



# Safety Audit For Ground Operations

ISAGO Q5 Auditee Manual

Effective September 2010

**2<sup>nd</sup>** | Edition



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## NOTICE

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**Record of revisions**

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First Edition	Revision 0	October 2008	October 2008
First Edition	Revision 1	June 2009	June 2009
Second Edition	-	September 2010	September 2010

## 1 Introduction

The aim of this user manual is to provide procedures and guidance to assist Ground Service Providers (GSP) in processing ISAGO corrective actions, to support the program objective of providing acceptable quality and value in ISAGO corporate and station reports.

The manual contains procedures for using the Q5AIMS electronic audit tool, as well as minimum requirements for the documenting of corrective actions by the Auditee. Numerous examples of root causes, final actions required and final actions taken are also included.

This manual is primarily for the use of the Auditee coordinator during audit follow-up, but should also be distributed to any Heads of Departments who will be providing corrective actions descriptions to the Audit Organizations (AO) and/or to the Auditing Airlines (AA).

### 1.1 ISAGO Commitment to Quality

The detail, accuracy and clarity of the corrective actions records for ISAGO Findings and Observations is key to providing a clear record of how the GSP permanently corrected any audit non-conformities. ISAGO reports are shared with the ISAGO Pool Airlines, as well as Airport/Regulatory Authorities, so it is important to keep in mind that ISAGO reports will be regularly examined by industry reviewers worldwide.

To maintain this valuable flow of information to the industry, the Quality Assurance Departments of all the AOs, AAs and IATA are committed to ensuring a consistent level of detail, accuracy and clarity for all information in ISAGO reports.

## 1.2 Corrective Action Process

The general corrective action process for closing Findings and/or Observations is set out below. Each AO / AA may have additional procedures that they will require the Auditee to follow:

- a. A root cause and corrective action plan must be developed for each Finding or Observation. The **Root Cause**, **Final Action Required** and **Date Due** fields of the Corrective Action Plans (CAP) in Q5AIMS must be completed and accepted by the AO / AA within 45 calendar days of the Closing Meeting.
- b. After the CAPs have been accepted by the AO / AA, the Corrective Action for each Finding (and Observation, when applicable) must be implemented by the Auditee, in accordance with the CAP within the required timelines.
- c. During the corrective action process, the status of corrective actions should be regularly reported to the AO / AA.
- d. The AO / AA must be notified as soon as the corrective actions for each Finding and/or Observation are completed. Evidence of corrective action implementation must be provided to the AO / AA.
- e. The AO / AA will review the evidence and either:
  - i. Notify the Auditee that the corrective actions have been accepted, and the Finding or Observations is closed, or
  - ii. Advise that further action is required.

Detailed descriptions of how to access the Q5AIMS database and the type of information to be entered in each section are provided on the following pages.

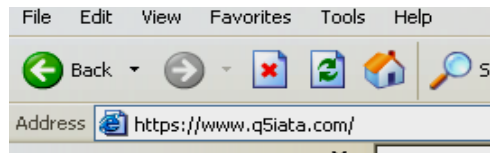
## 2 Accessing the System

To gain access to the Q5AIMS server, any computer with an internet connection can be used. No additional software or components are required, as the system is accessed through a web browser (Internet Explorer, Netscape, Google Chrome<sup>1</sup> ...).

All post audit activities are tracked and recorded using the Q5AIMS server. The information entered is immediately available to anyone involved in the follow up process that has a username and password.

- a) To access the system go to:

<http://www.q5iata.com>

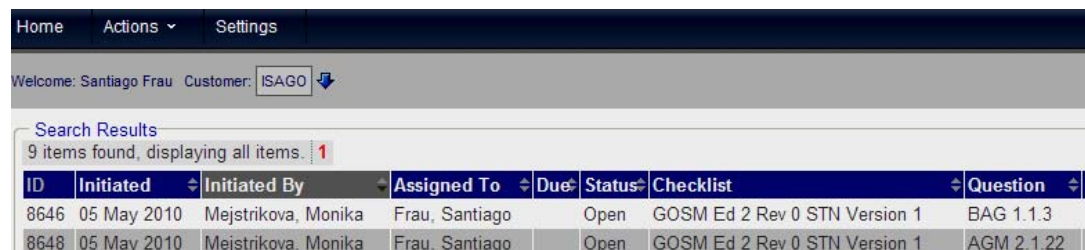


- b) The browser will connect to the Q5AIMS server and request the username and password.



- c) Enter the username and password that have been provided by the AO / AA with and click **OK**.

If the username and password are correct, the list of all Corrective Action Records (CARs) associated with the Auditee will appear.



ID	Initiated	Initiated By	Assigned To	Due	Status	Checklist	Question
8646	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	BAG 1.1.3
8648	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	AGM 2.1.22

If the username and/or password are incorrect, the system will deny entry and the login screen will re-appear, for re-entry of the information. Please contact your AO / AA to have the username and/or the password verified.

<sup>1</sup>Google Chrome is not recommended to use due to some compatibility issues.

When the user logs in the application for the first time, the home page will be set to display MY Q5 module by default. The MY Q5 module can be turned on or off under the settings module.

**Settings**

Employee Name A User  
User Name userA  
Default Customer ISAGO  
MyQ5  On  Off  
Language English

If MY Q5 is turned off, the screen below will appear.



**IOSA  
ISAGO**

**Q5AIMS**  
Safety, Quality  
and Security  
Management.  
Without  
Compromise.



## 3 Accessing the Corrective Action Records (CAR)

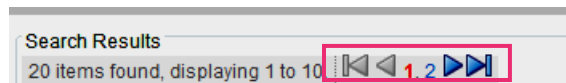
The submenu contains two tabs titled **CARS** and **Custom**. The **CARS** tab lists all Findings and Observations associated with the Auditee.

- a) Each Finding or Observation can be accessed by clicking on the CAR ID.

ID	Initiated	Initiated By	Assigned To	Due	Status	Checklist	Question
8646	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	BAG 1.1.3
8648	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	AGM 2.1.22

If at any time, the Auditee is unsure where he/she is in the system or how to continue, the **Home** tab should be clicked in order to return to the main menu.

If there are several pages of CARs, click on the page number at the top of the list to move to the required page.



- b) Once the ID number of the CAR is selected, the system will open up the CAR, as per the example below.

