

Senior Person/Accountable Manager contacted:

Telephone No.:

Details of Scheduled Maintenance Performed:

Is staffing adequate? YES/NO
(If NO, give details)

Date of last QA Audit by Operator:

Date of last SLCAA Audit:

Was station found satisfactory? YES/NO

General Comments:(Use other side if Necessary)

Is this station satisfactory?

YES

NO

CONDITIONAL

SLCAA Inspector's Signature:..... Date:.....