Welcome: Santiago Frau Customer: ISAGO

Corrective Action Audit Based Corrective Action(s) Report

ISAGO/AREA TRAINING for ISAGO/CH /Station (Montreal)/ISAGO-INH-YMQ-STN-YMQ-2010

Corrective Action Id **8646** [Prev](#) | [Next](#) Status **Open** Initiating Item(s)

Initiating Info  Root Cause  Interim Action  Final Action  Review  Close  Docs

Change Status to Open

Priority  Low  Medium  High

Corrective Action Type: Finding  
Observation

Initiated By: Mejstrikova, Monika

Date Initiated: 05 May 2010

Initiating Comments: GOM 5.1.3  
According to the retained records, five scales out of twenty had not been checked in due time; the records showed that their calibrations were overdue.

Initiating Item:

**Question #:** 4-1-2

**Question Text:** BAG 1.1.3 If the Provider utilizes scales to determine the weight of baggage in the baggage handling process, the Provider shall ensure such scales are periodically checked and calibrated, and such action is recorded and retained in accordance with applicable regulations and/or requirements of the customer airline(s). (GM)

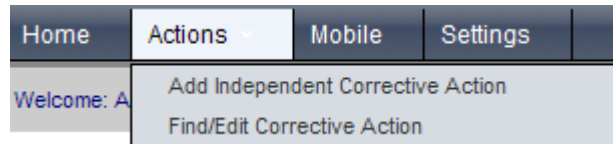
**Response:** Documented not Implemented (Finding)

**Possible Score:** 1.00

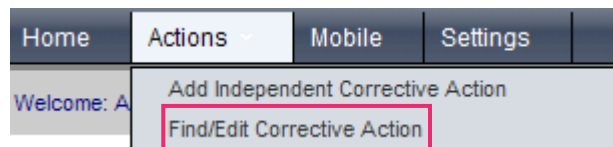
**Actual Score:** 0.00

As an alternative option to access corrective actions, the following may be completed:

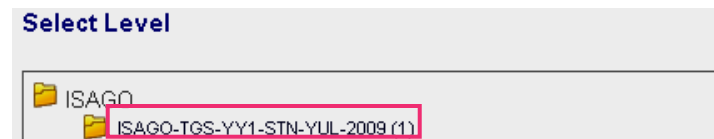
- a. On the main menu, move the mouse pointer over the **Actions** tab and a sub-menu will open up.



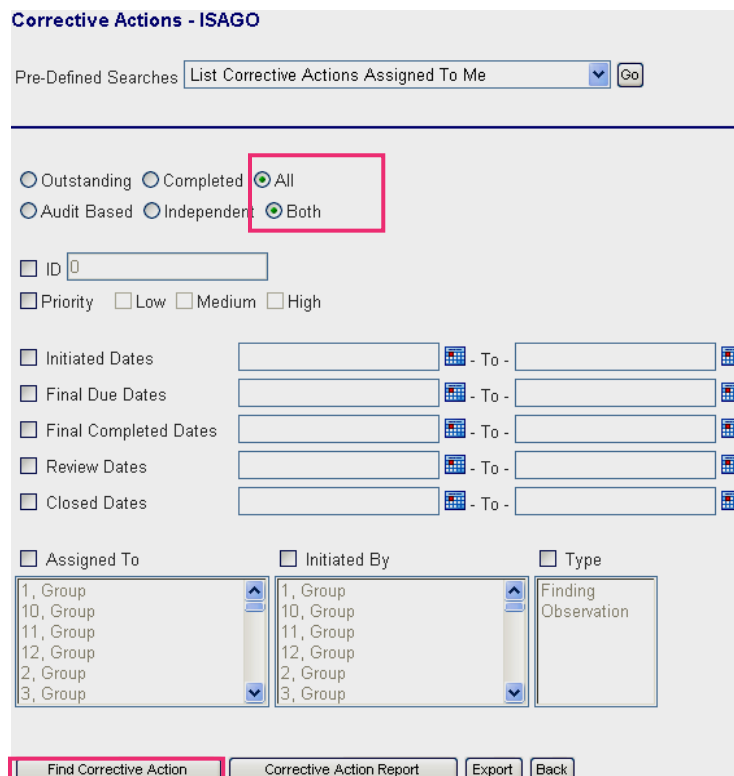
- b. From the choices that are presented, select **Find/Edit Corrective Action**.



- c. The system will display a documentation tree and the audit ID as shown by the Auditee's three letter ISAGO designator should be chosen.



- d. Once the audit ID is selected, the following page will appear:



**Corrective Actions - ISAGO**

Pre-Defined Searches: List Corrective Actions Assigned To Me [Go]

Outstanding  Completed  All  
 Audit Based  Independent  Both

ID [ ]

Priority  Low  Medium  High

Initiated Dates [ ] - To - [ ]  
 Final Due Dates [ ] - To - [ ]  
 Final Completed Dates [ ] - To - [ ]  
 Review Dates [ ] - To - [ ]  
 Closed Dates [ ] - To - [ ]

Assigned To  Initiated By  Type

1, Group  
10, Group  
11, Group  
12, Group  
2, Group  
3, Group

1, Group  
10, Group  
11, Group  
12, Group  
2, Group  
3, Group

Finding  
Observation

**Find Corrective Action** Corrective Action Report Export Back

- e. The **All** and **Both** option buttons (in the red box) at the top of the page are already preselected.
- f. To see a list of all CARs, click on **Find Corrective Action** in the bottom left corner.
- g. To view individual CARs, defining the search criteria on this by selecting the appropriate **Dates, Assigned To, Initiated By** and **Type**, as appropriate.
- h. The list of CARs will appear and each corrective action can be accessed by clicking on the CAR ID.

ID	Initiated	Initiated By	Assigned To	Due	Status	Checklist	Question
8646	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	BAG 1.1.3 ✘
8648	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	AGM 2.1.22 ✘
8649	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	ORM- 1.2.3 ✘
8650	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	ORM- 1.2.6 ✘
8651	05 May 2010	Mejstrikova, Monika	Frau, Santiago		Open	GOSM Ed 2 Rev 0 STN Version 1	LOD 1.1.4 ✘

## 4 Editing Corrective Action Records

The CAR contains the relevant information for each Finding or Observation and is divided into seven sections – represented by the seven tabs as seen on the webpage:

- Initiating Info
- **Root Cause**
- Interim Action
- **Final Action**
- Review
- Close
- Docs

The Auditee ONLY completes the two sections in bold font above. These two sections will be individually addressed in the following chapters.

### Saving and/or Resetting the information that has been entered

At the bottom of the CAR record, the three of the four buttons as seen below are used to save or reset information that has been entered.



- If changes have been made but are not to be kept, click on **Reset**.
- To go back to the list of CARs, click on **Back**.
- To save changes, click on **Save**.

The **Escalation Notification** button is not currently used.

## 4.1 Initiating Info Tab

The **Initiating Info** section contains general information on the non-conformity such as type, level, who initiated it and the original auditor comment from the checklist.

This section is **read only** and no modifications can or need to be made. The information is completed by the Lead Auditor.

Welcome: Santiago Frau Customer: ISAGO

Corrective Action Audit Based Corrective Action(s) Report  
ISAGO/AREA TRAINING for ISAGO/CH /Station (Montreal)/ISAGO-INH-YMZ-STN-YMQ-2010

Corrective Action Id 8646 ◀ Prev Next ▶ Status Open Initiating Item(s)

**Initiating Info** | Root Cause | Interim Action | Final Action | Review | Close | Docs

Change Status to Open  
Priority  Low  Medium  High

Corrective Action Type Finding  
Observation

Initiated By Mejstrikova, Monika

Date Initiated 05 May 2010

Initiating Comments ☰

GOM 5.1.3  
According to the retained records, five scales out of twenty had not been checked in due time; the records showed that their calibrations were overdue.

**Initiating Item** 📄

**Question #:** 4-1-2

**Question Text:** BAG 1.1.3 If the Provider utilizes scales to determine the weight of baggage in the baggage handling process, the Provider shall ensure such scales are periodically checked and calibrated, and such action is recorded and retained in accordance with applicable regulations and/or requirements of the customer airline(s). (GM)

**Response:** Documented not Implemented (Finding)

**Possible Score:** 1.00

**Actual Score:** 0.00

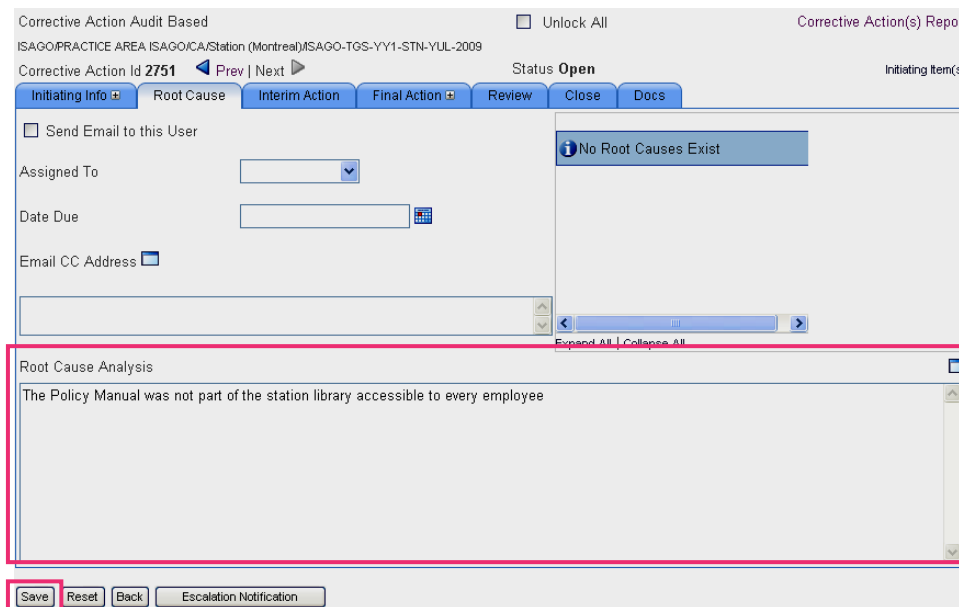
Save Reset Back Escalation Notification

## 4.2 Root Cause Tab

The **Root Cause Analysis** section must be completed by the Auditee for each Finding or Observation, regardless of whether corrective action is being taken. This information is vital to assist the Auditee in identifying the background reasons for the lack of a process, procedure, etc. It is also important for long-term analysis (after de-identification) of ISAGO Program trends.

In this section, only the following field must be completed:

- **Root Cause Analysis**



The **Assigned To** name or the **Due Date** fields do not need to be completed.

The auditor's description of the non-conformity must not be repeated **Root Cause Analysis**.

The description of the planned corrective action must not be in the **Root Cause Analysis**.

[See Section 5.1](#) for requirements applicable to the **Root Cause Analysis**.

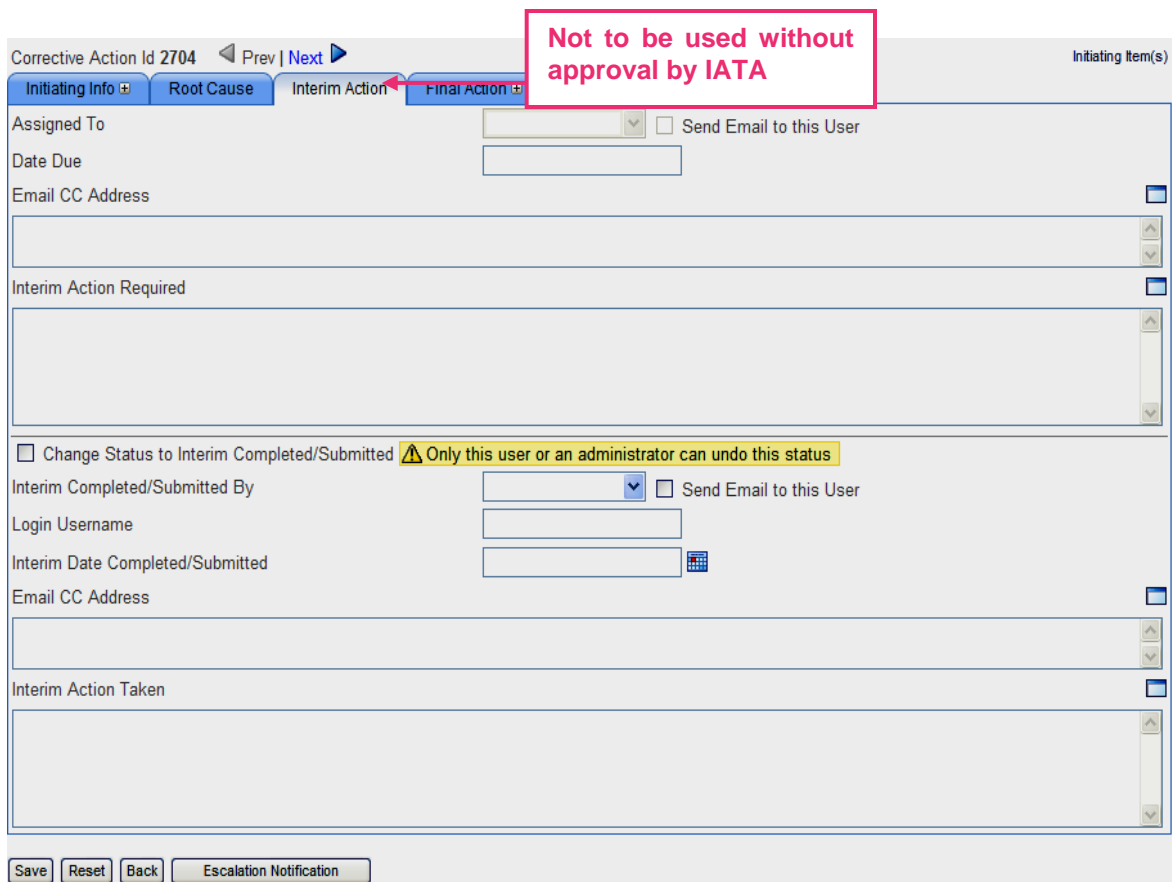
[See Section 6](#) for examples of suitable text for **Root Cause Analysis**.

## 4.3 Interim Action Tab

The interim corrective action option is seldom used and requires prior approval from IATA.

**This option, applicable only to renewal audits, requires approval from IATA and is for unconventional or exceptional situations, normally beyond the control of the Provider, which would delay the implementation of permanent corrective action(s) to close a Finding.**

It is important that any interim corrective action accepted by the AO / AA clearly confirms satisfactory resolution of the non-conformity on a temporary basis, including meeting the **documented and implemented** requirement, despite the fact that the resolution of the Finding is temporary.



Corrective Action Id 2704 ◀ Prev | Next ▶

Initiating Info | Root Cause | **Interim Action** | Final Action

Assigned To: [Dropdown]  Send Email to this User

Date Due: [Text Box]

Email CC Address: [Text Box]

Interim Action Required: [Text Area]

Change Status to Interim Completed/Submitted ⚠ Only this user or an administrator can undo this status

Interim Completed/Submitted By: [Dropdown]  Send Email to this User

Login Username: [Text Box]

Interim Date Completed/Submitted: [Text Box] [Calendar Icon]

Email CC Address: [Text Box]

Interim Action Taken: [Text Area]

Save Reset Back Escalation Notification

## 4.4 Final Action Tab

In the **Final Action** section the Auditee has to provide two important pieces of information:

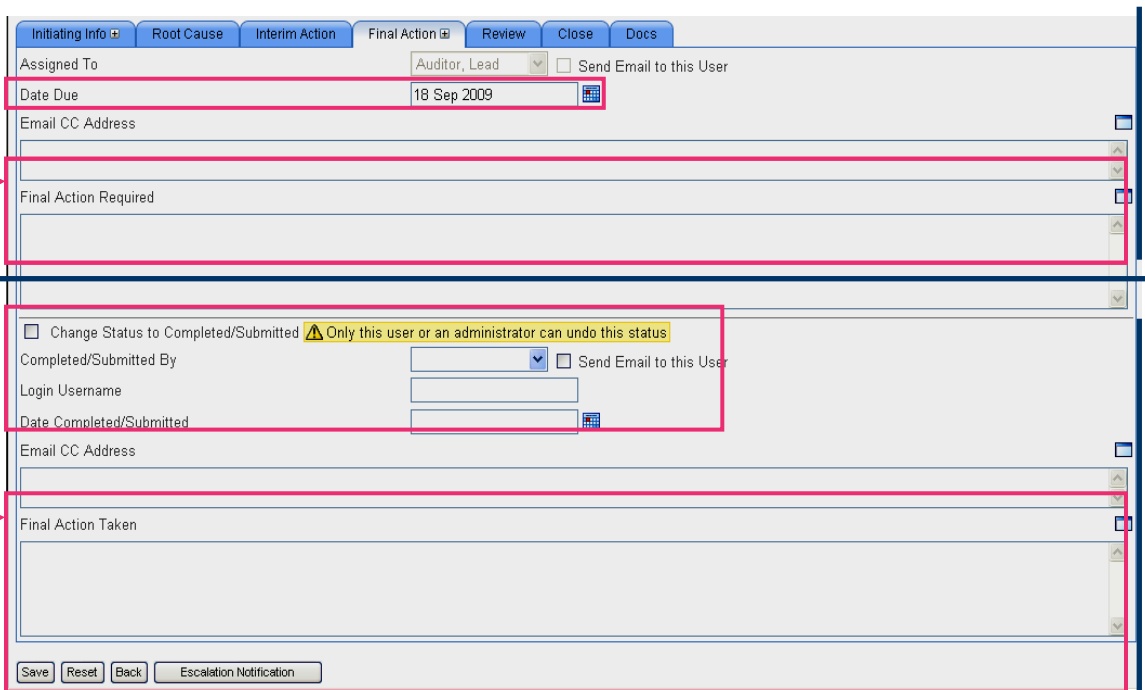
1. A description of the planned action to permanently correct the Finding or Observation (**corrective action plan**).
2. A description of the action which was taken to correct the Finding or Observation (**final corrective action**).

The tab is divided into two sections to represent these two steps:

1. The corrective action plan is completed in the **Final Action Required** field.
2. The final corrective action is completed in the **Final Action Taken** field.

It is important not to complete the Final Action Taken section, until the proposed action contained in the Final Action Required has been accepted by the AO / AA.

In the following screenshot the information has been divided into two parts which are marked with blue lines and the numbers 1 and 2. Descriptions of the action required follow below.



The screenshot shows the 'Final Action' tab in the ISAGO Q5 Auditee Manual interface. The interface is divided into two main sections, marked with blue lines and numbers 1 and 2. Section 1, labeled 'Final Action Required', includes fields for 'Assigned To' (Auditor, Lead), 'Date Due' (18 Sep 2009), and 'Email CC Address'. Section 2, labeled 'Final Action Taken', includes a checkbox for 'Change Status to Completed/Submitted' (with a warning: 'Only this user or an administrator can undo this status'), 'Completed/Submitted By' (dropdown), 'Login Username' (text field), 'Date Completed/Submitted' (calendar), and another 'Email CC Address' field. At the bottom are buttons for 'Save', 'Reset', 'Back', and 'Escalation Notification'.

If the non-conformity is an **Observation** and the Auditee chooses not to take corrective action, the procedures in [Section 4.4.3](#) of this manual must be followed.

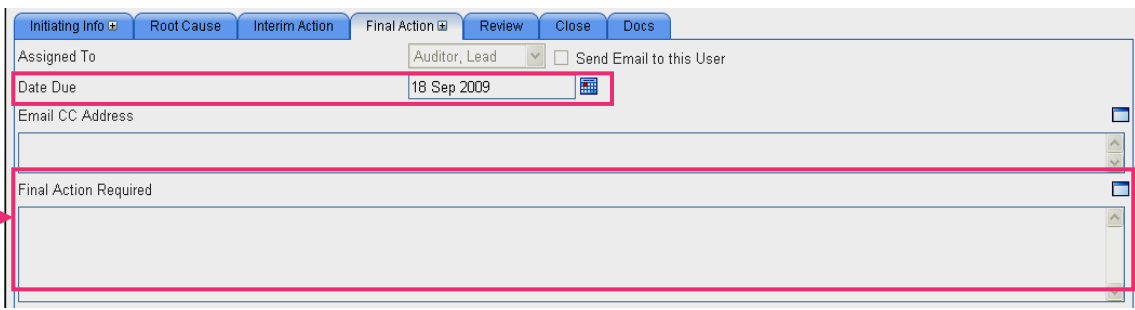
## 4.4.1 Part 1 - Final Action Required Section

The **Final Action Required** is used for recording the planned corrective action by the Auditee. The following is to be completed:

- Under **Date Due**, select the date by which the action is planned to be completed. This date is for planning only.
- Under **Final Action Required**, describe what action is planned to correct the non-conformity. This information should be completed as soon as possible after the audit, to facilitate the submission to the AO / AA of all corrective action plans within 30 days of the on site closing meeting.

Both the **Date Due** and **Final Action Required** fields are mandatory and must be completed.

The description of the planned action must be written in the **future tense**.



Final Action Required

[See Section 5.2](#) for requirements applicable to **Final Action Required**.

[See Section 6](#) for examples of suitable text for **Final Action Required**.

**Do not proceed to Part 2 unless the AO / AA has accepted the Final Action Required in Part 1.**

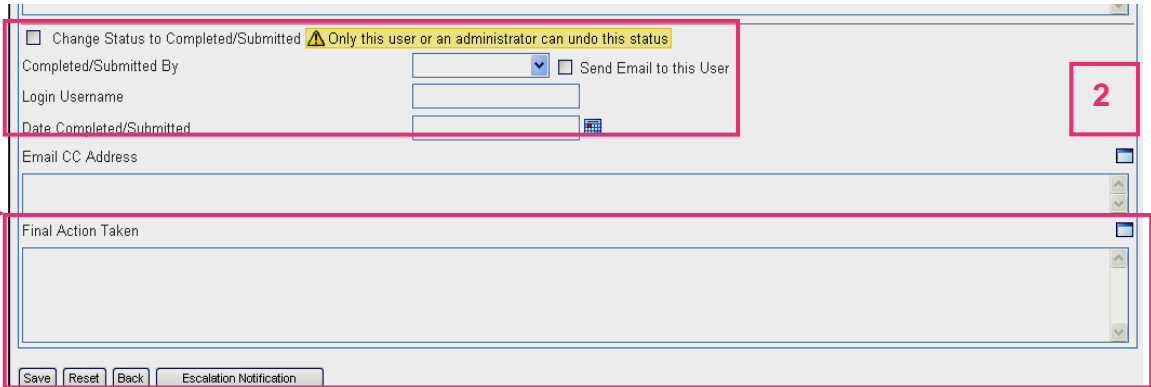
## 4.4.2 Part 2 – Final Action Taken Section

The **Final Action Taken** must contain a detailed description of the corrective actions carried out to permanently rectify the Finding or Observation. The following must be completed:

- Under **Completed/Submitted by**, select the Auditee Representative who has submitted the evidence.
- Under **Date Completed/Submitted**, select the date on which all steps to correct the Finding or Observation were completed.
- Under **Final Action Taken**, describe the actions which have been taken, including the updating of manuals and documentation (revision and/or date). Local and regional abbreviations and acronyms, while familiar to the Auditee, must be spelled out, to ensure a clear understanding by reviewers of the report worldwide.

The **Completed/Submitted by**, **Date Completed/Submitted** and **Final Action Taken** fields are mandatory and must be completed.

Descriptions of the corrective action must be written in **past tense** and sentences similar to “see document attached” must not be used.



Change Status to Completed/Submitted ⚠ Only this user or an administrator can undo this status

Completed/Submitted By   Send Email to this User

Login Username

Date Completed/Submitted

Email CC Address

Final Action Taken

Save | Reset | Back | Escalation Notification

- When the final action is complete, the checkbox **Change status to Completed/Submitted** must be selected.

Change status to Completed/Submitted

The system will automatically complete the details section with the name of the user who is currently logged in, as well as the current date. The name and date can then be adjusted if necessary. The date must correspond to the date on which the corrective action was implemented.

Once the **Change status to Completed/Submitted** box is ticked, changes cannot be made unless it is deselected and saved again.

[See Section 5.3](#) for requirements applicable to **Final Action Taken**.

[See Section 6](#) for examples of suitable text for **Final Action Taken**.

## 4.4.3 Observations Which Will Not be Actioned by the Auditee

For Observations, the Auditee has the option of taking no corrective action, or of beginning corrective actions, but not completing them before the audit is closed. In either case, the following applies.

The **Root Cause** must always be completed, whether or not the observation is corrected by the Auditee.

### 4.4.3.1 If no corrective action is taken at all, the following must still be completed:

- The **Due Date** field should be left blank, as there will be no corrective action.
- The phrase **No Corrective Action** must be inserted into the **Final Action Required** field.
- The phrase **No Final Corrective Action** must be inserted into the **Final Action Taken** field.
- Click on **Change Status to Completed/Submitted** and **Save**.

The screenshot shows the 'Final Action' tab of a CAR record. The interface includes tabs for 'Initiating Info', 'Root Cause', 'Interim Action', 'Final Action', 'Review', 'Close', and 'Docs'. The 'Assigned To' field is set to 'User, A'. The 'Date Due' field is empty, with a red box and arrow pointing to it labeled 'No date'. The 'Final Action Required' field contains 'No corrective action', highlighted by a red box and labeled 'Step 1'. The 'Change Status to Completed/Submitted' checkbox is checked, with a warning message: 'Only this user or an administrator can undo this status'. This is labeled 'Step 3'. The 'Completed/Submitted By' field is 'User, A', 'Login Username' is 'userA', and 'Date Completed/Submitted' is '23 Sep 2010'. The 'Final Action Taken' field contains 'No final corrective action', highlighted by a red box and labeled 'Step 2'. At the bottom, the 'Save' button is highlighted by a red box and labeled 'Step 4'. Other buttons include 'Reset', 'Back', and 'Escalation Notification'. A note at the bottom states: '\* Required fields' and 'Note For CC fields, separate multiple email addresses with a comma (no spaces please)'. The footer contains links for 'About', 'User Guides', 'License Agreement', and 'Whats New?'.

### 4.4.3.2 If corrective action is initiated, but not completed before audit closure, then complete the following:

- The **Due Date** field should be left blank, as the correction will not be completed before audit closure.
- Complete the planned corrective action, to reflect what is planned in the **Final Action Required** field.
- Insert the phrase **No final corrective action** in the **Final Action Taken** field.
- Click on **Change Status to Completed/Submitted** and **Save**.

Corrective Action Audit Based Corrective Action(s) Report

ISAGO/AREA TRAINING for ISAGO/CH /Station (Montreal)/ISAGO-INH-YMZ-STN-YMQ-2010

Corrective Action Id 8650 ◀ Prev | Next ▶ Status Open Initiating Item(s)

Initiating Info | Root Cause | Interim Action | **Final Action** | Review | Close | Docs

Assigned To: Frau, Santiago  Send Email to this User

Date Due: No date

Email CC Address:

**Step 1** → Final Action Required

The EMS manual is at the stage of preparation, the expected date of release is June 2010.  
 The implementation of all processes and procedures based on EMS manual is planned by the end of 2010.  
 The external company was recently hired to conduct the gap analyses and provide expertise and help with implementation stage.  
 Implementation is fully supported by Intercare Handling CEO in his Memo to all employees dated 15 January 2010.

**Step 3** →  Change Status to Completed/Submitted ⚠ Only this user or an administrator can undo this status

Completed/Submitted By: Frau, Santiago  Send Email to this User

Login Username: santifrau

Date Completed/Submitted: 06 Aug 2010

Email CC Address:

**Step 2** → Final Action Taken

No final corrective action.

**Step 4** →

This situation occurs when a GSP wants to record the planned corrective action, even though it will not be implemented before audit closure.

## 4.5 Review / Close Tabs

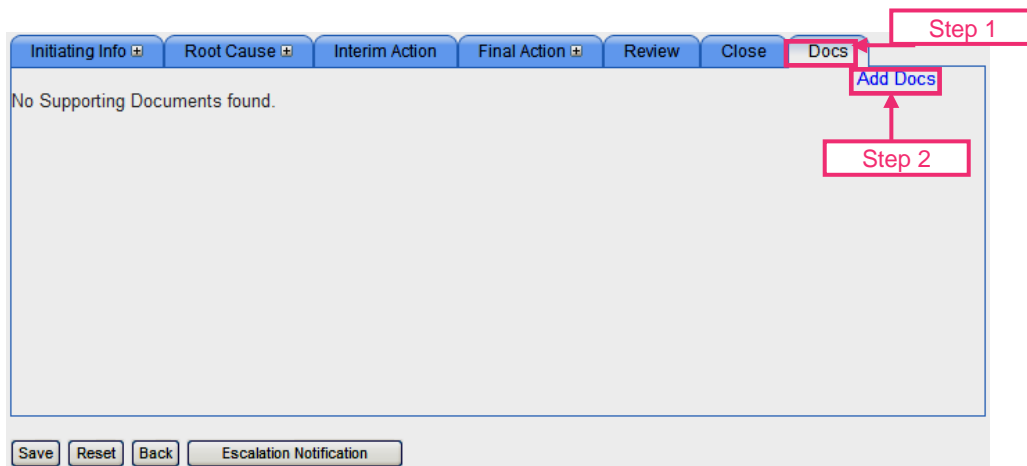
The **Review** and **Close** sections are completed by the AO / AA. These sections are used to indicate what evidence has been reviewed in order to close the Finding or Observation.

If a CAR has been reviewed or closed, changes to the information inserted on the Final Action section can no longer be made. If any update is required for a CAR that has been reviewed, the AO / AA who closed the CAR must be contacted for authorization to make any amendments to the CAR.

## 4.6 Docs Tab

The **Docs** tab can be used to attach documents related to each specific CAR. To attach a document to a corrective action, the following must be completed:

- Select **Docs** tab
- Select **Add Docs**
- Browse to locate the file
- Save the document



Even though documents can be attached to a specific CAR, **statements such as “see document attached” must not be used in the Final Action Taken Section**, as the Final Audit Report does not include any supporting documents.

## 5 Requirements for Root Causes and Corrective Actions Implementation

The closing of Findings and Observations after the audit will be quicker and easier if the requirements below are followed, to facilitate the assessment and verification of corrective actions by the AO / AA, as well as satisfying AO / AA and IATA QC requirements.

### 5.1 Root Cause Analysis

The reason(s) for the lack of any particular policy, process, procedure, etc, must be analyzed and a detailed description provided to the AO / AA. This analysis must provide broader background information on why the policy, process, procedure, etc, was not in place. It is also important for long-term analysis (after de-identification) of ISAGO Program trends.

Simply repeating the reasons for the Finding does not explain why the operational requirement had not been implemented by the GSP.

The **Root Cause Analysis** must always be completed, even if the non-conformity is an observation which will not be corrected by the Auditee.

### 5.2 Final Action Required

A clear, technical description must be provided of the corrective action plan to address the required policy, process or procedure, etc.

The plan must relate to all identified root causes, be written in the future tense and contain details, as per the assessment, as follows:

<b>Documentation Findings/Observations:</b>	A description and references of the changes/revisions to be made to controlled documents and manuals, to correct the Finding or Observation. Names of the manuals/documents which will be amended or revised should be provided if available.
<b>Implementation Finding/Observations:</b>	Descriptions of the planned changes to resources, systems, policies, plans, processes, procedures, etc, to correct the Finding or Observation and confirm permanent implementation. If applicable, any physical locations must be included.

### 5.3 Final Action Taken

A clear, technical description, written in the past tense, must be provided for the actions which **were** taken to introduce the required process, procedure, etc, using short sentences which will be understandable to a reviewer with an operational background. The description must describe the corrective actions to permanently address all reasons, and evidence given for the Finding or Observation.

Evidence of the Final Action Taken should be as per the following descriptions:

<b>Documentation Findings/Observations:</b>	A description of the policies, plans, processes, procedures, etc, which were incorporated in controlled documents and manuals. Names of all the manuals and controlled documents which were changed, including sub references, as well as the amendment and/or revision number(s) and dates, must also be provided.
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<b>Implementation Finding/Observations:</b>	Descriptions of the changes made to resources, systems, policies, plans, processes, procedures, including relevant records or other means of implementation, and confirm permanent implementation. If applicable, any physical locations must be included.
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As verification of corrective action implementation is, in general, achieved remotely, the GSPs may only submit controlled documentation.

The examples below provide guidance on the type of documents, which may be accepted by the AO / AA, as proof of corrective actions for Findings/Observations for documentation and/or implementation.

- a. Paper or electronic forms of documentation are both acceptable, as long as the medium meets the criteria for a controlled document and is traceable;
- b. Any type of controlled document issued as a manual, process, procedure, program, policy, training syllabus, operational order, notice, alert or bulletin. Recorded documented references must include sub-references and revision details, where applicable;
- c. Documents which are temporary or transitory, e.g. letters, email, flyers, posters, etc, are not acceptable as primary sources of controlled documentation, unless the information has been included or referred to in a controlled document. Letters and e-mails are acceptable when used as a controlled medium of communication;
- d. Attendance list, distribution list, read and sign list;
- e. Any type of operational and training records;
- f. Audit/Inspection report or survey recorded in the Provider's controlled template, including the associated date;
- g. Meeting minutes, management reviews recorded in the Provider's controlled template with associated date;
- h. Photographs and computer screen prints can only be considered as supporting evidence and must be always accompanied by additional means of implementation.

## 6 Examples of Root Causes and Corrective Actions

The examples below contain:

- Typical Root Cause Analyses;
- The type of descriptions that are needed for evidence of corrective actions;
- Descriptions and references of the amendments/revisions to manuals and documentation;
- Descriptions of how corrective actions were implemented;
- Unsuitable Root Cause Analyses and corrective actions.

### Example 1:

**Finding:** Senior management reviews of issues arising from the quality assurance program were taking place, but the review process was not documented.

**Assessment:** Not Documented, Implemented

**Root Cause Analysis:** Senior management reviews had only been taking place when significant quality assurance issues were identified. The need for formalizing a regular management review process had not been identified.

**Final Action Required:** A process for senior management reviews of significant issues arising from the quality assurance program will be documented in the Corporate Quality Manual 1.3 as Rev 5. The review process will be incorporated in the Quality Management review agenda planned for 10<sup>th</sup> Aug 2010.

**Final Action Taken:** A formal process for senior management reviews of significant issues arising from the quality assurance program has been documented in the Corporate Quality Manual 1.3 as Rev 5, dated 8<sup>th</sup> Aug 2010 and distributed to all required personnel. The review process has also been incorporated in the Senior Management Review meeting agenda, which took place on 24<sup>th</sup> Aug 2010. Agenda reference: SM/08/10.

### Example 2:

**Finding:** The Provider did not have a company standard to periodically review and update the training program to meet company requirements and those of relevant authorities and customer airlines.

**Assessment:** Not Documented, Not Implemented.

**Root Cause Analysis:** The content of training program has been reviewed and updated but not on regular basis. The requirement was included the internal memo but never issued as a controlled document.

**Final Action Required:** The requirement to periodically review and update the corporate training program will be included in a controlled document and evidence of the required review of the training program will be provided. The estimated date of implementation is February 2010.

**Final Action Taken:** The Training Program (BGS/QP-PX-01-2010) was issued (Revision 03 dated 26<sup>th</sup> February 2010). Section 5.3.5 now includes the requirement to periodically review and update all company training programs. The requirement details responsibility for the review and update, process flow chart, methodology and periodicity. An internal memo (2010/97 dated 28<sup>th</sup> February 2010 issued by the Training department) requiring persons in charge of individual training syllabi to periodically review and update training material, has been placed on the company intranet. An example of the updated training material for ramp security dated 12<sup>th</sup> March 2010 was provided as a proof of implementation.

### Example 3:

**Finding:** The Provider has a training and qualification program for personnel who operate aircraft access doors but the training syllabus was not documented. Training records for 2 personnel who provide the aircraft access door operation were missing.

**Assessment:** Not Documented, Not Implemented.

**Root Cause Analysis:** The requirement to document the training syllabus in the controlled document had not been recognized before the audit. The training syllabus was part of the power point presentation but never issued and updated as a controlled document.

**Final Action Required:** The training, evaluation and qualification program for personnel who operate aircraft access doors will be included in a controlled document and evidence of training records will be provided by May 2010.

**Final Action Taken:** The Training program for Operation Control Center (PPR/SY-ZK-15-2010) was issued (Revision 00 dated 26<sup>th</sup> May 2010) and distributed. Section 3 of the document deals with the requirements for initial and recurrent training for personnel who operate aircraft access doors. Evidence has been provided of the training records for personnel who completed the Airbus A330 and Boeing B747-400 door operating course held on 13<sup>th</sup> June 2010.

### Example 4:

**Finding:** The Provider did not have any procedure or instructions for security control for vehicles that enter into security restricted areas in or around cargo terminals

**Assessment:** Not Documented, Not Implemented

**Root Cause Analysis:** Security controls were only performed for persons (staff and visitors). The current aviation security program under local regulatory requirements did not require access control for vehicles entering into security restricted areas.

**Final Action Required:** The process for the implementation of access control for vehicles entering into security restricted areas will be added to the aviation security program chapter 4. The vehicle checks will be performed and recorded by the security personnel. Staff will be trained for new procedures. The estimated date of implementation is June 2010.

**Final Action Taken:** The process for the implementation of access control for vehicles before entering into security restricted areas has been added to the aviation security program C-CCS-HB-031 version 1.1 / 30.06.2010, chapter 4.1.2 page 5 – 6 and distributed to all applicable personnel. The working order A-CCS-9 with a detailed description "how to perform vehicle checks" was distributed to security staff on 12<sup>th</sup> July 2010. A familiarization session for all security involved personnel was held on 15<sup>th</sup> July 2010. Satisfactory performance of vehicle security checks was confirmed by the station manager during a random station inspection completed on 2<sup>nd</sup> August 2010.

## Example 5:

**Finding:** It was observed that aircraft chocks used in operations were not wide enough for the aircraft wheels, as documented in Standard Operating Procedure AP P EST05 Chocking and the Working Instructions AP WI EST05 Chocking 3.1.

**Assessment:** Documented, Not Implemented

**Root Cause Analysis:** It was incorrectly assumed that the chocks required for Standard Operating Procedures and Instructions, Chocking for ABC station (reference EST05) met the specification. The presence of wide and narrow chocks at ABC creates confusion among ramp staff. Procedures and working instructions were written by different people, each with different interpretation of the required specifications for safety, resulting in conflicting information.

**Final Action Required:** Standard Operating Procedures and Instructions for Chocking (reference EST05) will be revised. An instruction for the ramp staff will be produced to ensure correct implementation. The clarity related to different responsibilities will be addressed in the revised document.

**Final Action Taken:** Standard Operating Procedures and Instructions for Chocking have been revised (references AP P EST05 rev. 15 and AP W EST05 rev. 19) and distributed to all applicable personnel. It has been also agreed and documented that the each instruction or procedure will be sent for approval to a Head of Ramp operation to ensure consistency. An instruction for the ramp staff was displayed in the staff canteen on 10<sup>th</sup> January, 2010. Refresher training sessions were conducted on January 12, 15, 18 and 25, 2010.

## Example 6:

**Finding:** ULD storage procedures are documented in the Cargo international Transportation Manual (CITM), Ch. 11, 11.7.4.1 and UGOM, Ch. 5, 5.1.2 (6), but the procedures are not implemented, as damaged ULDs are stored together with airworthy ULDs.

**Assessment:** Documented, Not Implemented

**Root Cause Analysis:** As required by some customer airlines, the damaged or un-airworthy ULDs were placed together with the airworthy ones to facilitate sending the damaged ULDs back to customer airlines. Therefore some damaged and un-airworthy ULDs, although tagged, were not stored in an isolated location.

**Final Action Required:** The ULD control department will ensure that all staff are instructed to follow published procedures for storing un-airworthy ULDs separately. The damaged and un-airworthy ULDs will be sorted and then placed in an isolated location. Customer airlines will be notified of the procedural requirement for separate storage of un-airworthy.

**Final Action Taken:** All respective personnel were instructed via internal order no 15, dated 22<sup>nd</sup> March 2010, to follow the existing procedure documented in the Cargo international Transportation Manual Chapter 11. Un-airworthy ULDs were being stored separately, verified by a quality inspection performed by quality assurance department on 13<sup>th</sup> April 2010.

### Example 7:

**Observation:** The Provider did not have a process to ensure that operational personnel are physically and mentally fit for duty.

**Assessment:** Not Documented, Not Implemented

**Root Cause Analysis:** The requirement to document and implement this process had not been recognized before the audit.

**Final Action Required:** The process will be documented in the Corporate Quality manual, revision 5, dated July 2010. Implementation will be ensured by issuing an Employee brochure by the end of July and staff will be made aware of this new process during regular staff meetings.

**Final Action Taken:** No Final Corrective Action

*Note: This example is only applicable to an Observation and when the GSP wants to record the corrective action plan, though it will not be implemented before audit closure.*

### Example 8:

**Observation:** The Provider did not have a risk management process that is applicable to station operations

**Assessment:** Not Documented, Not Implemented

**Root Cause Analysis:** The requirement was recognized, a development had started on a risk management system within the company, but all the necessary steps are not yet documented and implemented.

**Final Action Required:** No Corrective Action

**Final Action Taken:** No Final Corrective Action

*Note: This example is only applicable to an Observation and when the GSP does not plan, nor has the intention of implementing any corrective action.*

## Unsuitable Examples of Root Causes and Corrective Actions

Root Cause Analysis	
<b>Example 1:</b>	The requirement was documented and implemented but Auditor did not accept it.
<b>Example 2:</b>	Item not documented. It is an omission.
<b>Example 3:</b>	The auditors only looked for evidence and not for the process.
<p><i>Statements like in the examples can not be accepted as they do not explain why a particular GOSARP has not been documented and/or implemented.</i></p> <p><i>All Findings / Observations must be agreed between the AO / AA and the GSP before the Corrective Actions Records (CARs) are issued.</i></p>	

Final Action Required	
<b>Example 1:</b>	The requirement will be documented and implemented.
<b>Example 2:</b>	A procedure will be developed and will be submitted along with Final Action Taken.
<b>Example 3:</b>	The Procedure will be updated.
<p><i>Statements like in the examples can not be accepted as essential details are not provided to ensure the finding / observation will be correctly addressed by the GSP.</i></p>	

Final Action Taken	
<b>Example 1:</b>	Please see attached Ground Operational manual, chapter 5 where the standard is documented.
<b>Example 2:</b>	This process is now documented.
<b>Example 3:</b>	CPM Chapter 6 was issued to address the policy of the GOSARP.
<p><i>Statements like in the examples can not be accepted as no corrective action description is provided to ensure the finding / observation was permanently addressed.</i></p> <p><i>Statements such as “see document attached” must not be applied in the Final Action Taken as supporting documents, used during the verification process, are not part of the final audit report.</i></p>	

